

Reducing Barriers to Pain and Fatigue Management



Preventing and Managing Constipation

What to do:

- Drinking lots of fluids is very important. Drink eight to ten cups of liquid each day (if allowed by your doctor).
- Try to eat at the same times each day.
- Eat foods high in fiber (e.g. uncooked fruits (with the skin on), vegetables, whole grain breads and cereals, fresh raw fruits with skins and seeds).
- Add one or two tablespoons of unprocessed bran to your food. This adds bulk and stimulates bowel movements. Sprinkle on food at mealtimes.
- Avoid foods and beverages that cause gas such as cabbage, broccoli, cauliflower, cucumbers, dried beans, peas, onions, and carbonated drinks if these items cause you distress.
- Get as much exercise as you can, even if that means only walking a very short distance.
- Try to have a bowel movement whenever you have the urge.
- Use stool softeners and laxatives only as instructed by your doctor or nurse.
- Use a rectal suppository only after checking with your doctor or nurse.
- If you are confined to bed, try to use the toilet or bedside commode when you have a bowel movement, even if that is the only time you get out of bed.
- Use an enema to provide immediate relief from constipation, but first check with the doctor or nurse. Enemas should be the last step for relieving constipation. They evacuate the lower bowel and help the upper bowel move as well.

Do not:

- Strain or use extreme force when trying to move your bowels
- Use over-the-counter laxatives or enemas unless first discussed with your doctor
- Use laxatives and enemas if you have a low white blood count or low platelet count

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Recommendations for Treating Constipation

Day 0

- Senokot S two tablets at bedtime If no BM on day 1
- Senokot S two tablets twice a day If no BM on day 2
- Senokot S three or four tablets twice a day or three times a day If no BM on day 3
- Dulcolax two or three tablets three times a day and/or at bedtime
- If no BM, rule out impaction
- If impacted:
 - Lubricate rectum with oil-retention enema
 - Medicate with opioid and/or benzodiazepine
 - Disimpact
 - Give enemas until clear
 - Increase daily laxative therapy per above
- If not impacted:
 - Give additional laxatives
 - Lactulose (45-60 mL by mouth)
 - Magnesium citrate (8oz)
 - Dulcolax suppository (one per rectum)
 - Fleet enema (one per rectum)

At any step, if medication is effective, continue at that dose. If less than one BM per day, increase laxative therapy per steps. If less than two BM per day, decrease laxative therapy by 24% to 50%

Source: Adapted from Levy (1991), Constipation and diarrhea in cancer patients. Cancer Bull 1991; 43: 412-422.

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