

Constipation

while receiving treatment and care for cancer

Constipation or difficulty passing a bowel movement is a common problem for many patients with cancer. Constipation can cause:

- a decrease in your desire to eat
- an increase in abdominal or stomach pain
- you to feel generally unwell

Managing your bowels is an important part of feeling well. There are many reasons that you may develop constipation, including the cancer itself and the treatments and medications you need.

This handout provides you with important information about why you become constipated and what you can do to keep your bowels moving.

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What is constipation?

- Fewer bowel movements than is normal for you, especially less than 3 times per week.
- The need to strain or push hard to empty bowel.
- Feeling that you cannot completely empty your bowel.
- Passing hard pellets or marble like bowel movements.

You may also:

- feel nauseated or vomit
- feel bloated
- have abdominal pain, especially gas or crampy pain
- have a noisy gurgling stomach
- pass more than usual amount of gas
- have more heartburn, reflux and/or burping
- have less desire to eat or fill very quickly
- have hiccups
- have oozing or seeping stool which happens when liquid stool seeps around hard mass of feces (bowel movement)
- notice smears of feces on your underwear or the tissue when you go to the bathroom. This can be confused for diarrhea or loose stools but it is actually a symptom of constipation.



Note: There are several names for bowel movement including BM, stool, feces, poop, poo, defecation and number 2.

Do my bowels need to move every day?

There is a wide range of what is normal pattern of bowel movements. Some people go 1 to 2 times a day while others go 2 to 3 times a week.

It is important for you to continue to have a soft formed easy bowel movement as often as is normal for you.

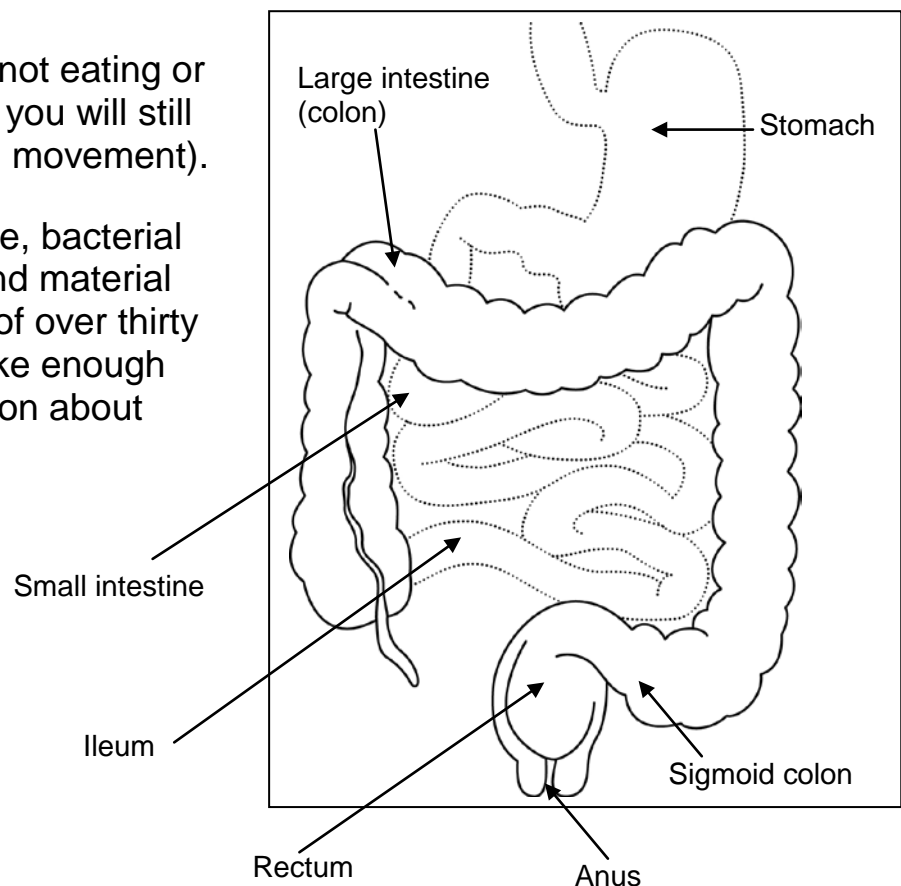


If you have a cancer tumour in your abdomen or pelvis we may recommend that you try to have a soft easy bowel movement every 2 days, even if this is more than normal for you. Moving your bowels more often can help to reduce abdominal pain caused by a full bowel pressing on a tumour. It can also reduce the risk of developing a bowel obstruction or blockage.

