GUIDE 01

The GLP-1 Gut Fix

A step-by-step plan to fix GLP-1 constipation, rebuild normal digestion, and stay on the medication that's working.

THE 7-DAY RESET

Written by Kobie · FlowWell

flowwellglp1.clinic

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BEFORE YOU START

Read this page first. It will save you a week.

I wrote this because I could not find it anywhere. Four months ago I was 246 pounds and driving for Uber. A nurse I had driven a dozen times told me straight that I was going to die younger than I had to, and pointed me toward a GLP-1 prescriber. Forty-two pounds came off. Then I went almost two weeks without a normal bowel movement, and my doctor told me plainly that if it did not resolve I was heading for the emergency room.

I bought most of the laxative aisle at Walmart. Almost none of it worked, and some of it made things worse. What finally worked, I pieced together from a Facebook group on day five and then checked against the research. This guide is that protocol, in the order I wish someone had handed it to me.

I am not a doctor. What I have is the experience of going through this and the time to read the studies carefully. Every recommendation here is something to bring to your prescriber, not a replacement for them.

WHERE TO START, DEPENDING ON WHERE YOU ARE

Backed up now	Go straight to the 7-day reset in Chapter 2, then read Chapter 4 on hydration. Start today.
Managing so far	Read Chapters 2 through 4 and set your food, fluids, and fiber up before symptoms peak.
Worried it's serious	Read the red flags in Chapter 9 first. Some symptoms mean stop reading and get seen.

> One rule before anything else: never add fiber without adding fluid at the same time. On a GLP-1, fiber without water is the single fastest way to make constipation worse. If you only remember one sentence from this guide, remember that one.

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CHAPTER 01

Why your gut slowed down

This is not willpower, hydration failure, or something you did wrong. It is the drug working as designed, in a place you did not want it to work.

GLP-1 receptor agonists — semaglutide (Ozempic, Wegovy) and tirzepatide (Mounjaro, Zepbound) — reduce appetite partly by slowing how fast your stomach empties. Food stays put longer, you feel full sooner and for longer, and you eat less. That delay is the point. It is also the cause of your constipation.

Three things are happening at once, and each one matters for what you do about it.

HOW THE SIDE EFFECT IS PRODUCED

THE DRUG	→	YOUR GUT	→	YOUR APPETITE
Slows how fast the stomach empties		Contractions get weaker and less frequent		Far less food and fluid going in

RESULT Waste sits longer · the colon pulls more water out of it · stool turns hard and dry

Which is why the fix runs in this order: **hydrate and soften first, restore movement second, add fiber last.**

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Slower stomach emptying	Gastric emptying can slow substantially, particularly in the first weeks and after each dose increase. Everything downstream arrives late.
Weaker gut contractions	The wave-like contractions that push waste along become less frequent. More time in the colon means more water pulled out, which means harder, drier stool.
Far less going in	You are eating a fraction of what you used to, so there is less bulk and less fluid arriving. Less in, slower transit, drier stool – the three compound.

Why the standard advice backfires

"Drink more water and eat more fiber" was written for a gut moving at normal speed. Pile bulk-forming fiber into a system that is already moving slowly, without a large increase in fluid, and you get a bigger, drier, more painful mass. That is why the giant salad, the fiber gummies, and the third scoop of psyllium often make people feel worse within a day.

Stimulant laxatives are the other trap. They force a contraction rather than fixing the reason contractions are weak, they cramp hard on a slowed gut, and they are not built for the weeks or months you may be on this medication.

The approach that works runs in a specific order: soften and hydrate first, restore movement second, add fiber last and slowly. That order is the whole protocol, and the rest of this guide is how to run it.

CHAPTER 02

The 7-day motility reset

If you are stuck right now, start here and do nothing else for a week. Note the order: fluid and softening come before fiber, always.

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FLUID	MOVEMENT	FOOD	FIBER
80–100 oz · magnesium · no fiber	Walks after meals · morning window	Cooked, soft, small plates	Half dose

Day 1 2 3 4 5 6 7

DAYS 1–2

Fluid and softening only

Aim for 80 to 100 oz of fluid, spread across the day rather than in two large hits. Add one warm drink on waking. Ask your prescriber about starting magnesium citrate at night and, if you are hard and dry, an osmotic softener like polyethylene glycol. Add no fiber at all these two days.

