Please enable JavaScript in order to get the best experience when using this site.

- Site Navigation
- Page Content

Menu
State Government Victoria  
Better Health Channel  
Care

Health.vic
Victoria's hub for health services and business

DHHS
A gateway to the strategies, policies, programs and services delivered by the Department of Health & Human Services.

Seniors Online
Victoria's government portal for older people, with information about government and community services and programs.

Show search toolbar
Contrast Sign Up Login
Search

Type a minimum of three characters then press UP or DOWN on the keyboard to navigate the autocompleted search results

Search site or services  search

Navigation
Home Close Menu

- Conditions and treatments
  Conditions and treatments
  - Allergies
    - Allergy reaction to packaged food
  - Anxiety
  - Arthritis
  - Asthma
  - Behavioural conditions
  - Birth defects
  - Blood and blood vessels
  - Bones muscles and joints
    - Bone care - podiatrists
  - Brain and nerves
  - Cancer
  - Complementary and alternative care
  - Dementia
- Healthy living
  Healthy living
  - Alcohol
  - Babies and toddlers (0-3)
  - Children (4-12)
  - Drugs and addictive behaviours
Slow transit constipation

- Share (show more)
Slow transit constipation is characterised by the reduced motility of the large intestine, caused by abnormalities of the enteric nerves. The unusually slow passage of waste through the large intestine leads to chronic problems, such as constipation and uncontrollable soiling.

Treatment options include electrical stimulation, laxatives and surgery.

The large intestine massages waste along its length to the rectum by rhythmic, muscular contractions of its walls (peristalsis). This activity is controlled by nerves of the enteric nervous system (ENS). Slow transit constipation (STC), formerly known as neuronal intestinal dysplasia (NID), is characterised by the reduced motility (spontaneous movement) within the large intestine, caused by abnormalities of the enteric nerves.

The unusually slow passage of waste through the large intestine leads to chronic problems, such as constipation and uncontrollable soiling. There is no cure.

Symptoms of slow transit constipation

The most common symptoms include:

- passing bowel motions infrequently
- constipation
- uncontrollable soiling
- abdominal pains
- nausea
- poor appetite.

Less common symptoms include:

- blood in the stools (poo)
- haemorrhoids
- diarrhoea.

STC can be diagnosed soon after birth

The first bowel motion after birth isn’t true faeces, but a dark, gluey substance known as meconium. Most of this substance comprises the mucus that layered and protected the bowel lining while the baby was in utero. A newborn with STC may not pass their meconium until 24 hours or more after being born. The delayed passage of meconium may lead doctors to investigate further.

STC is a neuromuscular problem

The nerves communicate with muscle fibres by releasing chemical messages called neurotransmitters. These messages are picked up by special receptors in the muscle tissue. If enough receptors are stimulated, the result is muscular contraction.

Some studies have suggested that children with STC have abnormal neurotransmitters in the muscular layer of their intestinal walls. These abnormalities include a deficiency of a peptide known as substance P, which is thought to contribute to peristalsis. Research also indicates that the nerve cells of the bowel may be abnormal in number, position or appearance.

Quality of life can be severely affected

Many children with STC have emotional and behavioural problems, including:

- constant anxiety about losing control of their bowels in public
- fear and embarrassment about their condition
- withdrawal from social situations
- depression and loss of self-esteem, especially if they are teased by other children at school.

STC may mimic or coincide with Hirschsprung’s disease
Hirschsprung’s disease is characterised by the congenital lack of nerve cells in the rectum, large intestine or both. This means that peristalsis of the rectum or large intestine is absent, so that waste simply stalls and can’t be expelled via the anus. The symptoms include severe constipation and obstruction.

This disease is similar in many ways to STC, which can make diagnosis difficult. A further challenge to diagnosis is that STC and Hirschsprung’s disease quite often occur together.

**Diagnosis of slow transit constipation**

STC is often missed as a diagnosis because of the standard tests used for constipation, including:

- **x-ray** – to see if the bowel is distended with excess faeces
- **barium enema** – a special contrasting liquid is flushed into the bowel via the anus, then x-rays are taken

A more specialised diagnosis or confirmation of STC should involve one or more of:

- **comprehensive assessment by a specialist continence adviser** – a child with STC may have a distended abdomen and obvious discomfort.
- **colonic nuclear transit study (NTS)** – the child swallows a radioactive dose. Its passage through the bowels is then tracked over three days.
- **full thickness laparoscopic biopsy** – a small surgical incision is made in three places on the abdomen and samples are taken of the bowel wall to look at the muscles and nerve supply and the messenger molecules. This should not be mistaken for rectal biopsies.

**Treatment for slow transit constipation**

There is no cure for slow transit constipation. Treatment options may include:

- medication to improve bowel motility
- regular enemas to flush the rectum of faeces
- interferential electrical stimulation therapy (used in what is known as the TIC TOC treatment trial). The treatment is painless and often increases the child’s bowel motility, improves their bowel emptying and reduces the need for medication, washouts or surgery.

