Abdominal massage can relieve constipation symptoms and boost quality of life

Using massage to ease constipation

In this article...
- Outlining the physical and psychosocial effects of constipation
- Exploring why patients find discussing constipation difficult
- What to consider before starting abdominal massage therapy

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Background: Constipation is a painful and serious condition that patients often find difficult to talk about. It is usually treated with laxatives alone.

Method: Of 60 people with constipation, half received 15 minutes of abdominal and hand massage a day, five days a week, for eight weeks, as well as prescribed laxatives. The rest received prescribed laxatives only. Interviews with participants were also conducted.

Results: Abdominal massage used with laxatives reduced abdominal pain, increased bowel movements and improved quality of life compared with laxative use alone. Patients reported positive experiences of abdominal massage but it did not reduce their laxative use.

Conclusion: Abdominal massage was seen as a pleasant treatment that can be offered as an option in constipation management.

Constipation involves unpleasant physical symptoms, such as bloating, nausea and cramps. It is often associated with laxative use as it can cause a total blockage of faeces that can be life threatening if left untreated. The intimate nature of constipation can also make it difficult to talk about, leading to loneliness and social isolation.

Abdominal massage to treat constipation was discussed in the literature as far back as the late 1800s. It has gained renewed interest but recent studies have been small with methodological flaws, providing few recommendations for practice (Ernst, 1999). This study set out to discover whether abdominal massage is an effective treatment.

Constipation
In addition to its physical symptoms, a major problem associated with constipation is its highly private nature. This can make it difficult for patients to discuss, even with healthcare professionals. Bodily functions are often considered taboo and patients can experience feelings of shame, discomfort and vulnerability when discussing symptoms.

According to Annells and Koch (2002), constipation can have a major impact on quality of life and daily activities. Its unpleasant symptoms can deter people from socialising, leading to isolation; many people with constipation report feeling ignored and offended when in contact with healthcare professionals, who sometimes see the condition as a minor problem (Annells and Koch, 2002). Raising the issue can be daunting so it is vital that healthcare professionals treat patients with respect.

Aim
This study aimed to determine the effects of abdominal massage on gastrointestinal symptoms.

Method
The study involved 60 participants with constipation according to Rome II criteria (Thompson et al, 1999). These define functional constipation as two or more of the following being present for at least 12 weeks in the last 12 months:
- Straining in more than a quarter of defecations;
- Lumpy or hard stools in more than a quarter of defecations;
- Sensation of incomplete evacuation in more than a quarter of defecations;
- Sensation of anorectal obstruction or blockade in more than a quarter of defecations;
- Manual manoeuvres needed to facilitate more than a quarter of defecations;
- Fewer than three defecations per week.

Participants were aged 36-85 years (average 63 years), 51 were women and seven were wheelchair users. Five lived in communal housing services and the remainder lived in their own accommodation.

Half the participants were randomised to an intervention group and half to a control group. The intervention group received 15 minutes of abdominal and hand massage a day, five days a week, for eight weeks, as well as their prescribed laxatives. They were instructed to reduce laxative intake when they experienced improved bowel function. The control group was told to use their prescribed laxatives as usual. Interviews were also conducted.

Massage sessions
The mechanisms behind the effects of massage are not fully understood but one theory is touch stimulates the parasympathetic nervous system. This is said to increase bowel motility and digestive secretions, and relax gastrointestinal sphincters (Diego et al, 2007; Purves et al, 2007).

An enrolled nurse educated in gentle massage gave the massage in a secluded room for privacy, with soft light and relaxing music to create a calm atmosphere.
Participants could choose whether sessions took place in the clinic, at home or at work; massage oil was used to reduce friction against the skin and, as they have many receptors that are stimulated by touch, hands were also massaged.

**Hand massage**

Massage sessions began with the hands, enabling therapists to lead into the abdominal massage gradually when participants had relaxed. The backs of the hands, fingers and palms were massaged for about eight minutes using long strokes and circular movements.

**Abdominal massage**

The abdomen was massaged lightly for eight minutes using long strokes and circular movements and then the hands were also massaged. Massage oil was used to reduce friction against the skin and, as they have many receptors that are stimulated by touch, hands were also massaged.

**Abdominal massage**

The abdomen was massaged lightly for about seven minutes, using lateral and downward strokes and circular movements.

Abdominal massage significantly reduced gastrointestinal symptoms with regard to constipation and abdominal pain, and resulted in an increased number of bowel movements compared with the control group (Lämås et al, 2009). Health related quality of life (HRQoL) also increased significantly in the intervention group (Lämås et al, 2010).

Discussion

Even if earlier studies have been small and methodologically flawed, the findings have been promising. The results from our study support those promising findings and it is hoped future studies will continue to strengthen the evidence of abdominal massage.

However, previous studies have indicated that abdominal massage does not have a lasting effect and should therefore be seen as an ongoing treatment rather than something that cures constipation alone (Holey and Lawler, 1995). Additionally, not everyone is comfortable receiving massage, especially around the abdomen. One criterion for giving massage is that both the massage therapist and the recipient feel comfortable with the situation.

When educating nurses in massage therapy it is important to emphasise the need to be “present” and open with the person receiving the massage; “absence” or distraction on the part of the therapist could have an adverse effect on the quality of the massage.

Abdominal massage requires a relationship of trust between the therapist and the patient. Potential obstacles to the patient feeling comfortable with the situation should be explored. According to Van Dongen and Elema (2001), touch is affected by power in relationships, as well as culture, gender, age, status and roles. Massage therapists should, therefore, consider a number of factors before proceeding with abdominal massage:

» Are there cultural factors that make massage of the abdomen inappropriate?

» Does the patient have a past bad experience that makes massage inappropriate?

» How does gender or age affect therapists’ relationships with patient in terms of giving abdominal massage?

Limited knowledge about how massage affects the spread of cancer must also be considered. If a treatable, active abdominal tumor is suspected, abdominal massage may be inappropriate or if pregnancy is possible. Caution should also be observed if there is inflammation of the abdomen, signs of infection, or if the person in question has recently undergone abdominal surgery.

**Conclusion**

The study participants considered abdominal massage to be a pleasant treatment compared with using laxatives, which often have negative side effects. It is uncertain whether abdominal massage can replace laxatives but it can be used as a complementary therapy or as a first-line treatment.

Negative side effects associated with abdominal massage are rare but not everybody will benefit from it. The crucial thing is to find patients whose constellation will be relieved by abdominal massage. It is unknown at present which patients will benefit the greatest and this needs further study. Abdominal massage can easily be learnt by nurses; if a patient with constipation feels comfortable with abdominal massage it may well be worth trying.

**References**