

Problems of the Digestive System

Your digestive system breaks down foods that you eat and lets your body absorb nutrients. Your body needs nutrients to grow and produce energy. Problems in your digestive system can affect how your body uses *nutrients*. One of the more serious problems is colorectal cancer.

This pamphlet explains

- how the digestive system works
- common digestive problems
- screening tests for colorectal cancer

The Digestive System

The body cannot use the food you eat right away. It has to be broken down into small pieces by the digestive system. The digestive system is a series of hollow organs joined in a long-looping tube. It includes the mouth, *esophagus*, stomach, intestines (bowels), *rectum*, and *anus*. It also includes solid organs—the liver, gallbladder, and *pancreas*.

Food enters the body through the mouth, where it is broken down into small pieces by teeth and saliva. The food is then swallowed and moves down the esophagus and into the stomach. There, the stomach fluids break the food down further. The food then moves into the small intestine. The breakdown of food is completed with the help of fluids from liver and pancreas.

The nutrients then are absorbed into the blood and the rest of the food moves into the large intestine, where it becomes solid waste (feces). During a bowel movement, the waste moves out of the body through the rectum and the anus.

Types of Digestive Problems

Problems in the digestive system affect women and men of all ages. They also are one of the main reasons why people take over-the-counter and prescription drugs.

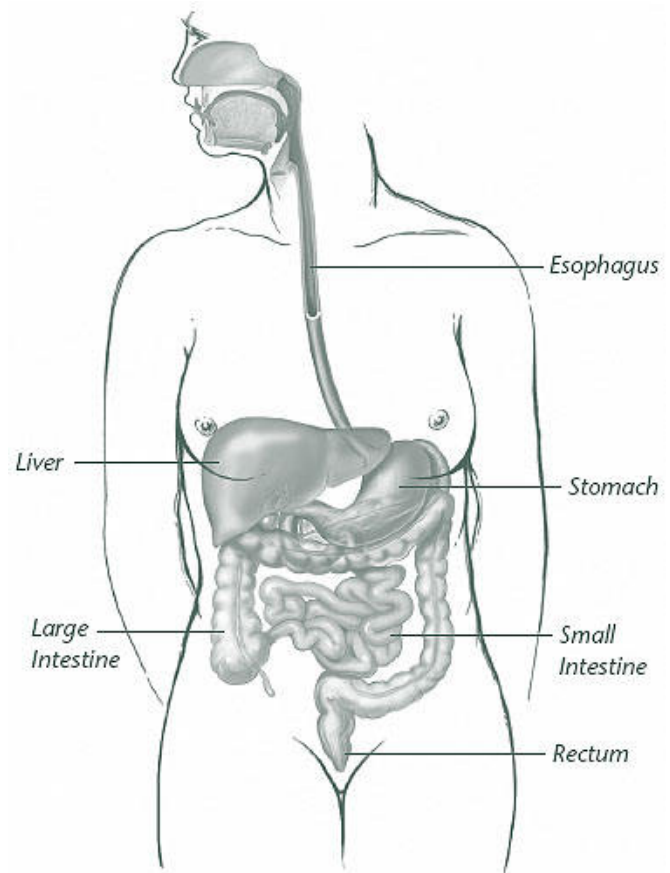
Most digestive problems cause short-term symptoms like diarrhea or constipation. Other digestive problems, such as irritable bowel syndrome (IBS), can be long-term.

Some digestive problems occur more often in women than in men. Sometimes, digestive problems are linked to gynecologic problems. Hormone changes during pregnancy or menstruation also can cause digestive problems.

Listed are some common problems of the digestive system:

- Constipation
- Diarrhea
- Heartburn
- Irritable bowel syndrome
- Hemorrhoids
- Gas

Most of these conditions usually are not serious and are easy to control with lifestyle changes and medication. But, in some cases, these problems can be a sign of other, more serious, medical problems. If symptoms persist or get worse, see your doctor. Other less common, but more serious, problems include *peptic ulcer disease*, *Crohn's disease*, and colorectal cancer.



The digestive system breaks down foods that you eat and lets your body absorb nutrients.