**Surgery for slow transit constipation**

For some families, symptoms may be so severe that surgical options may need to be considered. The type of surgery chosen depends on the location and extent of the affected bowel, and the health and age of the child. Options include:

- A colostomy is formed, where the bowel is re-routed through an artificial hole in the abdominal wall, and a colostomy bag is fitted. Sometimes, a temporary colostomy is performed.
- The appendix may be brought to the surface to create a tiny stoma (opening). This can be done using a laparoscope (telescopic surgery). Enemas can be given regularly directly into the stoma or appendix.
- It is not always possible to treat STC with surgery, as too much of the bowel may be affected.

**Coping strategies with slow transit constipation**

Strategies that may help your child to cope with STC include:

- Don’t ever chastise your child for soiling. Remember that their bowels are difficult to control.
- Offer pull-up disposable nappies or other continence aids appropriate to your child’s age.
- Allow your child to talk about their feelings.
- Make sure you educate your child about STC, so they realise their bowel control problems are not their fault.
- Devise an ‘action plan’ in consultation with your child’s school, which includes a trusted teacher’s cooperation at toilet time, and easy access to toilets and a shower.
- Join a support group such as the Paediatric Continence Association of Australia.
- Contact a specialist STC clinic.
- Professional counselling for the child and family members may be helpful.

**Where to get help**

- Your doctor
- Gastroenterologist
- Continence clinician
- NID Clinic at Royal Children's Hospital Tel. (03) 9345 6180

**Things to remember**

- Slow transit constipation is characterised by the reduced motility of the large intestine, caused by abnormalities of the enteric nerves.
- The unusually slow passage of waste through the large intestine leads to chronic problems, such as constipation and uncontrollable soiling.
- Treatment options include electrical stimulation, laxatives and surgery.

Send us your feedback
1/4 How would you rate this website?

- □ Excellent
- □ Good
- □ Average
- □ Fair
- □ Poor

Next Submit Now Cancel

Send us your feedback

- Rate this website
- Your comments
- Questions
- Your details

Please note that we cannot answer personal medical queries.
If you are looking for health or medical advice we recommend that you:

- talk to your doctor or pharmacist
- dial triple zero (000) in an emergency
- ring NURSE-ON-CALL Tel. 1300 60 60 24.

2/4 Your Comments

Tell us who you are  Select an option □

Enter your comments below (optional)

Next Submit Now Cancel

Send us your feedback

- Rate this website
- Your comments
- Questions
- Your details

3/4 Questions

What are you here to do? Looking for information on □

Did you find what you were looking for?

- □ Yes
- □ No

Next Submit Now Cancel

Send us your feedback

- Rate this website
- Your comments
- Questions
- Your details

4/4 Your details

Postcode □

Email Address □

Submit Now Cancel

Send us your feedback

Thank you. Your feedback has been successfully sent.
Digestive system

The following content is displayed as Tabs. Once you have activated a link navigate to the end of the list to view its associated content. The activated link is defined as Active Tab.

- Digestive system explained
- Oesophagus
- Stomach
- Small intestine
- Large intestine
- Rectum
- Liver and gallbladder
- Pancreas

Digestive system explained

- Barium tests
  Barium tests are used to examine conditions of the digestive tract such as reflux, narrowing or ulceration.

- Digestive system explained
  The digestive tract can be thought of as a long muscular tube with digestive organs attached along the way.

- Fibre in food
  A diet high in fibre keeps the digestive system healthy.

Oesophagus

- Barrett’s oesophagus
  Symptoms of Barrett’s oesophagus are similar to regular heartburn, which means many people don’t seek treatment until their condition is quite advanced.

- Digestive tract birth defects
  Too much amniotic fluid surrounding the baby during pregnancy (polyhydramnios) may indicate the presence of defects of the digestive tract.

- Hiccups
  Hiccups that last for days, weeks or even years may be symptomatic of underlying disease.

- Indigestion
  Food inside the stomach is only kept there by the force of gravity so to avoid heartburn, don’t lie down after a big meal.

- Throat cancer
  Risk factors for throat cancer include smoking and heavy alcohol consumption.

Stomach

- Abdominal pain in children
  Children may feel stomach pain for a range of reasons and may need treatment.

- Gastritis
  Gastritis may be caused by many factors including infection, alcohol, particular medications and some allergic and immune conditions.

- Hernias
  Both reducible and non-reducible hernias need to be surgically repaired - this is a common operation.

- Peritonitis
  Peritonitis is a life-threatening emergency that needs prompt medical treatment.

- Stomach cancer
  The symptoms of stomach cancer are usually vague and can be common to other medical conditions.