DAYS 3–4

Add movement and timing

A 10 to 15 minute walk after your two largest meals. Sit on the toilet for five unhurried minutes 20 to 30 minutes after breakfast, whether or not you feel an urge – the morning window is when the reflex is strongest. Feet on a low stool, knees above hips.

DAYS 5–6

Soft, hydrating food

Cooked vegetables over raw. One kiwi or a ripe pear daily. Soaked chia or oats at breakfast. Four to five small plates move better through a slow stomach than two large ones.

DAY 7

First fiber, half dose

Only now, and only if things have started moving: half a teaspoon of psyllium or acacia in a full 12 oz glass of water. Half the label dose, once a day. If bloating spikes, drop back and add more fluid before you try again.

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IF NOTHING HAS MOVED BY DAY 4

Call your prescriber rather than escalating on your own. Going past roughly a week without a bowel movement is where this stops being a self-management problem. Chapter 9 lists the symptoms that mean go now rather than call.

CHAPTER 03

Food that moves, food that stalls

You are eating far less than you used to, so every small plate has to do more work. The goal is water content and gentle fiber in small, frequent portions.

Soluble fiber — oats, chia, kiwi, ripe pear, psyllium — absorbs water and forms a gel that keeps stool soft. Insoluble fiber — raw greens, bran, nuts, skins — adds bulk and sweeps. On a slowed gut, soluble is your friend and insoluble is what you add later, carefully. Cooking vegetables does much of the work for you: it softens the fiber and adds water.

START WITH THESE

- Kiwi — two a day has real evidence behind it for constipation
- Ripe pears and prunes, skin on
- Oats, and chia soaked at least 20 minutes
- Cooked carrots, spinach, zucchini, squash
- Beans and lentils, small servings, well cooked
- Olive oil and avocado — fat helps things move
- Warm broth and herbal tea

HOLD OFF ON THESE

- Large raw salads — high bulk, low water, slow to clear
- Bran cereals and high-fiber bars taken all at once
- Cheese-heavy and fried meals
- Red meat as the main protein most days
- Protein shakes with no fluid alongside
- Alcohol, and more than two coffees before noon
- Sugar alcohols — sorbitol, xylitol — if you bloat easily

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Building a small plate

Cooked vegetables as the base, a palm of lean protein, a small scoop of grain or legume, and something hydrating to finish — diced pear, a few prunes. Drink 8 oz alongside every plate, not after it.

Three meals that take almost no effort, which is the point on a day you feel heavy and full: soaked oats with chia and diced pear; cooked carrots and white beans with olive oil and lemon; a kiwi and spinach smoothie. Rotate those three and you have covered this chapter.

> Four or five small plates move through a slowed stomach far better than two large ones. If a meal leaves you feeling like it is sitting in your chest, it was too big — not wrong.

WHAT I ACTUALLY KEEP IN THE KITCHEN

The specific brands I use — electrolytes, fiber, magnesium — are on one page with the honest reason each one is on the list: flowwellglp1.clinic/what-i-use. Some of those links pay me a commission, and nothing in this guide depends on them — any decent brand from a pharmacy shelf works.

CHAPTER 04

Hydration, and why water alone isn't enough

Fiber without fluid is the mistake. Fluid without electrolytes is the one nobody mentions.

Water is what lets fiber soften stool instead of hardening it. But appetite suppression cuts your food intake, and food is where a surprising amount of your fluid and sodium comes from. Drink only plain water on a small appetite and you can flush sodium and potassium without replacing them — thirsty, foggy, cramping, and no more regular.

Warm liquids are the other lever. A warm drink on an empty stomach reliably stimulates gut contractions, which is why the first thing on the schedule below is not coffee.

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A DAY OF FLUIDS

On waking	12 oz warm water with lemon, before coffee. This is the single highest-yield habit in the guide.
Mid-morning	8 oz herbal tea or broth, then a walk if you can.
With lunch	8 to 12 oz of a low-sugar electrolyte drink.
Afternoon	16 to 24 oz water, sipped steadily rather than at once.
With dinner	8 oz water, and keep the meal small.
Evening	Warm herbal tea with your magnesium. Taper fluids two hours before bed.

How much, honestly. Eighty to a hundred ounces a day is the range that worked for me. Chase consistency over volume — steady sipping keeps stool soft in a way two enormous glasses does not.

Two things dehydrate you faster on this medication: alcohol, and caffeine past the second cup. Neither is banned — both need extra fluid on the same day.