Constipation

Constipation involves having infrequent bowel movements that also may be painful. Listed are other signs of constipation:

- Fewer than three bowel movements a week
- Stools that are firm or hard to pass
- Swelling or bloating of the abdomen
- Straining during bowel movements
- Feeling full even after a bowel movement

Although constipation is uncomfortable, in most cases it is not a sign of a serious problem. You can help prevent constipation by:

- Drinking plenty of fluids – eight glasses of water a day
- Eating a diet that is high in fiber (see box)
- Exercising

- Not holding your stool – using the bathroom when you have the urge to have a bowel movement
- Working with your doctor to adjust any medications you may be taking

Eat Plenty of Fiber Every Day

Eating a diet that is high in fiber and low in fat can help keep your digestive system healthy. A fiber-rich diet also may help prevent cancer, heart disease, and other serious health problems.

Good sources of fiber include fruits, vegetables, beans, and whole grains. Whole-grain products include whole wheat, whole oats, whole rye, and whole-grain barley. Buckwheat, popcorn, brown rice, wild rice, and bulgur also are whole-grain products. To choose whole-grain food items, read the package label. The words “whole” or “whole grain” will be shown before the name of the grain.

Try to eat 25 grams of fiber daily. Some good sources of fiber and the amount of dietary fiber in them are listed below.

| <i>Food</i> | <i>Serving Size</i> | <i>Total Fiber (grams)</i> |
|-------------------------------|---------------------|----------------------------|
| Cooked navy beans | 1/2 cup | 9.5 |
| Ready-to-eat 100% bran cereal | 1/2 cup | 8.8 |
| Canned kidney beans | 1/2 cup | 8.2 |
| Cooked black beans | 1/2 cup | 7.5 |
| Baked sweet potato with peel | 1 medium | 4.8 |
| Cooked green peas | 1/2 cup | 4.4 |
| Whole-wheat English muffin | 1 | 4.4 |
| Raw pear | 1 small | 4.3 |
| Cooked mixed vegetables | 1/2 cup | 4.0 |
| Raw apple with peel | 1 medium | 3.3 |

If constipation continues, your doctor may suggest using a *laxative*. Most of these products are available without a prescription. Different types of laxatives work in different ways:

- Bulk-forming agents absorb water and expand, increasing moisture in the stool and making 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.

Laxatives, especially stimulants, should be used with caution. You should stop using these products once your bowel movements become regular again. Overuse of stimulants can cause your bowels to depend on them.

If constipation does not go away after trying these remedies, see your doctor. There may be other problems that are causing constipation.

Diarrhea

Diarrhea is having three or more loose bowel movements a day. It also may involve cramping. Diarrhea usually is not a serious health threat, but it can be uncomfortable. Several things can cause diarrhea:

- Eating spoiled, undercooked, or raw food that may contain harmful bacteria or viruses
- Drinking or eating foods that contain bacteria 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

Diarrhea can cause dehydration (loss of fluids from the body) if it continues. If you have diarrhea, drink plenty of fluids to regain 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. Ask your doctor or pharmacist which product to use. Avoid drinking dairy products, soda, and juices. They may contain lactose, caffeine, or sugar, which may make diarrhea worse.

If diarrhea lasts more than 24 hours, see your doctor right away. Also see your doctor if you have diarrhea with bloody stools, fever, or severe abdominal pain. You may have an infection or some other problem that may need to be treated.

Irritable Bowel Syndrome

Irritable bowel syndrome (IBS) mainly affects women between the ages of 30 years and 50 years. The symptoms can come and go over time. For some people, it is only mildly annoying. For others, it can be serious.

It is not always clear what causes IBS. People with this condition seem to have more sensitive colons than is usual. Symptoms 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

Stress, eating large meals, or travel may trigger the symptoms. Certain medicines or foods also can cause symptoms to flare up. Caffeine, dairy problems, too. Women may have more symptoms during their menstrual periods.

Irritable bowel syndrome cannot be cured, but it can be managed to reduce the symptoms. Keep a record of foods you eat and symptoms you have. This can help you pinpoint which foods cause problems.

Your doctor or a dietitian can suggest changes in your diet to help manage IBS. Eating frequent small meals rather than two or three large meals a day can help. In some cases, adding fiber to your diet may help. Your doctor also may suggest medications or lifestyle changes to relieve the symptoms.

Heartburn

With heartburn, a muscle in your esophagus that opens and closes when you swallow may not work properly. Sometimes it does not close tightly or fast enough and the food and stomach fluids back up into your esophagus. This may cause a burning feeling in your chest and throat, called heartburn.