- Stomach ulcer
  Most stomach ulcers are caused by infection or medication, not stress or poor diet.

Small intestine
• Coeliac disease and gluten sensitivity
  Coeliac disease is an immune disease caused by gluten.
• Crohn's disease and ulcerative colitis
  When people with inflammatory bowel disease are not experiencing a flare-up of their illness, they feel quite well and are often free of symptoms.
• Gastroenteritis
  It is important to establish the cause of gastro, as different types of gastroenteritis respond to different treatments.
• Gastroenteritis - amoebiasis
  Amoebiasis can cause diarrhoea among travellers to developing countries.
• Gastroenteritis - campylobacteriosis
  Campylobacteriosis is a type of gastroenteritis and is more common in children under five years of age and young adults.
• Gastroenteritis - cryptosporidiosis
  Outbreaks of cryptosporidiosis have been associated with child care centres, public swimming pools and contaminated water supplies.
• Gastroenteritis - giardiasis
  Most people infected with Giardia parasites do not develop symptoms but can still spread the infection to others.
• Gastroenteritis in children
  Gastroenteritis or Gastro can be dangerous for very young babies. Gastro is common in young children and spreads easily. Gastro is a bowel infection which causes diarrhoea (runny or watery poo) and...
• Gastroenteritis - salmonellosis
  You may be more prone to salmonellosis if you are elderly, have another medical condition (such as a weakened immune system) or are malnourished.
• Gastroenteritis - shigellosis
  Outbreaks of shigellosis gastroenteritis can occur in institutional settings, particularly where children are still in nappies or adults are incontinent.
• Irritable bowel syndrome (IBS)
  Irritable bowel syndrome can’t be cured with medications or special diets but avoiding individual triggers can help prevent it.
• Pets – safe handling of reptiles and tropical fish
  People in contact with tropical fish and reptiles such as turtles, lizards and snakes may be at risk of infections and illness due to germs (such as bacteria, viruses and parasites) carried on the...
• Rotavirus
  Rotavirus is a common cause of viral gastroenteritis for Australian babies and preschool children.
• Traveller's diarrhoea
  The risk of traveller's diarrhoea is higher where sanitation and hygiene standards are poor.

Large intestine

• Appendicitis
  Anyone of any age can be struck by appendicitis, but it seems to be more common during childhood and adolescence.
• Botulism
  Botulism is considered a medical emergency. If untreated, it may cause death.
• Bowel cancer
  Bowel cancer is highly curable if found at an early stage.
• Bowel motions
  Many illnesses and events can affect the colour and texture of faeces.
• Collagenous colitis and lymphocytic colitis
  Collagenous colitis and lymphocytic colitis are types of inflammatory bowel disease (IBD).
• Constipation
Most cases of constipation are treated by eating a diet high in fibre, drinking more fluids, and exercising daily.

- **Constipation and children**
  A healthy diet, plenty of fluids, exercise and regular toilet habits can help relieve constipation in children.

- **Diarrhoea**
  Acute diarrhoea in babies and young children can be life threatening.

- **Diverticulosis and diverticulitis**
  Diverticulosis and diverticulitis relate to the formation or infection of abnormal pouches in the bowel wall.

- **Flatulence**
  Foods that tend to trigger flatulence also contain essential nutrients and shouldn't be eliminated.

- **Incontinence and continence problems**
  Many things can be done to manage, treat and sometimes cure incontinence and continence problems.

- **Incontinence - prevention tips**
  Incontinence can be prevented in most cases.

- **Irritable bowel syndrome (IBS)**
  Irritable bowel syndrome can't be cured with medications or special diets but avoiding individual triggers can help prevent it.

- **Pinworms**
  Despite the unsavoury reputation, a pinworm infection (worms) is relatively harmless and easily treated.

- **Polyps**
  Nasal polyps can sometimes interfere with breathing.

- **Short bowel syndrome**
  A person with short bowel syndrome is likely to be deficient in a range of important nutrients.

- **Slow transit constipation**
  A newborn with slow transit constipation may not pass meconium until 24 hours or more after being born.

- **Stoma after ileostomy or colostomy**
  A stoma is an artificially created hole (stoma) in the abdomen so that faeces can still leave the body.

- **Tapeworms and hydatid disease**
  It's important for your own health to control tapeworm infection in your dog.

**Rectum**

- **Anal fissure**
  Around half of cases of anal fissures heal by themselves with proper self-care and avoidance of constipation.

- **Haemorrhoids**
  A diet high in fibre can both treat and prevent haemorrhoids.

- **Rectal cancer**
  If treated in its earliest stages, rectal cancer is highly curable.

- **Rectal prolapse**
  Rectal prolapse occurs when the rectum turns itself inside out and comes out through the anus.

- **Rectocele**
  A rectocele is when the rectum protrudes into the vagina.