CHAPTER 05

Fiber without the bloating

Fiber is where most people on a GLP-1 make things worse, and it is entirely a dosing and timing problem.

Two rules cover almost all of it. Start at half the label dose, and never take fiber without at least 12 oz of fluid in the same 10 minutes. Everything below assumes you have already spent a few days on fluid and softening — fiber added to a genuinely blocked gut has nowhere to go.

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Psyllium husk Most evidence	Forms a gel, softens stool, and has the strongest research base. Start at half a teaspoon in a full glass of water, once daily. It thickens fast — drink it immediately. Needs the most fluid of the three.
Acacia fiber Gentlest	Dissolves clear, almost no grit, least likely to cause gas. This is where I would start if psyllium has burned you before. Mixes into anything.
Partially hydrolyzed guar gum Most mixable	Tasteless, invisible in coffee or a smoothie, and does not thicken. Useful when appetite is at its worst and drinking anything gritty is off the table.

The three-week ramp

Only move up a step if the one below it went well. Any increase in bloating means drop back to the previous week, not push on.

Week 1	Cooked vegetables and peeled fruit, plus half a dose of one supplement, once a day. Nothing else changes.
Week 2	Add a few spoonfuls of beans or lentils. If week 1 went well, go to a full dose — or twice a day at half.
Week 3	Introduce whole grains in small servings. Hold the fiber dose steady and let food do the rest.

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> Bloating and gas in the first few days of a new fiber is common and usually settles. Bloating that gets worse over a week, or comes with pain, is your signal to stop, not to push through. Swung to loose stools instead? Cut the fiber in half and keep the fluids and electrolytes up.

CHAPTER 06

Supplements, ranked honestly

Four things earn a place. Everything else is optional, and some of it actively gets in the way. Clear all of this with your prescriber first — especially if you have kidney or heart conditions, or take other medications.

01	Magnesium citrate	The highest-yield single addition. Draws water into the bowel and relaxes the gut wall. Commonly 200 mg at bedtime to start. Oxide is cheaper and harsher; glycinate is gentle but does far less for constipation.
02	A soluble fiber	One of the three from Chapter 5. One only — stacking two fibers is how people end up more blocked than they started.
03	Electrolytes	Low-sugar, with real sodium and potassium. Read the label: many "hydration" powders are mostly flavoring. This matters more the less you are eating.
04	A probiotic	Worth a four-week trial, honestly — the evidence for constipation is mixed, and it helps some people and does nothing for others. Multi-strain with *Bifidobacterium lactis* and *Lactobacillus acidophilus*, in the morning. If nothing has changed in a month, stop paying for it.

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What to be careful with

Iron and calcium both slow the gut further, and calcium competes with magnesium for absorption — separate them by a couple of hours. A slowed stomach also changes the absorption of anything taken by mouth, so if you are on thyroid medication, blood thinners, or anything with a narrow window, ask your pharmacist about timing rather than guessing.

Stimulant laxatives — senna, bisacodyl — are for occasional rescue with your prescriber's sign-off, not a daily tool on a drug you will take for months. Digestive enzymes help some people with fullness and bloating but do not address motility.

DISCLOSURE

I keep the specific brands I personally use on one page — flowwellglp1.clinic/what-i-use — and some of those links pay me a commission. I have kept them out of this guide on purpose: you paid for the protocol, and the protocol works with any decent brand from a pharmacy shelf.

Nothing in this chapter requires you to buy anything from me or anyone else.

CHAPTER 07

The daily routine

Print this page. Everything in the guide, on one sheet.

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MORNING	12 oz warm water before coffee · probiotic · small breakfast · five minutes on the toilet 20–30 min after eating
MID-MORNING	Warm tea or broth · 10-minute walk · small snack if hungry
LUNCH	Cooked vegetables, protein, small grain · electrolytes · fiber with a full glass of water · walk after
AFTERNOON	16–24 oz water, sipped · kiwi or pear · stretch or a second walk
DINNER	Small and cooked · olive oil or avocado · 8 oz water · walk after
EVENING	Magnesium · herbal tea · taper fluids two hours before bed

THE FOUR NON-NEGOTIABLES

- ◯ 80–100 oz of fluid, spread across the day
- ◯ Fiber and fluid together, every time
- ◯ A walk after your two largest meals
- ◯ The morning toilet window, urge or not

SHOPPING LIST

Kiwis, ripe pears, prunes

Oats, chia seeds

Carrots, spinach, zucchini

White beans or lentils

Olive oil, avocado

Herbal tea, low-sodium broth

Magnesium citrate, one soluble fiber, electrolytes

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ONE WEEK, TRACKED

Tick each box. A gap of two days in a row is your signal to tighten fluids first.

