



The American College of  
Obstetricians and Gynecologists



FREQUENTLY ASKED QUESTIONS  
FAQ120  
WOMEN'S HEALTH

## Problems of the Digestive System

- **What are some common digestive problems?**
- **What is constipation?**
- **What causes constipation?**
- **How can constipation be treated?**
- **How do laxatives work?**
- **How can constipation be prevented?**
- **What is diarrhea?**
- **What causes diarrhea?**
- **What should I do if I have diarrhea?**
- **When do I need to see my health care provider about diarrhea?**
- **What should I know about diarrhea if I use birth control pills?**
- **What is acid reflux?**
- **How can I control acid reflux?**
- **How can acid reflux be treated?**
- **What if I have acid reflux more than twice a week?**
- **What are hemorrhoids?**
- **What causes hemorrhoids?**
- **Can hemorrhoids be treated?**
- **What are examples of common digestive disorders?**
- **What is irritable bowel syndrome?**
- **What is celiac disease?**
- **What is colorectal cancer?**
- **When and how should I be screened for colon cancer?**
- **How can I know if I am at high risk of colon cancer?**
- **What are the signs and symptoms of colorectal cancer?**
- **Glossary**

## What are some common digestive problems?

Common digestive problems include the following:

- Constipation
- Diarrhea
- Acid reflux
- Hemorrhoids

Most common digestive problems are short term and easy to control with lifestyle changes and sometimes medication. In some cases, these problems can be a sign of more serious medical problems.

## What is constipation?

Constipation involves having fewer than three bowel movements a week. Stools may be firm or hard to pass. Swelling or bloating of the abdomen may occur.

## What causes constipation?

Common causes of constipation include not eating enough fiber, not drinking enough water, certain medications, and changes in routine (such as travel). Constipation can occur during pregnancy. The increased levels of **hormones** during pregnancy can slow down the digestive system.

## How can constipation be treated?

If constipation continues, your health care provider may suggest a **laxative**. Most of these products are available without a prescription.

## How do laxatives work?

Different types of laxatives work in different ways:

- Bulk-forming laxatives absorb water and expand, which increases moisture in the stool and makes it easier to pass (these are thought to be the safest laxatives).
- Stool softeners add liquid content to the stool to soften it.
- Stimulants use a chemical to increase bowel activity, which moves the stool through the intestines.

## How can constipation be prevented?

You can help prevent constipation by

- drinking plenty of fluids
- eating at least 25 grams of fiber a day
- exercising
- not holding your stool—using the bathroom when you feel the urge to have a bowel movement

## What is diarrhea?

Diarrhea is having three or more loose bowel movements a day. Cramping also may occur.

## What causes diarrhea?

Several things can cause diarrhea:

- Infection with harmful bacteria or viruses, which can be caused by eating or drinking contaminated food or water
- Drinking water or eating foods that contain germs your body is not used to (when traveling to foreign countries, for instance)
- Consuming dairy products (if you are **lactose intolerant**), caffeine, artificial sweeteners, or certain additives
- Taking medications, especially antibiotics
- Digestive diseases, such as irritable bowel syndrome

## What should I do if I have diarrhea?

If you have diarrhea, drink plenty of fluids to replace those that are lost. If diarrhea does not go away in a few hours, drink fluids and liquid foods that contain salt, such as sports drinks or broth. Avoid drinking dairy products, soda, and juices.

They may contain lactose, caffeine, or sugar, which may make diarrhea worse. Over-the-counter anti-diarrheal medications can be helpful. However, they should not be taken if you have a high fever or bloody diarrhea, which can be signs of a bacterial infection.

### When do I need to see my health care provider about diarrhea?

If diarrhea lasts more than 2 days, see your health care provider. Also see your health care provider if your stools contain blood or pus or if you have a fever, severe abdominal pain, or signs of dehydration (thirst, dry skin, fatigue, dizziness, less frequent urination, or dark-colored urine).

### What should I know about diarrhea if I use birth control pills?

If you use birth control pills, diarrhea or vomiting may decrease their effectiveness. Call your health care provider about what to do if you have vomiting or diarrhea that lasts for 48 hours or more after taking a combined birth control pill or that lasts for 3 hours or more after taking a progestin-only pill.

### What is acid reflux?

Acid reflux occurs when the muscle in your **esophagus** that opens and closes when you swallow does not work properly. When this happens, food and digestive fluids, which contain acid, back up into your esophagus. Acid reflux can cause a burning feeling in your chest and throat, which sometimes is called heartburn.

### How can I control acid reflux?

You can control or even prevent acid reflux by taking these steps:

- Elevate the head of your bed.
- Eat small, more frequent meals.
- Quit smoking.
- Avoid foods and drinks that make your symptoms worse.
- Avoid lying on your back right after eating.

### How can acid reflux be treated?

Several over-the-counter medications are available that may help reduce your symptoms. Antacids reduce the acid content in the stomach. Other medications stop the digestive system from making too much acid. Some of these medications are available over the counter.

### What if I have acid reflux more than twice a week?

If acid reflux occurs more than twice a week, or if you have been taking over-the-counter medications for more than 2 weeks with no relief, you may have a condition called gastroesophageal reflux disease (GERD). Treatment includes lifestyle changes and medication. Surgery also is used to treat GERD in some cases. GERD that is not treated can lead to complications, including ulcers in the esophagus, narrowing of the esophagus, and a precancerous condition called Barrett esophagus. If you have GERD, it is important to see your health care provider regularly for treatment and follow-up.

