شبكة المعلومات الجامعية

بسم الله الرحمن الرحيم

HOSSAM MAGHRABY

شبكة المعلومات الجامعية

شبكة المعلومات الجامعية

التوثيق الالكتروني والميكروفيلم

HOSSAM MAGHRABY

شبكة المعلومات الجامعية

جامعة عين شمس

التوثيق الإلكتروني والميكروفيلم

قسم

نقسم بالله العظيم أن المادة التي تم توثيقها وتسجيلها

علي هذه الأقراص المدمجة قد أعدت دون أية تغيرات

يجب أن

تحفظ هذه الأقراص المدمجة بعيدا عن الغبار

HOSSAM MAGHRABY

بعض الوثائق الأصلية تالفة

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بالرسالة صفحات

لم ترد بالأصل

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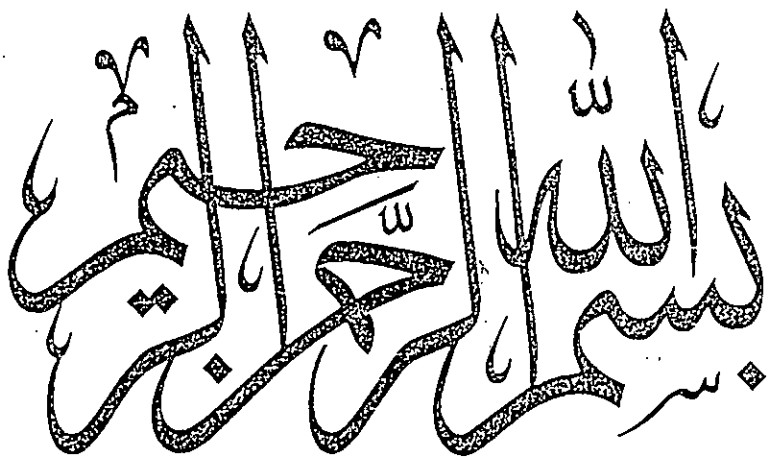
بسم الله الرحمن الرحيم

بسم الله الرحمن الرحيم

﴿وعلمك ما لم تكن تعلم
وكان فضل الله عليك عظيماً﴾

صدق الله العظيم
من الآية ١١٣ سورة النساء

Analysis of Rectoanal Inhibitory Reflex in Cases of Chronic Constipation

Thesis

Submitted to the Faculty of Medicine,
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of the degree of

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By

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To my
Parents

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CONTENT

INTRODUCTION

INTRODUCTION

The incidence, severity, and duration of symptoms of constipation are highly variable. Even the definition of what constitutes constipation is unclear; some patients complain of inadequate stool frequency only, poor stool consistency, or difficulty with defecation; all complain of clinical constipation.[1,2,3] Individuals' perceptions of constipation were found to be variable, almost 50% of people considered constipation purely in terms of frequency of bowel actions, almost 25% in terms of straining, pain, and hard stool, and 30% in terms of both. Since these parameters are difficult to evaluate, stool frequency remains as a reliable clinical guide. Some authors believe that with the available information, patient should be considered constipated under any of these circumstances: (a) if the stool weight is less than 35 g per day; (b) if fewer than three stools for women and five for men are passed per week while following a high- residue diet (30 g diet fiber); or (c) if more than three days pass without bowel movement.[4] In a recent survey [5] up to 5% of an American population sample said that they pass two or fewer stools a week. Since it seems reasonable to use frequency as a guide,