

Managing constipation after Bariatric surgery

A patient guide from Mark Grant, Southern Weight Loss, Dunedin

Constipation is one of the most common issues I see after bariatric surgery. Whether you've had a gastric sleeve or gastric bypass, changes in gut anatomy, hydration, fibre intake, medications, and rapid weight loss all affect bowel function.

The good news? It is predictable. It is manageable. And in most cases, it settles with the right strategy.

This guide explains what to expect in:

- The first week after surgery
- The first month
- Beyond 6 months

Why constipation happens after Bariatric surgery

After procedures such as:

- Sleeve gastrectomy
- Roux-en-Y gastric bypass
- One anastomosis gastric bypass

Your bowel habits change for several reasons:

- Very low food volume in early recovery
- Reduced fibre intake
- Lower fluid intake
- Opioid pain medication
- Iron supplements
- Reduced physical activity
- Hormonal changes affecting gut motility

Importantly:

Passing stool less often does not automatically mean something is wrong.

In the early weeks, you are eating very small volumes. Smaller input = smaller output

The first week after surgery

What is normal?

- No bowel movement for 3–5 days
- Passing small, firm stools
- Mild bloating
- Some abdominal discomfort

This is usually due to:

- Anaesthetic effects
- Opiate pain medication
- Dehydration
- Minimal oral intake

What I recommend in week one

1. Prioritise hydration

Target: **1.5–2 litres per day**, sipped slowly.
Even mild dehydration will slow the bowel.

2. Gentle movement

Short walks around the house several times per day stimulate gut motility.

3. Start a stool Softener Early

I usually advise:

- Docusate sodium
- Or Molaxole in small doses

Do not strain. Straining increases pain and intra-abdominal pressure.

4. If no bowel motion by day 4–5

If you have not opened your bowels by the end of week 1 despite:

- Adequate fluids
- Stool softeners
- Walking

I recommend a **single rectal enema**, such as: Microlax

This works locally in the rectum and can gently trigger a bowel movement without stressing your new stomach. It is safe to use once at the end of week 1 if needed.

If you are needing repeated enemas, please contact us, that is not typical.

5. Avoid aggressive bulk fibre in week 1

Your stomach is small and healing. Bulking agents can worsen bloating if fluid intake is inadequate.

When to call us in week one

Contact Southern Weight Loss urgently if you have:

- Severe abdominal pain
- Vomiting
- Distension that is worsening
- Inability to pass gas
- Fever

These are not typical constipation symptoms and require assessment.

The first month after surgery

This is when constipation most commonly becomes frustrating.

Your intake increases slightly, but:

- Protein is prioritised over fibre
- Iron supplements begin
- Fluid intake is still challenging

What is normal in month one?

- Opening bowels every 2–3 days
- Smaller stool volume
- Harder consistency
- Feeling “not fully emptied”

This is expected in many patients.

The Southern Weight Loss constipation plan (Month 1)

1. Fluid first

Aim for:

- 1.8–2 litres daily
- Separate fluids from meals (as instructed post-op)

If your urine is dark yellow, you are likely under-hydrated.

2. Gentle fibre introduction

Around weeks 2–4:

- Add small amounts of soft soluble fibre
- Kiwi fruit (well tolerated in NZ patients)
- Benefiber in small doses once hydration is reliable

Avoid aggressive fibre loading. Even with Benefiber, fluid intake is essential.

3. Magnesium (when appropriate)

Magnesium citrate at night can be helpful in selected patients.

We individualise this depending on:

- Kidney function
- Supplement regime
- Other medications

4. Iron Strategy

Iron supplements are a major contributor to constipation.

If constipation becomes significant:

- We may adjust the formulation
- Or change dosing frequency

Do not stop iron without discussion, iron deficiency is common after bariatric surgery

5. Physical Activity

By 3–4 weeks:

- Daily walking

- Light resistance exercise

Movement improves bowel motility significantly.

Beyond six months after surgery

At this stage:

- Diet is more varied
- Volume is higher
- You are more active
- Hormonal adaptation has stabilised

Constipation at 6 months usually reflects:

- Low fluid intake
- Low fibre intake
- Ongoing iron supplementation
- Reduced dietary fat
- High-protein, low-plant diet

Long-term bowel health strategy

1. Protein + Plants balance

Protein remains essential.

But long term, I encourage:

- Lean protein at each meal
- Non-starchy vegetables
- Small fruit portions

This provides natural fibre without overload.

2. Healthy fats matter

Very low-fat diets slow bowel transit.

Include:

- Avocado
- Olive oil
- Nuts (when tolerated)

Small amounts help stimulate bile flow and bowel movement.

3. Routine matters

The colon responds to rhythm.

- Try to use the toilet at the same time daily
- After breakfast works well (gastrocolic reflex)

Do not ignore the urge.

4. Ongoing supplement review

At annual reviews we assess:

- Iron levels
- B12
- Folate
- Thyroid function

Sometimes constipation reflects metabolic factors rather than diet alone.

What is NOT normal long term

Contact us or your GP if you develop:

- Severe abdominal pain
- Persistent vomiting
- Pencil-thin stools
- Rectal bleeding
- Unintentional weight regain with bloating
- Progressive abdominal distension

These require proper evaluation, not just laxatives.

Sleeve vs Bypass: Is there a difference?

Patients after:

- Sleeve gastrectomy

tend to experience constipation more frequently early on due to reduced intake and dehydration.

Patients after:

- Gastric bypass

may experience either constipation or loose stools depending on diet composition and bile acid changes.

Both are manageable with the right plan.

Constipation after bariatric surgery is:

- Common
- Predictable
- Usually temporary
- Rarely dangerous

It does not mean your surgery has failed.

It does not mean something is wrong internally.

It usually means your body is adapting to a new physiology.

The Southern Weight Loss bottom line

If you remember nothing else:

1. Hydration first
2. Stool softeners early
3. A Microlax enema once at end of week 1 if needed
4. Introduce Benefiber gradually
5. Stay active
6. Call early if symptoms feel abnormal

We would always rather hear from you early than have you struggle silently.

Your bowel habit will settle.

Your body is recalibrating.

And we are here to guide you through it.

Mark Grant

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