I am not eating very much – will I still have regular bowel movements?

Yes, even if you are not eating or only eating very little you will still produce stool (bowel movement).

Left-over food residue, bacterial and fungal activity and material shed from the lining of over thirty feet of intestines make enough stool for a bowel action about every 3 days.



Why do I get constipated?

When you are unwell you may do many things that can increase your risk of being constipated such as:

- drink less fluids
- eat less or different types of foods
- be less active, spend more time sitting and lying down



If you are constipated you may feel even less well, then you drink, eat and move even less which starts a cycle of worsening constipation.

You may have had difficulty with constipation before you had cancer. Some of the things which can increase your risk of constipation are:

- Medications such as:
 - thyroid pills
 - antidepressants
 - blood pressure pills
 - seizure pills
 - calcium or aluminum containing antacids
 - pain medications called opioids (morphine, hydromorphone, codeine, oxycodone, methadone)
- Medical conditions such as diabetes, neurological diseases (Parkinson's, Multiple Sclerosis) or low thyroid level
- Vitamins and minerals such as iron and calcium
- Too much dairy in your diet (cheese, milk, yogurt, ice cream)
- Resisting the urge to move your bowels because it hurts (hemorrhoids) or there is no bathroom available
- Long history of using laxatives that have resulted in a weakening of the bowel muscles

Cancer related causes of constipation

Cancer related causes of constipation	What to do?
<p>1. Cancer in the abdomen or rectum</p> <ul style="list-style-type: none"> • Colon cancers, rectal cancer, pancreatic cancer, ovarian and other gynecological cancers. • Fluid that builds up in your abdomen called ascites. • Narrow the space for bowel contents to move through, either <ul style="list-style-type: none"> • because they fill up space inside the bowel or • because they press on the bowel making it harder for bowel contents to pass by the tumour • You may notice that your bowel movements are thinner. 	<ol style="list-style-type: none"> 1. Monitor your bowels closely. 2. Ideally, aim to have a soft BM every 1 to 2 days, even if this is more than your normal pattern. 3. Keep your bowel movements very soft so that it is easier for the contents to move through the narrow space. 4. If your bowel movements are not soft enough add or increase your osmotic laxatives (see page 10). 5. If you do not move your bowels often enough you may need to add or increase your stimulant laxatives (see page 9).
<p>2. Chemotherapy</p> <ul style="list-style-type: none"> • Not all chemotherapy drugs cause constipation. Some can cause very loose and frequent bowel movements. 	<ol style="list-style-type: none"> 1. Ask your cancer doctor if and how your chemotherapy might affect your bowels. <ul style="list-style-type: none"> • The drug information sheet you have been given about your chemotherapy drug will also tell you whether the drug is likely to cause constipation or loose stools. 2. Monitor your bowels closely when you receive chemotherapy and for the next few days. 3. If you do not move your bowels for 2 or 3 days or if you have to push really hard you may need to take a stimulant and/or osmotic laxative until your bowels return to normal (see page 9 and 10). <p>Note: If you normally take laxatives and you are on a type of chemotherapy that will increase your risk of having loose stools you may need to decrease how much you take or stop them.</p> <p>Wait until you have had no bowel movement for 24 hours and then restart them slowly.</p>

