

PALLIATIVE CARE TIPS

Issue # 3 Constipation in the Cancer Patient

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Epidemiology: Constipation is one of the most common problems experienced by patients in palliative care.

Importance of awareness: Constipation can cause extreme suffering and discomfort to the patient, however it is often under-recognized and not routinely assessed properly.

Definition:

Constipation is defined as unsatisfactory defecation with infrequent stool (less than 3 /week) and difficulty in stool passage (Rome II criteria).

Two aspects those are important in palliative care:

- a. Recognize reversible symptom related constipation
- b. Assess patient level of discomfort relating constipation and its management.

Causes:

1. Primary: ↓fibre, ↓fluid ↓activity ↓privacy
2. Secondary: structural, electrolytes (hypercalcemia for certain types of cancer), endocrine, neurological, pain, paraneoplastic syndrome
3. Drug: opioids, anticholinergics (TCA's, phenothiazines, antispasmodics), diuretics, ferrous sulphate, Calcium Carbonate, Barium Sulfate (x-ray), Fe, Ca, antacids, 5HT3 antagonist (Ondansetron etc), Vinca Alkaloids

Presentation:

1. Decreased stooling frequency or volume, hard stools
2. Overflow diarrhea may present if liquified stool leaks past impacted feces
3. Symptoms of abdominal pain, nausea, vomiting, anorexia, restlessness, urinary retention or anxiety may occur

Diagnosis:

1. Requires high index of suspicion. Do not assume a patient is free from constipation because he/she has been hospitalized, on laxatives, or having occasional bowel movements.
2. History, abdominal exam (limited use), *digital rectal exam* to assess for retained stool or fecal impaction
3. Abdominal x-ray, often helpful to check for retained feces easily seen on plain films. X-ray can be scored for stool presence, from none (=0/12) to complete (=12/12) filling of colon

Prevention and Treatment:

1. Non-pharmacological or dietary changes
 - a. Hydration
 - b. High-fibre foods including whole grains and fruits and vegetables
 - c. Eat regular meals
 - d. Increase daily exercise (may not be possible for patients with advanced illness)
 - e. Be mindful of bowel routine and comfort
 - f. Privacy for going to the toilet
 - g. Make use of gastrocolic reflex
2. Pharmacological : Psyllium (Metamucil) NOT advised due to decreased peristalsis (secondary to opioids) and large fluid volumes required (not easily tolerated by patient)
 - a. Increase bowel regimen: increase Senna if B.M.'s infrequent and increase Docusate if stools hard
 - b. Consider Lactulose for resistant cases
 - c. Dulcolax suppository if no B.M. x 3 days, if not effective, give Fleet enema
 - d. Cleansing enemas or oil retention enema followed by cleansing enema in severe cases
 - e. For stool in proximal colon – consider oral fleet or polyethylene glycol (PEG)
3. For persistent constipation Methylnaltrexone 8 mg for BW< 62 kg; 12 mg for BW >62 kg) subcutaneously every two days may be considered. Please contact palliative care consultants for more information.

REMEMBER: For referrals, questions, or telephone consultations call 496-1300 weekdays and weekends.

Palliative Care Tips are now available on our Website: www.palliative.org