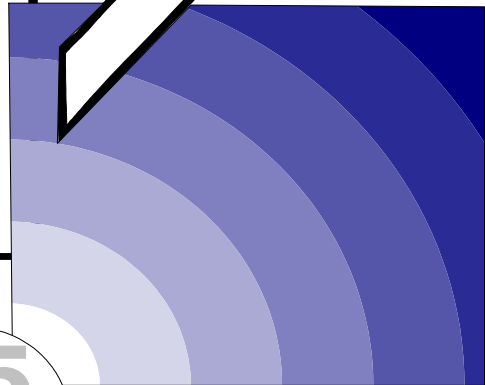
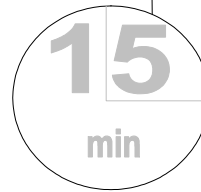


CLIP

15 minute Worksheet



Helping patients with symptoms other than pain

1: Constipation

Introductory level

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Aim of this worksheet

To learn how to assess and manage constipation

How to use this worksheet

- You can work through this worksheet by yourself, or with a tutor.
- Read the case study below, then work on the questions overleaf.
- The work page is on the right side, the information page is on the left.
- Work any way you want: you can try answering from your own knowledge (in which case fold over the information page), you can use the information page (this is not cheating- you learn as you find the information), or you can use other sources of information
- It should take you about 15 minutes. If anything is unclear, discuss it with a colleague.
- If you think any information is wrong or out of date let us know
- Take this learning into your workplace using the activity on the back page.

Case study

John is a 54 year old man who had a surgery for a carcinoma of the colon. Despite liver metastases he has been managing well. He asks to see you because for the past few weeks he has been 'having trouble with the bowels.'

Constipation

There are many symptoms that suggest constipation:

- infrequent stool • uncomfortable stool • hard stool • small volume • sensation of an incomplete evacuation
- diarrhoea (yes, diarrhoea) • abdominal discomfort • nausea • vomiting • colic • anorexia

Whilst all of these give useful information, the best identifiers are the ones underlined above.

eg. daily motion that is uncomfortable = constipation
 motion every 6 days that is comfortable = no constipation

So it's about quality, not quantity (just like palliative care!).

Causes of constipation

When you realise that a hard stool is a dry stool, you only have to think of what might cause a stool to lose more water than usual. There are three broad causes:

1. *Dehydration* will cause more water to be absorbed from the small bowel and colon.
2. *Factors causing the stool to stay longer in the colon:* this gives the colon more time to extract water:

Endogenous (from within the body):

Reduced mobility (exercise increases bowel motility)

Depression

Exogenous (from outside the body):

Drugs are the commonest:

- those that reduce secretions into the gut (opioids and antimuscarinic drugs like hyoscine)
- those that increase 'mixing' movements at the expense of forward movement (opioids)
- those that reduce all bowel movements (antimuscarinic drugs like hyoscine)
- those that set hard in the colon (barium)

3. *Factors which reduce the ability of the stool to hold on to water:* reduced dietary fibre

Laxatives

Senna tablets or syrup: senna stimulates the colon when in contact with the lining of the colon.

Docusate capsules: docusate is a wetting agent which reduces water loss from the stool and is also a mild contact colonic stimulant. A syrup is available but it has an unpleasant, bitter taste.

Polyethylene glycol (Movicol): when taken with the correct amount of water (125mls) this produces an isotonic solution which stays in the bowel and helps soften any stool in the bowel.

Lactulose syrup: lactulose is an osmotic agent which draws water into the gut throughout the bowel, but also is converted to organic acids in colon where they act as stimulants.

Curry supper: a bowel irritant!

Note that:

1. Commercial combinations (eg. co-danthramer, co-danthrusate) are expensive and contain dantron which can colour the urine red (causing anxiety) and can cause skin burns around the anus.
2. Lactulose is best used in combination with senna as, used alone, larger doses are needed which cause abdominal bloating, and can cause fluid shifts resulting in postural hypotension.