Cancer related causes of constipation	What to do?
<p>3. Nausea medications taken with chemotherapy or radiation</p> <ul style="list-style-type: none"> • Not all nausea medications cause constipation. • Some that are commonly used to help with the nausea you get from your chemotherapy or radiation can cause constipation. These include: ondansetron (Zofran); granisetron (Kytril); and aprepitant (Emend). • Usually you will take these only for a few days at the time you are receiving your chemotherapy or just before each radiation treatment. 	<ol style="list-style-type: none"> 1. Monitor your bowels closely when you receive chemotherapy and for the next few days. 2. If you do not move your bowels for 2 or 3 days or if you have to push really hard you may need to take a stimulant or osmotic laxative until your bowels return to normal (see pages 9 and 10). 3. If you have developed constipation while taking these medications in the past, you may benefit from starting a laxative when you start to take these nausea medications and continue until your bowels return to normal.
<p>4. Pain medications called opioids</p> <ul style="list-style-type: none"> • Hydromorphone (Dilaudid), morphine (Statex), oxycodone, codeine, methadone (Metadiol), fentanyl. • Almost everyone taking these medications is at a high risk for constipation, and will be for as long as they take these medications. • They cause your bowel to contract less often and those contractions are not as strong so it is harder to push the contents through to empty your bowel. 	<ol style="list-style-type: none"> 1. Monitor your bowels closely. 2. Ideally, aim to have a soft BM every 1 to 3 days, even if this is more than your normal pattern. 3. Start stimulant and osmotic laxatives as soon as you start pain medication and continue them as long as you are taking the pain medication (see page 10). 4. Adjust the amount of bowel medication, up or down, so that your bowels move easily (see back page). 5. Most people who take opioid pain medication will need to take bowel medications on a daily or twice daily schedule as long as they take the opioid pain medication.
<p>5. Hypercalcemia</p> <ul style="list-style-type: none"> • Normally most of the calcium in our body is stored in the bones and only a small amount in the blood. • Too much calcium in the blood is called hypercalcemia. • Symptoms: constipation, nausea and vomiting, increased thirst and urination, drowsiness, confusion. • Common with cancers that involve bones, parathyroid gland and kidney cancer. 	<ol style="list-style-type: none"> 1. Talk with your health care team who might order a blood test to check this. 2. If your calcium is too high in your blood, a medication to reduce the calcium level is given through an IV. 3. Drink lots of fluid.

Good bowel habits

1. Monitor your bowel movements

- For how often your bowels move.
- The size of your bowel movements.
- What your bowel movement looks like — using the Bristol Stool Scale on the back page.
- How much you need to push to get your bowels to empty.
- How often you feel the need to go and are unable to empty your bowel.

2. Drink 1.5 to 2 L (6 to 8 8-ounce glasses) a day

- Choose fluids you enjoy as you are more likely to drink.
- Caffeinated beverages may help you feel like you need to move your bowels, but they can also cause dehydration.
- Warm drinks can make it easier to move your bowels.



3. Increase the fibre in your diet, if you are able.

- Increase the amount of fibre in your diet slowly. A quick change from low fibre to high fibre can cause an increase in gas, cramps and bloating.
- Foods that contain the most fibre are:



Fruits: pears, apples, berries, oranges, tangerines

Vegetables: broccoli, brussels sprouts, carrots, squash, potatoes

Legumes: beans, lentils, peas

Grains: whole grain breads, brown rice, bran, oatmeal

Nuts and seeds: almonds, peanuts, sunflower seeds, walnuts

- Tips for increasing fibre content in your diet:
 - Go half and half. When baking, replace half of the white flour in the recipe with whole-wheat flour.
 - Top it off. When eating yogurt, add bran, flax seed, or high fibre cereal. Top baked potatoes with broccoli or salsa to increase your veggie intake.
 - Toss it in. When making a salad, toss in nuts and dried fruit – they will add both flavor and fibre. Add beans to your favourite soups and stews as well.
 - Snack on it. When snacking, cut up carrots and celery for a midday fibre boost. Other high fibre snacks include popcorn, nuts, and dried fruit.
- Read food labels to identify foods higher in fibre.



There is a necessary balance between fibre content of the diet and fluid intake.

Fibre, especially when you are not able to drink enough, can actually cause severe constipation.

4. Sit on a toilet where you can have your feet flat on the ground and your knees slightly bent.

- If your toilet is too high try using a small stool so that you can put your feet on with a slight bend in your knees.



5. Try to move your bowels in the morning or after a meal.

- Your bowel is most active at these times.

6. Get 30 minutes of moderate exercise on most days.

- Such as walking or swimming.

7. Use the Bristol Stool Scale, on the back page of this handout, for suggestions on how to adjust your laxatives and other management strategies based on your present bowel movements.

