

Women and their guts

Anatomical and other differences make women more susceptible to digestive disorders.

By Dr Richard Sim, Colorectal Surgeon

olorectal cancer is the second most common cancer among women in Singapore after breast cancer, although the incidence level has been on a downward trend since 2009 or so. The main gut problems plaguing women today are functional bowel disorders where the primary issue is an alteration in the way the bowel works, rather than an identifiable structural or biochemical cause. The most common is irritable bowel syndrome (IBS), where patients experience abdominal pain, distension or bloating and altered bowel habits with either constipation, diarrhoea or both.

Studies suggest that gastrointestinal (GI) activity is slower in women than men, and even more so when IBS is present. Gender-related differences in the efficacy of IBS-specific medications, too, imply there are actual differences in the way the digestive system functions in men and women. Biopsychosocial factors may explain this difference. The 'gut brain' and hormonal changes appear to be responsible for many of the gastrointestinal issues faced by women.

The gut has a complex nervous tissue network within its walls, often referred to as the enteric nervous system or 'the gut brain'. There is growing belief that abnormality in functional bowel disorders and IBS lies in the interaction between a person's gut and his/her brain — an abnormality of gut-brain interaction. Gender-related differences do exist in the perception and responsiveness to painful stimuli. Women demonstrate a greater sensitivity to pain compared to men.

GI activity changes during the different stages of a woman's life. Before puberty, both girls and boys tend to have similar functional gastrointestinal disorders. However, young women, especially in their childbearing years, are most likely to be affected by chronic constipation and piles. Older perimenopausal and elderly women are troubled by rectal prolapse, rectocele and pelvic floor weakness. At this stage of life, diverticular disease and colorectal neoplasms (polyps and cancer) predominate.

During the reproductive years, hormonal changes during menstruation and pregnancy can alter the normal movements of the digestive tract and increase sensitivity within the gut. Many women experience diarrhoea or constipation during their menstrual cycle. Excessive straining during natural childbirth may lead to the enlargement of internal haemorrhoids which in turn cause pain when moving the bowels, and leads to incomplete emptying and consequently, constipation.

Other contributory causes include stress and withholding of stools. Social pressures arising from juggling work and family, hygiene concerns and the inconvenience of using public toilets, may lead women to withhold their stools, leading to irritable bowel syndrome and constipation. Dietary factors also predispose women to constipation and colorectal disorders. On the upside, women are generally more health-conscious and make a greater effort to follow a diet which includes more vegetables and fruit. Unfortunately, excessive fibre can backfire, giving rise to constipation.

5 things every woman should know about colon health:

- What you consume affects your gut function probiotic-rich foods can help you stay regular
- How you think and feel affects your gut learn to manage your stress
- Know what is a normal bowel habit for you so that you can recognise any departure from the norm
- Go when you have to holding your stool leads to digestive disorders
- Learn the correct way to move your bowels -knees higher than hips, lean forward with elbows on knees, bulge out your abdomen, straighten your spine



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