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CONSTIPATION IN PALLIATIVE CARE

It is common for people with palliative care needs to experience bowel changes or constipation. This information sheet explains some of the causes of constipation. It also explains what to expect and what can be done to help reduce discomfort.

Understanding Constipation

In normal health, constipation is defined as having two or more of the following symptoms:

- fewer than three bowel movements a week
- straining
- hard stools
- a sense of incomplete evacuation
- a laxative is needed to produce a soft stool.

In serious illness, several possible causes for constipation or bowel changes exist.
These include:

- medications the person may be taking (especially opioid painkillers)
- reduced physical activity
- eating and/or drinking less, including reduced dietary fibre
- being prone to constipation in the past
- the disease itself affects the bowel or is in the bowel
- the person is being cared for in bed and/or cannot sit on a toilet

Anticipating and treating constipation is very important and often different from treatment in healthy individuals. The goal is to improve a person's comfort, dignity, and well-being. The most important part of bowel management is the healthcare team's understanding and assessing someone's bowel routine. Some people find it hard to talk about bowel management, but it can make a big difference to one's quality of life.

Symptoms of constipation

Constipation is more than discomfort and the inability to go to the toilet. Constipation can cause abdominal pain, nausea and vomiting, bloating and abdominal distention (swelling).

Constipation may also cause anxiety, agitation and distress. The person may feel embarrassed by needing help going to the toilet.

Constipation can also cause 'overflow diarrhoea'. That means hard stool blocks the bowel, and only faecal liquid can be passed. It is sometimes called 'faecal impaction' and will most likely require one or more enemas.

Assessment

The healthcare team will physically examine the abdomen and ask questions about bowel habits to help them identify the cause of constipation and the correct treatment.
They might ask about your frequency of bowel movements, the consistency of your stool, and whether you feel you are able to empty everything. They will also ask about diet, water intake, and medications.

This will also help them determine the cause of constipation. For example, is constipation due to slowing down the bowel? Or is it due to other causes, like medications or a blockage of the bowel?
Once treated, ongoing assessment helps show what works best.

Managing Constipation

Opioid-related constipation

Opioid medicines (such as morphine) almost always cause constipation. It is important to know this and manage it effectively. Then there is no reason to avoid opioids to treat serious pain.

Opioids affect the bowel muscle. They slow the emptying of the stomach and the movement of the stool through the bowel. These medicines can also affect fluid absorption in the bowel, causing hardening of the stool.

The doctor or nurse practitioner will usually prescribe a laxative for those taking opioid painkillers (if they are able to take them).

It is important to know that reducing the amount of opioids taken is unlikely to reduce the constipating effect.

Laxatives
Laxatives used for opioid constipation are stool softeners combined with stimulant laxatives. A softener will also help lubricate the bowel. An example of a softening laxative is lactulose. Stimulant laxatives increase gut movement. An example of a stimulant laxative is Senna.

Talk to a doctor or nurse before taking these and seek their advice about frequency of use.

Diet and fluids
Extra fluids, as manageable, can help. If the person is able to take fruit juice, offering it can help, too. There is some evidence that prune juice helps. Dilute the juice as preferred and offer regular small amounts. It is usual for patients to eat and drink less over time so one needs to strike a balance.

Dignity and Privacy
We have spent a lifetime sitting privately in a locked room to use our bowels. To be unable to do this and to have to use the toilet in front of others or to use a nappy can cause constipation in itself. Reassurance, discretion, and privacy can help.

Sitting on a toilet
If possible sit on the loo or commode. It is more difficult to pass a stool in a nappy or bedpan. The optimal position for passing a bowel movement is having the knees higher than the hips. Placing feet on a stool can help. Getting up can be difficult too and then a toilet seat raiser helps.

In Summary
Constipation may seem like a simple problem, but it has a major impact on people's quality of life. Sometimes, it is not that easy to rectify. It requires careful and ongoing assessment and active management. Difficulty talking about it, social stigma, and personal embarrassment also play a role and may cause distress. Healthcare providers are there to assess and guide, and with proper care, it should never have to be a problem.