	M	T	W	T	F	S	S
Fluid target met	☐	☐	☐	☐	☐	☐	☐
Fiber + full glass	☐	☐	☐	☐	☐	☐	☐
Magnesium at night	☐	☐	☐	☐	☐	☐	☐
Walk after meals	☐	☐	☐	☐	☐	☐	☐
Morning window	☐	☐	☐	☐	☐	☐	☐
Bowel movement	☐	☐	☐	☐	☐	☐	☐

CHAPTER 08

When it isn't working

Four stalls account for nearly everything. Work through them in this order before changing anything else.

Nothing has changed after a week

Count your actual fluid intake for two days rather than estimating – this is where most people find the gap. Then check that magnesium is at night and fiber is not being taken dry. If both are right and a week has passed with no movement, that is a call to your prescriber, not a reason to double a dose.

More bloated than when you started

Almost always too much fiber, too fast, or two fiber sources at once. Drop to half, or stop fiber entirely for three days while keeping fluids high, then restart at a quarter dose. Cooked vegetables in place of raw for a few days helps too.

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It swung to diarrhea

Usually magnesium a little high, or a softener still running after things opened up. Halve the magnesium and hold the fiber steady. Keep electrolytes going — this is when you lose them fastest.

It was fine, then it came back

Check your dose calendar. Symptoms reliably return after a dose increase, and the fix is to tighten the fluid and magnesium routine for the two weeks after each step up rather than waiting to see whether it settles.

Questions I get asked most

Can I take magnesium with my GLP-1? Generally yes, and it is one of the most commonly suggested additions — but it depends on your kidney function and your other medications, so ask your prescriber before you start.

How long until this works? Most people notice a difference in three to five days on the reset, and settle into a normal rhythm in two to three weeks.

Do I have to do this forever? The fluid, walking, and morning habits, yes — they are cheap. Supplements often taper once your food intake stabilizes.

Does this apply to Mounjaro and Zepbound? Yes. The GI mechanism is receptor-driven gut slowing in both drug classes, so the protocol carries across tirzepatide and semaglutide alike.

Should I just stop the medication? That is a conversation with your prescriber, not a decision to make from a guide. In most cases this side effect is manageable, and there are also dose and timing adjustments only they can make.

CHAPTER 09

Red flags, and what to ask your prescriber

This is the most important page in the guide. Constipation on a GLP-1 is usually manageable. Occasionally it is a sign of something that needs urgent care, and no protocol substitutes for being seen.

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STOP AND GET MEDICAL CARE NOW

Severe or worsening abdominal pain, or a hard, distended, tender belly

Vomiting that will not stop, or vomiting up what you ate hours earlier

No bowel movement and no gas passing at all

Blood in the stool, or black tarry stool

Fever alongside abdominal pain

Severe upper-abdominal pain radiating to your back — this can signal pancreatitis, a known risk with these medications

Significant dehydration: dizziness on standing, very little urine, confusion

CALL WITHIN A DAY OR TWO

A week or more without a bowel movement despite following the reset

Constipation alternating with diarrhea that will not settle

Any need for a stimulant laxative more than occasionally, or straining that causes bleeding

New symptoms after a dose increase that are not improving in two weeks

Four things worth raising at your next appointment

These visits are short, so arrive with specifics: whether a prescription option like an osmotic or prokinetic agent suits you, whether your dose escalation could be slowed while your gut adapts, whether your other medications are contributing, and whether the symptoms warrant looking for a cause beyond the GLP-1.

Bring numbers, not impressions — days without a movement, ounces of fluid, what you tried and for how long. That detail changes the quality of the answer you get.

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IN CLOSING

The medication is worth staying on.

Most people who quit a GLP-1 quit over side effects, not results. That was very nearly me. The difference between stopping and staying was two weeks of fluid, magnesium, a walk after dinner, and patience with fiber — cheap, unglamorous things nobody had put in order for me.

If the reset in Chapter 2 is all you ever use from this guide, that is fine. It is the part that got me out of the worst week, and it is the part I would want in your hands on day one.

If you get stuck, email me. I read everything that comes in and answer it myself.

Kobie — founder, FlowWell

hello@flowwellglp1.clinic

flowwellglp1.clinic

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