OUTPATIENT GP REFERRAL GUIDELINES
GASTROENTEROLOGY
Southern Adelaide Local Health Network (SALHN)

Constipation

May be a result of metabolic disease (hypercalcemia, hypothyroidism, diabetes mellitus), neurologic disease (parkinsonism, spinal cord lesions) or medications

- Functional constipation can be due to slow transit or obstructed defecation (pelvic floor dysfunction) – the latter responds poorly to laxatives and may benefit from biofeedback following assessment with anorectal manometry which is facilitated by the colorectal surgical unit
- Chronic constipation is defined by the Rome III criteria as ≥2 of the following features over a period of ≥3 months, with symptom onset 6mths prior to diagnosis.
  - ≤ 2 stools per week
  - straining during at least 25% of defaecations
  - Lumpy or hard stools in at least 25% of defaecations
  - Sensation of anorectal obstruction for at least 25% of defaecations
  - Manual manoeuvres to facilitate at least 25% of defaecations (digitation, support of pelvic floor; suggests pelvic floor dysfunction)
  - Sensation of incomplete evacuation for at least 25% of defaecations

Information Required

- Presence of Red Flags
- Duration of symptoms
- Laxatives/ suppositories/ enemas used
- Significant family history of colorectal malignancy
- Rectal examination

Investigations Required

- FBE, EUC, LFTs, Ca2+, TFTs

Fax Referrals to

- **Gastroenterology Outpatient Clinic**
  Flinders Medical Centre 8204 5555
- **Colorectal Outpatient Clinic**
  Flinders Medical Centre 8204 5555

Red Flags

- Obstipation, nausea, vomiting
- Rectal bleeding
- Fever
- Persistent abdominal or rectal pain
- Change in stool calibre
- Weight loss
- Family history of colorectal malignancy in first degree relative

Suggested GP Management

If the patient is aged <50yrs without Red Flag symptoms, stepwise symptomatic management is recommended:

- Increase dietary fluid + fibre intake, regular physical activity
- Stool bulking agents (psyllium husk, Metamucil)
- Osmotic laxatives (sorbitol, Epsom salts, magnesium sulfate)
- Polyethylene glycol (movicol) for refractory cases however such patients should be referred to gastroenterology or colorectal clinic for further assessment of possible slow transit constipation or pelvic floor dysfunction

If the patient is aged ≥50yrs or has Red Flag Symptoms refer to Gastroenterology for consideration of colonoscopy

- If pelvic floor dysfunction suspected refer to colorectal clinic
- Features suggestive of pelvic floor dysfunction include:
- Sensation incomplete evacuation
- Sensation of anorectal obstruction
- Manual manoeuvres required to facilitate defaecation
- Pain on palpation of the puborectalis muscle, felt above the internal sphincter on digital rectal examination

Clinical Resources

- NHMRC clinical guidelines: Managing Constipation in Adults. www.australianprescriber.com/magazine/33/4/116/9
- American Gastroenterological Association Medical position statement: Guidelines on Constipation. Gastroenterology 2000; 119:1761-1766. www.gastrojournal.org/article/S0016-5085(00)70023-0/fulltext
- TG guidelines www.tg.org.au

Patient Information

- Gastroenterological Society of Australia: Information about constipation. http://www.gesa.org.au/files/editor_upload/File/GESA%20Constipation.pdf

General Information to assist with referrals and the and Referral templates for FMC are available to download from the SALHN Outpatient Services website www.sahealth.sa.gov.au/SALHNoutpatients

Version	Date from	Date to	Amendment
2.1	Nov 2017	Nov 2019	Removal of RGH details

Government of South Australia
SA Health