Laxative medications

Laxatives are medications that help you to move your bowels more easily. There are different types of laxatives. Most are available without a prescription. Please talk with your pharmacist and your health care team to decide what might be right for you.



Do not use laxatives without talking with your doctor if:

- you are vomiting
- you are passing blood from your rectum
- there is any concern that you may have a “bowel obstruction”: blockage which does not allow bowel contents to move through the bowel



I have taken the laxatives for a week but the package directions say I should not continue taking them regularly. What should I do?

This is true for the general population. However, if you are on certain pain medications called opioids or have other conditions that cause chronic constipation, you may need to continue taking laxatives.

Please do not stop the laxatives unless you discuss this with your team.



I am having trouble fitting in my laxatives because the directions say not to take them with other medication. What should I do?

- The biggest concern is if your bowels move very quickly after you take the laxatives. In this situation your other medication may not stay in your gut long enough to be absorbed properly.
- For most people this is not a concern and they can take their bowel medication with their other regular medications.

Stimulant Laxatives (Senokot/Dulcolax)

How they work:

- Stimulant laxatives help your bowel push the contents through so that you can empty your bowel.

How to use them:

- If you have not moved your bowels for a couple of days or you need to push really hard, you can start with Senokot 1 to 2 tabs or Dulcolax 1 to 2 tabs before bed.
- These usually work in 6 to 12 hours; if you have no results by the next morning take another 1 or 2 tablets.
- For occasional constipation, you may only need to take Senokot or Dulcolax (bisacodyl). However, if you are taking pain medication that causes constipation or you are frequently constipated you may need to take a regular dose of either Senokot or Dulcolax.

How to increase the dose to get regular bowel movement:

- Start with 1 to 2 tabs at bedtime.
- If your bowels are not moving at least every 2 to 3 days, increase your dose to 1 to 2 tabs twice a day, if that is still not enough, increase to 3 to 4 tabs twice a day.

Side effects:

- Loose bowel movements which means you might have to take a smaller dose of medication and/or take it less often.
 - Colicky or cramping pain, try adding or increasing the dose of osmotic laxative so that the stool is softer as it moves through your bowel and/or try switching to a different stimulant laxative.
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Osmotic Laxatives: Peg Flakes (Lax-a-day/Restoralax), Lactulose

Osmotic laxatives work by keeping fluid in the bowel. This helps to soften the bowel movements so it is easier to pass.

How to use Peg Flakes:

- Powder that is tasteless and can be added to any drink. Start with one time per day. If your bowel movements are still hard and dry talk to your doctor or nurse. They may give you directions to take this more often.

Side effects:

- Loose bowel movements which means you might need to take a smaller dose of medication and/or take it less often.

How to use Lactulose:

- Dose is 1 to 3 tablespoons 1 to 3 times as day as needed, or as a routine every day.

Side effects:

- Lactulose can cause increased gas and cramping pain in your belly. If this is a problem, talk to your doctor or nurse who will help you to decide what to do next.



My doctor instructed me to take the lactulose “as needed”. When should I take it?

If your bowels have not moved for 2 or 3 days, take 1 or 2 tablespoons before bed.

Continue to take this twice a day until your bowels move.

Other bowel medications

1. Docusate Sodium (Colace, Soflax)

- Stool softener.
- Recent information has shown that stool softeners do not work.
- Do little harm, however if you really need a stool softener, choose one of the osmotic laxatives listed above.

2. Metamucil

- This is not a laxative, no matter what the label tells you.
- This is a fibre supplement which can improve bowel function for some people with mild constipation.
- Can worsen constipation if you are not able to drink enough fluids.
- **Not recommended for anyone who takes opioids.**

Suppositories and enemas



Do not use suppositories or enemas without first discussing with your health care team if:

- you are on chemotherapy or radiation
- you have been told that your white blood cell count and/or platelet count is low
- you have rectal cancer
- you have hemorrhoids or injuries to your rectal wall



Talk with your health care team if you need a suppository or enema frequently.

You may need to increase the amount of osmotic and stimulant laxatives you take (see pages 9 and 10).

Suppositories (Dulcolax Supp/Glycerin Supp)

What is a suppository?

