

# Constipation in Palliative Care

## Introduction

Constipation is the passage of small, hard faeces infrequently or with difficulty, and less often than is normal for that individual.

## Assessment

- Normal and current bowel pattern (frequency, consistency, ease of passage, blood present, pain on passing stool).
- Current and previous laxatives taken regularly or as needed, and their effectiveness.
- Clinical features may mimic bowel obstruction or intra-abdominal disease.
  - Pain
  - Nausea/ vomiting, anorexia
  - Flatulence, bloating, malaise
  - Overflow diarrhoea
  - Urinary retention
- Cause of the constipation.
  - Medication: opioids, anticholinergics (hyoscine, cyclizine, tricyclic antidepressants), antacids, diuretics, iron, 5HT<sub>3</sub> antagonists.
  - Secondary effects of illness (dehydration, immobility, poor diet, anorexia).
  - Tumour in, or compressing, bowel wall.
  - Damage to lumbosacral spinal cord, cauda equina or pelvic nerves.
  - Hypercalcaemia.
  - Concurrent disease e.g. diabetes, hypothyroidism, diverticular disease, anal fissure, haemorrhoids, Parkinson's disease, hypokalaemia.
- Clarify cause before starting treatment of constipation.
  - Abdominal and rectal examination are essential.
  - To exclude bowel obstruction/ assess extent of faecal loading, an X-ray may be needed.

## Management

### General

- Encourage a good oral fluid intake (2 litres a day, if able); review diet.
- Ensure patient has privacy and access to toilet facilities.
- Address any reversible factors causing constipation.
- If current regimen satisfactory and well tolerated, continue it but review patient regularly and explain importance of preventing constipation.

### Oral Medication

- Use oral laxatives if possible.
- Rectal treatment may be needed for faecal impaction, and for paraplegic or bedbound patients.
- If rectum is ballooned and empty, do not give rectal treatment.

### Option A (combination of stimulant and softener)

Senna 2-4 tablets or bisacodyl 5-10mg, at bedtime in combination with docusate sodium 100mg capsule, twice daily

### Option B (osmotic laxative)

Macrogol (Movicol®) 1-3 sachets daily

- Severe constipation; consider a higher dose for three days.

### Option C (combined stimulant / softener, licensed for terminally ill patients)

Co-danthramer 1-2 capsules or co-danthramer suspension 5-10ml; at bedtime.

Co-danthramer strong 2 capsules or co-danthramer strong suspension 5ml; at bedtime.

### Rectal Treatment

**Soft loading:** bisacodyl suppository, sodium citrate or phosphate enema.

**Hard loading:** glycerol suppository as lubricant/ stimulant; then treat as above.

**Very hard loading:** arachis oil enema overnight, followed by phosphate enema.

### Paraplegic or bedbound patient

- Titrate laxatives or loperamide to keep stool firm, but not hard.
- Use rectal treatment every 1-3 days to avoid incontinence or an anal fissure.

### Practice points

- Do not use an arachis oil enema if patient has nut allergy.
- Avoid co-danthramer if patient is incontinent as it may cause a local skin reaction.
- Frail or nauseated patients may not be able to tolerate the fluid volume needed with Movicol®.
- Bulk forming laxatives are not suitable if patient has a poor fluid intake and reduced bowel motility.
- Lactulose is not effective without a high fluid intake; causes flatulence and abdominal cramps in some patients.
- Almost all palliative care patients on opioids need a regular oral laxative.
- Review laxative regimen when opioid medication or dose is changed.
- If maximal laxative therapy fails, consider changing opioid to fentanyl.

### Patient/ carer advice points

- Co-danthramer colours the urine red.

### Resources

#### Professional

Palliative Care Drug Information online: <http://www.palliativedrugs.com/>

#### Patient

Patient leaflet on website: Managing constipation

### Key references

1. Larkin PJ, Sykes NP, Centeno C. et al. The management of constipation in palliative care: clinical practice recommendations. *Palliative Medicine* 2008;22; 796-807.
2. Miles CL, Goodman ML, Wilkinson S. Laxatives for the management of constipation in palliative care patients (Systematic Review) 2006; Issue 4. The Cochrane Collaboration
3. Sykes N. Constipation. *Oxford Textbook of Palliative Medicine* 3rd Edition 2004: 483-493
4. Scottish Intercollegiate Guideline Network. *Control of pain in patients with cancer*. Edinburgh, 2008. SIGN Secretariat (SIGN 106)
5. Goodman S, Wilkinson S. Constipation management in palliative care. *Journal Pain Symptom Management* 2005; 29:238-44
6. Campbell T et al. The management of constipation in people with advanced cancer. *International Journal Advanced Nursing* 2001; 7(3): 110-119

### Laxative drug information chart

Oral laxative	Starting dose	Time to act	Comments
Bisacodyl tablets 5mg	1-2 nocte	6-12 hours	<ul style="list-style-type: none"> <li>Can cause abdominal cramps.</li> </ul>
Senna tablets Senna liquid	2-4 nocte 10-20ml nocte	8-12 hours	<ul style="list-style-type: none"> <li>Tablets may be difficult to swallow.</li> <li>Can cause abdominal cramps.</li> </ul>
Codanthramer capsules Codanthramer suspension (1 capsule = 5ml)  Codanthramer strong capsules Codanthramer strong suspension (2 capsules = 5ml)	1-2 nocte 5-10ml nocte  2 nocte  5ml nocte	6-12 hours	<ul style="list-style-type: none"> <li>Combination laxative containing dantron and a softener.</li> <li>Colours the urine red.</li> <li>Licensed for use in terminally ill patients.</li> <li>Avoid if patient is incontinent as can cause a local skin reaction.</li> </ul>
Docusate sodium capsules 100mg	1 twice daily	24-36 hours	<ul style="list-style-type: none"> <li>Mainly a softener.</li> <li>Liquid preparation very unpalatable.</li> </ul>
<i>Macrogol (Movicol®)</i>	1-3 sachets daily	1-3 days	<ul style="list-style-type: none"> <li>Made up in 125ml of water per sachet.</li> <li>High dose (up to 8 sachets per day for 1-3 days in impaction).</li> <li>Available in half strength sachets.</li> </ul>

Rectal preparations	Starting dose	Time to act	Comments
Bisacodyl suppository 10mg	10mg	15-60 minutes	<ul style="list-style-type: none"> <li>Must be in contact with bowel wall to be effective.</li> </ul>
Sodium citrate microenema	1-2	30-60 minutes	
Phosphate enema	1	15-30 minutes	<ul style="list-style-type: none"> <li>Can cause local irritation.</li> <li>Warm to body temperature.</li> </ul>
Glycerol suppository	1	15-30 minutes	<ul style="list-style-type: none"> <li>Combined irritant and softener.</li> </ul>
Arachis oil enema	1	15-60 minutes	<ul style="list-style-type: none"> <li>Contains peanut oil; contraindicated in nut allergy.</li> <li>Warm to body temperature.</li> </ul>

