Constipation

Fact sheet

Constipation means having difficulty passing bowel motions which are often hard and infrequent.

It is a very common complaint for people who are sick and inactive. They eat and drink less, and are prescribed medications which dry and/or slow bowel activity and make constipation worse.

As people approach the end of life the function of the bowel can be overlooked and constipation can contribute to discomfort and distress.

Constipation can occasionally become an all consuming concern.

It can sometimes be overlooked or misdiagnosed.

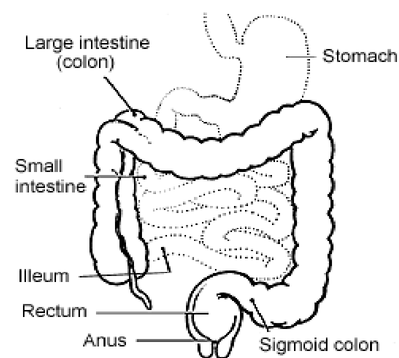
What causes constipation?

Food is digested and absorbed in the stomach and small intestine one to two hours after eating.

The residual waste matter then moves into the large intestine where it mixes in with the by-products of intestinal activity.

Muscles of the large intestine move the waste matter through to the rectum, where it becomes the stool or bowel motion. By the time the stool reaches the rectum it is solid, because much of the water has been absorbed from it.

When the movement of the waste matter through the large intestines slows down, more fluid is absorbed, making the stools drier and harder.



The stomach and Intestines

Many things contribute to constipation in a person who is ill and whose lifestyle and eating patterns have changed. These include:

- Eating less, and eating less fibre;
- Drinking less;
- Inactivity;
- Weakness, including weakness of abdominal muscles;
- Medicines, in particular codeine and morphine and other medication used to control pain, anti-nausea medication such as ondansetron (Zofran), iron tablets, diuretics, antacids, antidepressants, and antiepileptic medications;
- Depression;
- Dehydration due to vomiting, or fever;
- Pain when using bowels;

- Chemical imbalances in the blood – for example too much calcium or not enough potassium;
- Disease – a malignant growth can cause narrowing of the bowel, or nerve damage; and
- Lack of easy access to the toilet, or lack of privacy.

Does a person who is eating very little, or is close to dying, still need to use their bowels?

A person who is eating very little, or is close to dying, will still produce a stool despite little or no oral intake. Left-over food residue, bacterial and fungal activity and material shed from the lining of over thirty feet (10 metres) of intestines make enough stool for a bowel action approximately every three days, even just prior to death.

Left untreated, constipation can lead to complications, such as faecal impaction (where dry, hard stools collect in the rectum) faecal incontinence (involuntary leaking of liquid stools around very hard stools), and at worst, blockage of the bowel (bowel obstruction).

Constipation is best prevented, but can be managed successfully in most cases.

What are the signs of constipation?

When a person is constipated, they may:

- not pass stools (faeces) as often as they normally do;
- have to strain more than usual;
- be unable to completely empty their bowels;
- have stools that are unusually hard, lumpy, large, or small;
- have pain passing a bowel motion;
- have colicky or generalised abdominal pain;
- have increased flatulence; or
- have diarrhoea from overflow (watery stools bypassing a hard lump).

Constipation can also make a person:

- feel bloated;
- have bad breath and a furry tongue;
- feel nauseous;
- have little or no appetite;
- have a noisy, rumbling tummy;
- have difficulty passing urine; and
- be restless or agitated.

What can be done about constipation?

It is better to prevent constipation than to try and fix it.

For healthy people, the usual advice is to increase exercise, eat fibre rich food and drink lots of fluid each day.

Palliative care patients are usually feeling more and more tired, losing energy and appetite, so it is unrealistic to expect them to take on these basic measures.

If painkillers are being used, most people will need to use laxatives of one sort or another. The body doesn't develop a tolerance to the constipating effects of painkillers, or it does so extremely slowly, so it is wise to start taking laxatives at the same time as you start taking painkillers.

Having a bowel action doesn't mean that constipation is resolved: it is important to keep taking laxatives regularly. Laxative doses can be adjusted if problems occur.

It is better to increase the use of laxatives than to decrease your painkillers.

General advice for palliative care clients

- Increase activity (gently) where possible – every little bit helps.
- Include foods that are easy to eat and proven to help bowel function - kiwi fruit, pears, apricots, dates, prunes and prune juice (discuss diet changes with your

doctor).

- Sip small amounts of fluid throughout the day - frequent small drinks are easier to manage than occasional large drinks.
- Don't suppress or ignore the urge to go to the toilet.
- Go to the toilet half an hour after eating to make use of a natural reflex.
- Privacy and comfort when toileting is important – make sure feet are supported.

There are many different types of laxatives but not all are appropriate for palliative care patients.

Help from the health care team

Doctors and nurses will concentrate on finding and treating the cause/s of constipation by asking questions and doing a physical examination.

The doctor can order or change medication as necessary.

Nurses can help you and your family manage the laxatives on a day to day basis.

Sometimes the doctor may advise a short admission to a hospice or hospital when constipation has become a major problem and is difficult to treat at home. This may be necessary if a serious blockage occurs.

When to call the doctor or nurse

If you have constipation with severe abdominal cramping pain and vomiting, do not take laxatives. Contact your doctor or nurse as soon as possible.

Related fact sheets

Laxatives

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