A suppository is a solid, bullet-shaped medication that is put right in the rectum.

There are 2 main types used to stimulate a bowel movement:

- **Glycerin Suppository** is very gentle and helps to soften the stool in the rectum.
- **Dulcolax (Bisacodyl) Suppository** works by causing the wall of the lower bowel to contract and push out the stool.



A suppository should cause a bowel movement in 15 to 60 minutes.

Important
Information

Storing suppositories in the fridge will make them easier to insert.

How to use a suppository:

1. Take off the foil wrapping.
 2. You can moisten the suppository with a little water to ease insertion. Do not use Vaseline, as it interferes with the absorption of the medication.
 3. Lie on one side and pull your knees up towards your chest. Keep one leg drawn up more than the other.
 4. Gently push the suppository in as far as possible into your rectal opening, so that it is against the side of the bowel.
 5. Keep the suppository inside you for at least 15 to 20 minutes.
 6. Wait until you feel the urge to move your bowels before sitting on the toilet.
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Enemas: Sodium Phosphate (Fleet) or Mineral Oil Enema

What is an enema?

Small amount of medication in a fluid or a larger amount of plain tap water inserted into the bowel to produce a bowel movement.




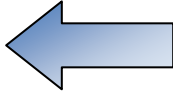

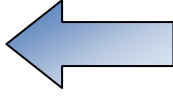



Main types of enemas:

- **Sodium Phosphate (Fleet) Enema:** softens the bowel movement and causes the bowel to contract and pass the stool.
- **Mineral Oil Enema:** coats the bowel contents so that the stool is easier to push out.

Generally an enema works very quickly, in as little as 5 minutes.

How to use an enema

1. Remove the protective cap, the tip has some lubricant on it.
2. Lie on one side and pull your knees up towards your chest. Keep one leg drawn up more than the other.
3. With steady pressure, gently insert the tip into the rectum. With a slight side-to-side movement with tip pointing towards your belly button. **DO NOT FORCE** the tip into the rectum. You risk an injury.
4. Slowly squeeze the bottle until the liquid is gone then remove the tip from the rectum.
5. Stay lying down until you have a strong urge to go or 10 minutes before going to the bathroom.

Bristol Stool Scale		What to do
Type 1 	Separate hard lumps which can look like rocks or marbles. Difficult to push out.	Talk with your health care team or the pharmacist at your drug store. They may recommend : <ul style="list-style-type: none"> • Add or increase the stimulant laxatives (page 9). • Add or increase the osmotic laxatives (page 10). • Drink more fluids. • Eat more fibre rich foods. • You may also need dulcolax suppository or enema if you have not had a BM more than 3 days (pages 12 and 13).
Type 2 	Sausage shaped, but stuck together hard lumps. May still be difficult to push out.	<ul style="list-style-type: none"> • Eat more fibre rich foods. • You may also need dulcolax suppository or enema if you have not had a BM more than 3 days (pages 12 and 13).
Type 3 	Sausage shaped with some cracks in the surface.	 This is what you want!
Type 4 	Sausage shaped, smooth and soft. Easy to pass.	 This is what you want!
Type 5 	Soft blobs, with clear edges, very easy to pass.	Talk to your health care team or the pharmacist at your drug store. They may recommend: <ul style="list-style-type: none"> • Reduce laxatives, for instance take half of your usual dose.
Type 6 	Mushy stool, flakes of stool with lots of liquid.	<ul style="list-style-type: none"> • or • Do not take any of your laxatives until your bowels have not moved for 24 hours and then restart at half the previous dose.
Type 7 	Entirely liquid, watery no solid pieces.	<ul style="list-style-type: none"> • Stop all laxative medications. • Contact your doctor's office, especially if you: <ul style="list-style-type: none"> • have recently been on an antibiotic. You may need to provide a sample to test for an infection. • have had a chemotherapy that causes diarrhea. • Increase your intake of soluble fibre, such as in the BRAT diet: (bananas, rice, apple sauce, toast) and white rice, oatmeal. • Increase fluid intake, especially fluids which contain electrolytes such as flattened non caffeinated pop or Gatorade.

The Bristol Stool Chart was developed by Heaton, K. and Lewis, S. at the University of Bristol in 1997.