

Constipation and gut care after surgery



Constipation is very common after surgery – especially with strong painkillers – but it is largely preventable.

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Constipation is one of the most common things people run into after an operation, and it catches a lot of patients by surprise. The good news is that it is **predictable** – which means it is also largely **preventable**. A little planning in the first few days, particularly around your painkillers, usually keeps everything moving comfortably.

Why surgery slows your bowels down

Several things gang up on your gut at once after an operation:

- **Strong (opioid) painkillers are the big one.** Medicines like codeine, oxycodone, tramadol, tapentadol and morphine relieve pain well, but they also act directly on the bowel and **slow it down markedly**. This is the single most important cause. Unlike the drowsiness and nausea these tablets can cause – which usually wear off after a few days – the gut does **not** get used to opioids. The slowing-down lasts for as long as you keep taking them, so it needs to be managed deliberately rather than waited out.
- **You move around less.** Walking and general activity help drive the natural muscular wave that moves things through your gut. Resting up after surgery quietens that down.
- **You eat and drink less.** Reduced appetite, less fibre on board, and not drinking as much as usual all make stools harder and slower to pass.
- **The anaesthetic itself.** A general anaesthetic temporarily makes the bowel sluggish, and it can take a day or two to wake back up properly.

Put those together and a slow, blocked-up feeling for a few days is very common. It is uncomfortable, but in most cases it is not dangerous.

The most important step: a laxative alongside your strong painkillers

If you are sent home on **opioids or codeine**, the key message is this: start a **laxative at the same time as the painkillers, from day one** – don't wait until you are already constipated and uncomfortable to begin. Because these painkillers reliably slow the gut, the sensible approach is to stay ahead of the problem rather than chase it.

Your pharmacist can recommend a suitable over-the-counter laxative; a common choice is a gentle stimulant such as **senna**, sometimes combined with a **stool softener (docusate)**. Take it regularly while you are on the strong painkillers, not just as a one-off. If we have prescribed or suggested a specific laxative for you, follow that.

The other half of the message is just as important: **step down off the strong painkillers as soon as your pain allows**. As pain settles over the first days, move from opioids onto simpler options like paracetamol (and an anti-inflammatory if you have been told one is suitable for you). The less opioid you take, the less your bowels are slowed – so coming off them is one of the best things you can do for your gut, as well as for your overall recovery. There is more on this on our page about **managing pain and opioids after surgery**.

Keep things moving – the everyday basics

Alongside the laxative, a few simple habits make a real difference:

- **Drink plenty of fluids.** Water through the day keeps stools soft and helps the laxatives work. This matters even more if you are on painkillers.
- **Eat fibre as your appetite returns.** Fruit and vegetables, wholegrain bread and cereals, beans and pulses, and especially **prunes or prune juice**, all help. A warm drink in the morning can also nudge things along.
- **Keep moving as much as you are allowed.** Even gentle, regular walking around the house helps wake the bowel up. Stick within any limits we have given you for your operation, but don't spend all day sitting still.
- **Answer the call promptly.** When you feel the urge, don't hold on – and give yourself unhurried time. A footstool that raises your knees a little can make passing a stool easier.

One small caution: **bulk-forming fibre supplements (such as psyllium / Metamucil) are not the best choice in the early days after surgery**, particularly if you are not drinking much, because they need a lot of fluid to work and can otherwise make things worse. Food fibre and the laxative approach above are more reliable at this stage.

What is normal, and when to be patient

It is normal not to open your bowels for a couple of days after an operation, especially if you have had an anaesthetic and some strong painkillers. A bloated, sluggish feeling that gradually eases as you get moving, drink more, cut back the opioids and let the laxatives work is to be expected and is nothing to worry about. Most people are back to their usual pattern within a week or so.

When to seek help – don't wait

Constipation is usually a nuisance rather than a danger, but occasionally the bowel can become genuinely blocked or fail to wake up after surgery (a condition called an **ileus**). The warning signs below are your cue to get reviewed rather than to keep waiting.

Contact us, your GP, or your nearest emergency department if you notice:

- **No bowel movement for several days** *together with* a **swollen, bloated, painful tummy**, particularly if it is getting worse.
- **Nausea or vomiting** alongside not being able to open your bowels or pass wind – this can signal that the bowel is blocked or has stopped moving.
- **Severe or worsening abdominal (tummy) pain or cramping.**
- **Any bleeding from the back passage**, or blood in the stool.
- A **fever** or feeling generally unwell along with any of the above.

If you have several of these together – especially a distended, painful tummy with vomiting – treat it as urgent and seek help straight away. For ordinary slow bowels in the first few days, the fluids-fibre-movement-laxative plan above will almost always sort it out. When in doubt, ring the rooms – we would much rather hear from you.