Helping the patient: clinical decisions

Ideally, constipation should be prevented- a need to treat constipation suggests a failure in prevention. If constipation is present then follow these clinical decisions and actions:

- **Exclude** -an ileus (a slowing or paralysis of the bowel caused by surgery, drugs or infection)
 -obstruction (a blockage caused by tumour or scarring)
- **Have the faeces been easy and comfortable to pass?**
 -if John's stool is infrequent this may be a normal response to reduced intake and only reassurance is needed
 -if this is diarrhoea, this may be overflow due to severe constipation. An abdominal X-ray may help the diagnosis.
- **Ensure privacy:** try to help John get to a toilet, or if bed bound ask John if he would prefer a single room.
- **Is there a treatable cause?** Examples include hypercalcaemia, dehydration, and constipating drugs.
- **Is the rectum or stoma full?**
 -if the faeces are hard encourage fluids and start laxatives. Stimulate rectal emptying with a bisacodyl suppository.
 -if the faeces are soft, start a stimulant laxative.
 - if there is no success, consider a manual evacuation if necessary (under sedation if possible)
- **Is the colon full?**
 -if colic is present, start regular docusate and consider a high arachis oil enema.
 -if colic is absent, start a stimulant laxative (eg. senna) plus a softener (docusate or lactulose)
- **Is the constipation persisting?** Consider using polyethylene glycol with a prokinetic agent (eg. metoclopramide).

A treatment plan

1. Ensure the basics: fibre intake (but not in bowel cancers or ill patients), keep up hydration.
2. Clear the rectum, start a laxative combination.
3. Enema or manual evacuation as a last resort.

Reflect

"What's constipation?" Easy isn't it?
Think of a definition that is clear to you and the patient

Your definition

Constipation is

Write

What factors might cause constipation?

Reflect

What is the action of these laxatives?

Laxative

senna

lactulose

polyethylene glycol (Movicol)

docusate

Madras curry supper

Action

Write

What would be your plan for John?



FURTHER ACTIVITY: Constipation

In the next month, and using the definition of 'quality, not quantity',
-identify how many patients in your care are constipated.
-what action is taken

FURTHER READING: Constipation

Papers

- Agra Y. Sacristan A. Gonzalez M. Ferrari M. Portugues A. Calvo MJ. Efficacy of senna versus lactulose in terminal cancer patients treated with opioids. *Journal of Pain & Symptom Management*. 1998; **15**(1):1-7.
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Resource books and websites

- A Guide to Symptom Relief in Palliative Care*, 5th ed. Regnard C, Hockley J. Abingdon: Radcliffe Medical Press, 2004
- Oxford Textbook of Palliative Medicine* 3rd ed. Doyle D, Hanks G, Cherny NI, Calman K eds. Oxford : Oxford University Press, 2003.
- PCF2- Palliative Care Formulary*, 2nd ed. Twycross RG, Wilcock A, Charlesworth S. Abingdon: Radcliffe Medical Press, 2003.
Also on www.palliativedrugs.com
- Symptom Management in Advanced Cancer*, 3rd edition. 2001. Twycross RG, Wilcock A. Abingdon: Radcliffe Medical Press.

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**Current
Learning
In
Palliative care
An accessible
learning programme
for health care
professionals**

Fifty seven 15 minute worksheets are available on:

- An introduction to palliative care (3 worksheets)
- Helping the patient with pain (9 worksheets)
- Helping the patient with symptoms other than pain (11 worksheets)
- Moving the ill patient (2 worksheets)
- Psychological needs (8 worksheets)
- Helping patients with reduced hydration and nutrition (8 worksheets)
- Procedures in palliative care (4 worksheets)
- Understanding and helping the person with alternative communication (learning disabilities) (5 worksheets)
- The last hours and days (4 worksheets)
- Bereavement (3 worksheets)

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Helping the Patient with Advanced Disease: a Workbook Regnard C. ed.
Oxford: Radcliffe Medical Press www.radcliffe-oxford.com