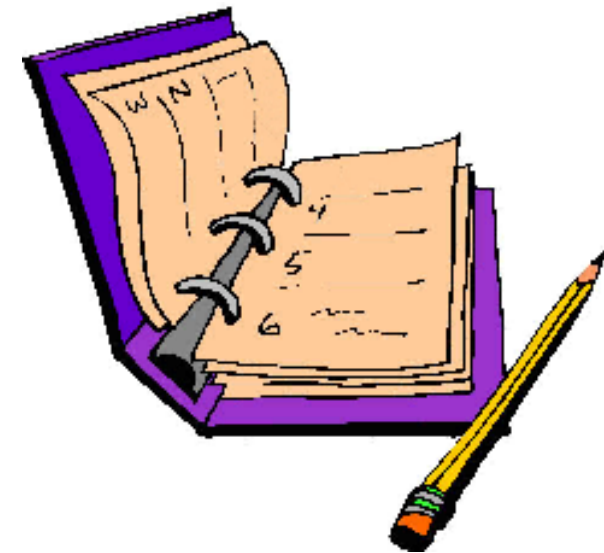


Patient Information Booklet Constipation



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Introduction

Constipation is a common symptom experienced by many patients at hospice

What is constipation?

If you are constipated it causes one or more of the following—

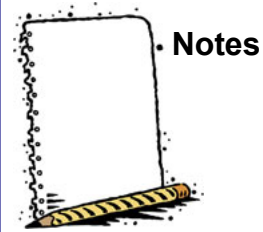
- * Faeces (sometimes called stools or motions) become hard and difficult or painful to pass.
- * The time between toilet trips increases compared to your usual. (Note—there is a large range of normal 'bowel habit'. Some people normally go to the toilet to pass faeces 2-3 times per day. For others, 2-3 times per week is normal. It is a **change** from your usual pattern that may mean that you are constipated).
- * Sometimes crampy pains occur in the lower abdomen. You may also feel 'bloated' and feel nauseous if you have severe constipation.

What are the causes of constipation?

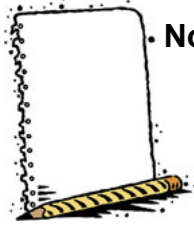
- * Hospice patients often prefer a soft diet, but not eating enough fibre (roughage) is a common cause of constipation. Fibre is the part of plant food that is not digested. It remains in your gut. It adds bulk to the faeces and helps your bowels to work well. Foods high in fibre include—fruit, vegetables and cereals.
- * When a patient is very ill it is difficult to drink a lot of liquids which may make constipation worse. your faeces will usually be soft and easily passed if you eat enough fibre and drink enough fluid. But note—there is great variation. Some people need a lot more fibre and/or fluid than others in order to avoid constipation.
- * Many hospice patients take medicines that can cause constipation as a side effect. For example—painkillers (particularly those with codeine) some antacids, some anti-depressants, iron tablets, morphine, but there are many others. Tell your doctor if you suspect a medicine is making you constipated. A change of medication may be possible.
- * Various medical conditions can cause constipation. For example, an under-active thyroid, irritable bowel syndrome, cancers affecting the bowel and conditions that cause poor mobility, particularly in the elderly and very ill.
- * Emotion—some people say that 'emotional distress' can lead to constipation, but this is hard to prove or to measure.
- * Lack of activity and exercise causes constipation. Many hospice patients find it difficult to be active, or are bed-bound.

What can I do to ease and to prevent constipation?

- * Try to increase the intake of fibre by eating more fruit, vegetables, cereals, fruit juice, whole-meal bread, etc. This is not always possible in a patient who is not feeling well.
- * Have plenty to drink—at least 1-2 litres of fluid per day. You will pass much of the fluid as urine but some is passed out in the gut and softens the faeces. Most sorts of drink will do, but alcoholic drinks can be dehydrating and may not be so good. Have a hot or warm drink first



Notes



Notes

thing in the morning. Some drinks have a laxative effect such as prune juice, fresh orange juice or fresh grapefruit juice.

- * Try to keep active if possible. Keeping your body active helps to keep your gut active. Even passive exercises in the bed will help or a short walk in the lounge. Being active will keep you feeling better both physically as well as mentally.
- * Toileting—do not ignore the feeling of needing the toilet. Some people suppress this feeling if they are busy or too tired to get up. It may result in a backlog of faeces forming that are difficult to pass later.
- * Reduce constipating drugs if possible. Only after consultation with your hospice sister or doctor it may be possible to reduce or change some of your constipating drugs, e.g. iron, calcium or codeine.

What are the treatments for constipation?

Treatment with laxatives is needed if the measures above (fibre, fluid, etc.) do not work well. If you are on constipating drugs such as morphine and other pain killers, it is advisable to take a daily dose of laxative. There are four main groups of laxatives that work in different ways.