### What are hemorrhoids?

Hemorrhoids are swollen blood vessels in and around the **anus** and lower **rectum**. They can become painful, itchy, and irritated.

### What causes hemorrhoids?

Hemorrhoids can result from several factors:

- Being overweight
- Pregnancy
- Standing or sitting for long periods
- Straining during physical labor
- Constipation

### Can hemorrhoids be treated?

The symptoms of hemorrhoids can be relieved with ice packs to reduce swelling. Sitting in a bath of warm water may relieve symptoms. You also may use a hemorrhoid cream or suppositories. Surgery may be needed to remove hemorrhoids in some cases. Adding fiber and fluids to your diet can help prevent hemorrhoids.

## What are examples of common digestive disorders?

Common digestive disorders include the following:

- Irritable bowel syndrome (IBS)
- Celiac disease

These disorders affect more women than men. They can last for weeks or months, although symptoms can come and go.

## What is irritable bowel syndrome?

Irritable bowel syndrome mainly affects women between the ages of 30 years and 50 years. Symptoms of irritable bowel syndrome may include the following:

- Cramps
- Gas
- Bloating
- Changes in bowel habits—constipation, diarrhea, or both
- An urge to have a bowel movement that does not happen
- Stools that have mucus in them

IBS cannot be cured, but it can be managed to reduce the symptoms. Changes in your diet, such as eating frequent small meals rather than two or three large meals a day and adding fiber to your diet, may help. Your health care provider also may suggest medications to relieve the symptoms.

## What is celiac disease?

People with celiac disease cannot tolerate gluten. Gluten is a protein found naturally in wheat, rye, and barley. When gluten is eaten, the **immune system** reacts by damaging the lining of the small intestine. As a result of this damage, **nutrients** cannot be absorbed properly. Some people with celiac disease have no symptoms. Others may have diarrhea, constipation, fatigue, or abdominal pain and bloating. If it is not treated, the disease can increase the risk of serious health problems, including **osteoporosis**, **anemia**, and cancer. Treatment involves avoiding gluten in your diet.

## What is colorectal cancer?

Colorectal cancer is cancer of the rectum and colon. It often begins as a polyp—a tissue growth in the colon or rectum. Routine screening can help prevent colon cancer. Polyps that are found during routine screening can be removed easily before they become cancerous.

## When and how should I be screened for colon cancer?

If you are at average risk of colon cancer, the preferred screening method is a **colonoscopy** performed every 10 years beginning at age 50 years. A colonoscopy is an exam of the entire colon using a small, lighted instrument called a colonoscope. It is recommended that you stop having colonoscopy screening if you are older than 75 years. Screening with colonoscopy for people at high risk should begin at age 40 years or at 10 years younger than the age when the youngest affected relative received the diagnosis.

## How can I know if I am at high risk of colon cancer?

You are at high risk of colon cancer if you

- have a first-degree relative (a parent or sibling) younger than 60 years with colorectal cancer or colon polyps
- have two or more first-degree relatives of any age with colorectal cancer or colon polyps
- have had colorectal cancer
- have had colon polyps
- have a family history of familial adenomatous polyposis or hereditary nonpolyposis colon cancer

## What are the signs and symptoms of colorectal cancer?

Colorectal cancer usually shows no signs in the early stages of the disease. In the more advanced stages, signs and symptoms may include the following:

- A change in bowel habits
- Bleeding from the rectum

- Blood in the stool
- Stools that are more narrow than usual
- Abdominal discomfort (bloating, cramps, or frequent gas pains)
- A feeling that you need to have a bowel movement (that does not go away after a bowel movement)
- Loss of appetite
- Weakness and feeling tired

Having these symptoms does not mean that you have cancer. The same symptoms can result from other digestive disorders. Talk to your health care provider if you have any of these symptoms.

## Glossary

**Anemia:** Abnormally low levels of blood or red blood cells in the bloodstream. Most cases are caused by iron deficiency, or lack of iron.

**Anus:** The opening of the digestive tract through which bowel movements leave the body.

**Colonoscopy:** An exam of the entire colon using a small, lighted instrument.

**Esophagus:** A tube that connects the mouth with the stomach.

**Hormones:** Substances made in the body by cells or organs that control the function of cells or organs. An example is estrogen, which controls the function of female reproductive organs.

**Immune System:** The body's natural defense system against foreign substances and invading organisms, such as bacteria that cause disease.

**Lactose Intolerant:** Being unable to digest lactose, a sugar found in many dairy products.

**Laxative:** A product that is used to empty the bowels.

**Nutrients:** Nourishing substances supplied through food, such as vitamins and minerals.

**Osteoporosis:** A condition in which the bones become so fragile that they break more easily.

**Rectum:** The final part of the digestive tract.

## If you have further questions, contact your obstetrician–gynecologist.

**FAQ120:** Designed as an aid to patients, this document sets forth current information and opinions related to women's health. The information does not dictate an exclusive course of treatment or procedure to be followed and should not be construed as excluding other acceptable methods of practice. Variations, taking into account the needs of the individual patient, resources, and limitations unique to the institution or type of practice, may be appropriate.

Copyright January 2014 by the American College of Obstetricians and Gynecologists