**Liver and gallbladder**

- **Cirrhosis of the liver**
  Cirrhosis is a type of liver damage where healthy cells are replaced by scar tissue.
- **Gallbladder - gallstones and surgery**
  Medical treatment for gallstones may not be necessary unless the gallstones cause symptoms...

- **Gilbert's syndrome**
  Gilbert's syndrome and hepatitis both cause jaundice but are not related...

- **Hepatitis**
  Hepatitis is an umbrella term for several diseases that affect the liver...

- **Hepatitis A**
  Immunisation is the best protection against hepatitis A infection and it is recommended for people in high-risk groups...

- **Hepatitis B**
  Hepatitis B is a viral infection that affects the liver and can lead to serious illness or death...

- **Hepatitis B - immunisation**
  Immunisation against hepatitis B reduces the risk of infection in babies...

- **Hepatitis C**
  In Australia, hepatitis C is most often spread through the sharing of unsterile drug injecting equipment. New all oral combination treatment has greatly improved health outcomes for people with...

- **Hepatitis C Cure - what it means for Victorians (video)**
  Hepatitis C Cure - what it means for Victorians...

- **Jaundice in babies**
  If your baby is full-term and healthy, mild jaundice is nothing to worry about and will resolve by itself within a week or so...

- **Liver**
  Some forms of liver disease are inherited, while others are caused by lifestyle factors...

- **Liver cancer**
  Liver cancer can be a primary cancer that starts in the liver, or a secondary cancer that starts in another part of the body and spreads to the liver...

- **Liver - fatty liver disease**
  The damage caused by fatty liver disease can often be halted or reversed through simple lifestyle changes...

- **New drugs for the treatment of hepatitis C – Frequently Asked Questions for patients**
  In Australia, hepatitis C is most often spread through the sharing of unsterile drug injecting equipment. New all oral combination treatment has greatly improved health outcomes for people with...

- **Primary biliary cirrhosis**
  Primary biliary cirrhosis is an autoimmune condition characterised by inflammation and scarring of the bile ducts within the liver...

**Pancreas**

- **Diabetes**
  Diabetes and the build-up of glucose (sugar) in the blood can cause serious complications if left untreated...

- **Diabetes type 1**
  Type 1 diabetes can affect anyone of any age, but is more common in people under 30 years...

- **Diabetes type 2**
  Type 2 diabetes may be prevented, but it cannot be cured...

- **Pancreas**
  The pancreas helps to digest food, particularly protein...

- **Pancreatic cancer**
  The causes of pancreatic cancer are unknown, but smokers are at greater risk...

- **Pancreatitis**
Pancreatitis is inflammation of the pancreas, which can be either acute or chronic...

Related Information

- Constipation
  Most cases of constipation are treated by eating a diet high in fibre, drinking more fluids, and exercising daily...

- Bowel motions
  Many illnesses and events can affect the colour and texture of faeces...

- Appendicitis
  Anyone of any age can be struck by appendicitis, but it seems to be more common during childhood and adolescence...

- Diverticulosis and diverticulitis
  Diverticulosis and diverticulitis relate to the formation or infection of abnormal pouches in the bowel wall...

- Flatulence
  Foods that tend to trigger flatulence also contain essential nutrients and shouldn't be eliminated...

Home

Related information on other websites

- About Constipation.

Support Groups

- Bowel group for kids

Content Partner

This page has been produced in consultation with and approved by: Better Health Channel - (need new cp)

Better Health Channel

Last updated: October 2012

Content on this website is provided for information purposes only. Information about a therapy, service, product or treatment does not in any way endorse or support such therapy, service, product or treatment and is not intended to replace advice from your doctor or other registered health professional. The information and materials contained on this website are not intended to constitute a comprehensive guide concerning all aspects of the therapy, product or treatment described on the website. All users are urged to always seek advice from a registered health care professional for diagnosis and answers to their medical questions and to ascertain whether the particular therapy, service, product or treatment described on the website is suitable in their circumstances. The State of Victoria and the Department of Health & Human Services shall not bear any liability for reliance by any user on the materials contained on this website.

betterhealth.vic.gov.au
My Health Life helps you manage your health

With tools, information and recommendations tailored to you, it’s your personal and secure health dashboard.

Learn more

Medical Dictionary

Enter a search term
Search

Search for your topic using the Merriam Webster medical dictionary

Service Search

Service Search

Find services near you

Service: Select a service
Location:

Type a minimum of three characters then press UP or DOWN on the keyboard to navigate the autocompleted search results

Eg. Melbourne or 3000

Use my location
Find a service

Find a doctor

Need to find a doctor in your local area? Take a look at the general practitioners entry in our health service profiles.

see general practitioner

Recent Activity

Polls polled today are 1.
67 people have watched a video today

- Health topics
  - Conditions and treatments
  - Healthy living
  - Services and support

- Explore