- Bulk-forming laxatives (sometimes called fibre supplements)
- Stimulant laxatives
- Osmotic laxatives
- Faecal (stool) softener laxatives

There are various types and brands in each group. The one recommended depends on factors such as your own preference, possible unwanted effects, other conditions that you may have and cost. You can buy some laxatives at pharmacies and get them all on prescription if needed. The different groups are briefly discussed below.

Bulk forming laxatives (sometimes called fibre supplements) - these increase the 'bulk' of your faeces similar to fibre. They can have some effect within 12-24 hours. However, their full effect may take some days to develop. Unprocessed bran is the cheapest. You can sprinkle bran on breakfast cereals, or mix it with fruit juices, stews, soups, yoghurts, crumbles, scones, etc. Alternatives are ispaghula husk (Fybogel®) and sterculia (Normacol®).

A note of caution. Fibre and bulk-forming laxatives partly work by absorbing water (a bit like blotting paper). The combination of bulk-forming laxatives and fluid usually produces soft, bulky faeces which should be easy to pass out. When you eat a high fibre diet or take bulk-forming laxatives it is important to note that -

- * You should have plenty to drink while on a bulk-forming laxative. At least two litres per day (8-10 cups). This is often challenging for a hospice patient. The faeces may become dry and difficult to pass if you do not have enough to drink.
- * You may notice an increase in wind (flatulence) and abdominal bloating. This is normal and tends to settle down after a few months as the gut becomes used to the increase in fibre (or bulk-forming laxative). If this is problematic your hospice sister or doctor will change to a different laxative.

Bulk-forming laxatives are not always recommended in hospice patients because of the need to drink large volumes of water for the laxative to be effective.

Stimulant laxatives—these stimulate the nerves in the large bowel (the rectum and large intestine). This then causes the muscle in the wall of the large bowel to squeeze harder than usual. This pushes the faeces along and out. Stimulant laxatives include senna and bisacodyl. Their effect is within 8-12 hours. Therefore, a bedtime dose is recommended so you are likely to feel the urge to go to the toilet sometime the following morning. Stimulant laxative suppositories act more quickly (within 20-60 minutes). Possible side effects from stimulant laxatives include abdominal cramps and a 'weakened' bowel ('lazy bowel') with long-term use.

Osmotic laxatives—these work by retaining fluid in the large bowel by osmosis (so less fluid is absorbed into the bloodstream from the large bowel). A commonly used one is called lactulose, milk of magnesia is another example. However, this can take up to two days to have any effect so it is not suitable for the rapid relief of constipation. Possible side effects of lactulose include abdominal pain and bloating. Some people find the sweet taste of lactulose unpleasant. Another osmotic laxative is called polyethylene glycol (Movicol ®). This usually has a rapid action.

Faecal softeners—these work by 'wetting' and softening the faeces. Liquid paraffin is commonly used as a faecal softener and lubricant together with milk of magnesia. It may cause side effects such as seeping from the anus and irritating the skin.

Other treatments—constipation is usually helped by the above treatments. Stimulant laxative suppositories such as bisacodyl (Dulcolax®) and glycerine suppositories may be prescribed by the hospice team when necessary. Sometimes an enema is needed in severe cases. Other treatments may be advised by the hospice team.

Fibre-rich foods

Eat foods that contain plenty of fibre. This means eating less white bread, rolls, sweets, cakes and puddings to allow for the fibre-rich foods which are listed below.



- * **Breakfast cereals**—wholegrain—for example all Bran, Bran Flakes, Weet-bix, Shredded Wheat, porridge and muesli.
- * **Bread**—choose wholegrain, wholemeal breads or those with added bran or oats. High fibre white bread contains more fibre than ordinary white bread. Remember, 'brown' bread may not have any more fibre in than white.
- * **Biscuits**—oatcakes, digestives, wholegrain crispbreads, ProVita and bran biscuits. Try making your own biscuits with wholemeal flour, oatmeal or porridge oats.
- * **Cereals and pulses**—use brown rice, lentils, all sorts of beans and wholemeal pastas. Whole food and vegetarian recipe books have plenty of tasty recipes.
- * **Nuts and seeds.**
- * **Fruit and vegetables**—take at least five helpings of fruit and vegetables daily. If you do not like eating vegetables try having them in soups or eat them raw in salads. All kinds of fruit, both fresh and dried, especially oranges, grapefruit, apricots, pineapple, prunes and figs are rich sources of fibre.

N.B.—avoid high fibre foods if you have any symptoms of bloating or are severely constipated or if bowel obstruction is suspected.

Points to remember -

- * Constipation is avoidable and treatable.
- * Many hospice patients will need to take a laxative daily regardless of whether they have had a bowel action or not!
- * What matters is not how often you have a bowel action but how **comfortable** the bowel action is.