This condition is very common. It usually is not serious. Sometimes, it may become bothersome, especially when lying down. It occurs more often during pregnancy. You can control or even prevent heartburn by taking these steps:

- Elevate the head of the bed
- Eat small, more frequent meals
- Avoid smoking and alcohol
- Avoid foods that bother you
- Avoid lying on your back right after eating

Your doctor may suggest that you take an over-the-counter medication. If both medication and lifestyle changes fail to bring relief, you may need a more detailed follow-up.

Hemorrhoids

Hemorrhoids are swollen blood vessels in and around the anus and lower rectum. The vessels stretch under pressure. They can become painful, itchy, and irritated. This might happen if you are straining to have bowel movements. Passing stool may injure the hemorrhoids and cause them to bleed. Hemorrhoids can result from several factors:

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

Adding fiber and fluids to your diet can help prevent hemorrhoids. The symptoms of hemorrhoids can be relieved with ice packs to reduce swelling. You also may use a hemorrhoid cream or suppositories. If problems persist, contact your doctor. In more severe cases, minor surgery may be needed to remove hemorrhoids.

Gas

Foods that are hard to digest can remain in the large intestine and cause gas. Gas affects many people who are lactose intolerant. It also affects people who have trouble digesting vegetables, such as beans, cabbage, or broccoli. You can prevent gas in your diet by figuring out which foods give you gas and removing them from your diet. Your doctor also may recommend an over-the-counter treatment that helps reduce gas.

Colon and Rectal Cancer

Colon and rectal cancer—or colorectal cancer—affects the large intestine and rectum. It is the third leading cause of cancer death among women in the United States.

In most cases, colorectal cancer develops slowly over time. This type of cancer often begins as a polyp—a tissue growth in the colon or rectum.

Routine screening can help detect colorectal cancer early enough to be treated. 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. Other screening methods include the following:

- **Yearly fecal occult blood test (FOBT)** or fecal immunochemical test—For this test, two or three stool samples that are collected at home are sent to a lab. The

- Flexible *sigmoidoscopy* every 5 years—This test involves placing a slender device into the rectum and lower colon to look for cancer.
- Double contrast barium enema test every 5 years—For this test, a chalky substance is placed in the colon through the anus to allow X-rays to be taken.
- **Computed tomography (CT)** every 5 years—Some-times called a “virtual colonoscopy,” this imaging test allows the colon to be viewed without a colonoscope or barium.
- Fecal DNA test—DNA stands for “deoxyribonucleic acid.” DNA is the substance that makes up *genes*. Colon cancers contain abnormal DNA that can be detected with a special test. If abnormal DNA is found, a colonoscopy is performed.

The type of test and when to have it varies based on your risk factors. Some tests are used together and are repeated based on the results and your health history. Talk with your doctor about which screening test is right for you. You may need to be tested for colorectal cancer before age 50 if you

- have a first-degree relative younger than age 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 had inflammatory bowel disease, such as ulcerative colitis or Crohn’s disease
- have a family history of familial adenomatous polyposis or hereditary nonpolyposis colon cancer

In addition, the American College of Gastroenterology recommends that African Americans begin screening at age 45 years.

Lifestyle also can play a role in your risk of colorectal cancer. The following factors can increase your risk:

- Eating a diet that is low in fiber and high in fat
- Not exercising regularly
- Being overweight
- Smoking cigarettes or drinking large amounts of alcohol

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

- 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 you have cancer. The same symptoms can result from other, less severe problems. Talk to your doctor if you have any of these symptoms.

Finally...

Many women have digestive problems. You can make lifestyle changes to lower your risk of these problems. Eat foods that are high in fiber and low in fat, and drink plenty of water. Avoid foods that cause you problems. Regular exercise also can help. Find out as much as you can about your family's medical history, too. This will help you learn whether you are at increased risk. Also, talk with your doctor about screening tests that can detect problems early.

Glossary

Anus: A hollow organ that connects the large intestine to the outside of the body.

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

Computed Tomography (CT): A type of X-ray procedure that shows internal organs and structures in cross section.

Crohn's Disease: An inflammation of the digestive system.

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

Fecal Occult Blood Test: A test of a stool sample for blood, which could be a sign of cancer of the colon or rectum.

Gene: A DNA "blueprint" that codes for specific traits, such as hair and eye color.

Lactose Intolerant: Being unable to digest dairy products.

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

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

Pancreas: A gland that produces digestive fluids.

Peptic Ulcer Disease: A series of symptoms caused by erosion in the lining of the stomach or duodenum.

Rectum: The final part of the large intestine that connects to the anus.

Sigmoidoscopy: A test in which a slender device is placed into the rectum and lower colon to look for cancer