Constipation, difficulty passing feces, hard stool, or incomplete evacuation, can be a serious problem for many interstitial cystitis (IC) patients.

Bowel regularity is an individual issue. It may be “normal” for one person to have several bowel movements daily, while for another person, “normal” bowel function may mean one bowel movement every day and a half. Constipation, therefore, is a relative term that each individual needs to define for him- or herself, with the assistance of a physician.

Possible Causes of Constipation in IC Patients
The limitations of the IC diet demand that most fiber-rich fresh fruits and some vegetables be limited. Coexisting food allergies may require that patients also eliminate many of the remaining sources of fiber such as whole grains.

Many medications commonly used to treat IC have the side effect of constipation. These include the tricyclic antidepressants and many pain compounds, including opioids.

While it is a good idea for persons with IC to maintain a normal level of fluid intake, many IC patients limit their liquids in an effort to reduce the number of bathroom visits each day, or because they associate bladder filling with pain. Additionally, since so many commonly consumed beverages—tea, coffee, sodas, juices—are not IC-friendly, it may often be difficult for the IC patient to find something to drink.

People with chronic IC pain may find it difficult to get adequate exercise. Physical activity contributes to bowel regularity, as well as to general health and well-being.

Constipation is a component of the condition known as irritable bowel syndrome (IBS), which is one of the most common of the IC-related diseases and conditions.

Another condition related to IC, pelvic floor dysfunction (PFD), is known to be exacerbated by chronic constipation.

Why is Constipation a Concern?
Constipation can interfere with the normal elimination of bodily wastes; if left untreated, it can become painful; and repeated straining to produce a bowel movement can lead to or aggravate hemorrhoids or anal fissures (tears) that may require surgical repair. For the IC patient, the added pressure that constipation produces in the pelvic area can be a source of increased pelvic pain and discomfort, and contribute to pelvic floor dysfunction.

Constipation Related to IBS
Irritable bowel syndrome (IBS) is a disorder of the entire gastrointestinal tract, the symptoms of which include abdominal pain, constipation and/or diarrhea, abdominal bloating, and even nausea. A higher percentage of people with IC also suffer with IBS. Ask your doctor about IBS. Find out if you need to take medicines or adjust diet because of a diagnosis of IBS. For more information about IBS go to www.iamibs.org.

Constipation Related to Specific Medications
Your constipation can be related to a specific medicine, and your doctor may be able to prescribe an alternative medicine that is less constipating. The classes of medications that commonly cause constipation problems in some chronic pain patients are:

- Non-steroidal anti-inflammatory medications (NSAIDs) such as ibuprofen (Motrin)
- Tricyclic antidepressants such as amitriptyline (Elavil)
- Opioids (narcotic pain medicines) such as codeine, Vicodin or Lortab, Darvocet, morphine, Oxycontin, methadone, Dilaudid

It is important that IC patients have a good bowel regimen. Stool softeners (e.g., docusate/Colace) and a mild fiber-based cathartic (e.g., senna/Senokot) help some, but most IC patients need to use laxatives such as milk of magnesia, magnesium citrate, or lactulose/Duphalac.
These laxative agents are safe and not ‘habit-forming’ like the stimulant laxatives. Some patients with interstitial cystitis notice a decrease in their bladder symptoms with the successful establishment of a daily regimen.

Bulk laxatives, such as Metamucil, may not be appropriate for patients on large doses of opioid pain medications. Consult your healthcare provider before taking any medication—over-the-counter or prescription—along with opioid pain compounds.

Constipation Not Related to Medications
For individuals whose constipation is not the result of a particular medication and who do not suffer from IBS, the suggested methods for alleviating the constipation are relatively straightforward:

- Drinking a moderate amount of water every day is essential for good health, but especially the health of your bladder and bowel.
- Physical therapy may correct the tightness and weakness of the pelvic floor that can cause constipation.
- Exercise not only promotes good bowel function, but good health in general. If you can participate in regular aerobic exercise, such as walking, it is a good idea to do so.
- Over-the-counter laxatives are the most common treatments for constipation in the US. Unfortunately, they are also one of the most misused treatments. Long-term use of the type of laxatives known as “stimulant laxatives” can result in laxative dependency. Some conventional laxatives can also interfere with the body’s absorption of various medicines. For these reasons, IC patients with chronic constipation may want to pursue other avenues of relief.

The most “natural” way to prevent constipation is to eat a diet with a variety of fiber-rich foods—whole grains, various types of bran, broccoli, raw vegetables and fruits, dried fruits such as prunes, etc. Unfortunately, for those whose IC is aggravated by diet or who have food allergies, many of these foods may be off-limits. Bulking agents such as bran or psyllium provide needed fiber and, because they are essentially food substances and not drugs, are suitable for long-term use. Some of the psyllium products (Metamucil, Citrucel) may contain additives and flavorings that may irritate sensitive bladders. If this occurs, try Konsyl, or unadulterated psyllium fiber. The most common side effects of bran and psyllium are bloating and flatulence.

Starting with a low dosage and gradually increasing your body’s tolerance to the bran or psyllium can help you to avoid excessive gas or bloating. If hardening of the stool is a problem, stool softeners (such as Colace) can also be used from time to time. Mineral oil is an old home remedy that is effective as a softening agent, but it may also decrease absorption of fat-soluble vitamins. It can also produce rectal incontinence. You may find that increasing your fluid intake and adding a small amount of tolerable fiber to your diet will be enough to promote regularity. Others may need to pursue a more aggressive regimen.

You may find that a simple and easy way to relieve symptoms of constipation is to use an over-the-counter magnesium supplement. Be sure the magnesium is not combined with calcium or other substances that may reduce its effectiveness or affect your IC.