



PATIENT / FAMILY TEACHING SHEETS

Managing Opioid Induced Constipation

Opioid Induced Constipation

Constipation is broadly defined as the passage of hard, dry stools less often than the patient's usual bowel pattern. Patients and healthcare providers may differ in their thoughts of what is considered constipation. Frequency of bowel movements (BM's) is not the most critical factor. Comfort having BM's is the important factor. It varies how often a person has a BM. Normal BM's can range from 3 BM's per day to 3 per week. Opioids are medications that are used for the relief of pain. They also slow the bowels leading to constipation. Constipation during opioid therapy is very common. A plan to prevent this should be started as soon as these medications are prescribed.

What are the Signs and Symptoms?

- Dry hard stools and straining during bowel movements
- Incomplete passage of stool
- Bloating/distension of abdomen
- Cramping, nausea, vomiting, reflux/heartburn

What to Report to the Hospice/Palliative Team

Constipation may be embarrassing to discuss. However, it is very important for your care and comfort.

- Date and times(s) of BM's
- Consistency of stool (hard, soft, liquid)
- Abdominal symptoms (bloating, distention, cramping, nausea, vomiting, reflux, heartburn, gas)
- Problems with passing stool (straining, incomplete passage of stool or diarrhea, hemorrhoidal pain or bleeding)
- It may be helpful to keep a record. An example of a Bowel Movement Record is attached to this document and available from HPNA at <http://www.hpna.org/DisplayPage.aspx?Title=Patient/Family%20Teaching%20Sheets> select *Managing Opioid Induced Constipation*

What can be done for Opioid Induced Constipation?

The goal for patients taking opioids is to have a BM at least every 2-3 days. The patient should not have hard stools or straining. Comfort with having a BM is the goal.

- Drink 8 glasses of fluid per day if able
- Include fiber in the diet
- Exercise if able
- “Train” your bowels by sitting on the toilet at the same time daily
- Do not fight the urge to have a BM even if in a public restroom
- Keep a record of your BM’s. List the day and time of the day that you have a BM. Describe what the stool looks like. List any problems you had during the BM
- Walk or sit upright after meals. This helps with digestion
- Drink warm fluids with or after meals to stimulate the bowel
- If you are using bulk forming laxatives (Metamucil[®]/Citrucel[®]) be sure to drink enough fluids. Bulk forming laxatives require an adequate amount of fluid intake
- Constipation may worsen if you are not taking enough fluids. If you are not able to drink enough fluids tell your hospice and palliative care team
- It is important to tell your hospice and palliative team if you are taking any over the counter medications. Tell the team if there have been any medication changes made since the last visit. Many medications can make constipation worse
- Management usually requires stool softeners and laxatives. It may take a few changes to find the right medications and that works best for you

References

Herndon C, Jackson K, Hallun P. Management of Opioid Induced Gastrointestinal Effects in Patients Receiving Palliative Care. *Pharmacotherapy* 2002; 22(2): 240-250.

Goodheart C, Leavitt S. Managing Opioid Induced Constipation in Ambulatory-Care Patients. *Pain Treatment Topics*. St. Louis MO; 2006.

You can find other HPNA Patient/Family Teaching Sheets on care of persons with life-limiting illnesses at www.hpna.org

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BOWEL MOVEMENT RECORD

DATE and TIME of BM	CONSISTENCY of STOOL Examples include; hard, soft, liquid	ABDOMINAL SYMPTOMS Examples include; bloating, distention, gas cramping, nausea, vomiting, reflux, heartburn	PROBLEMS WITH PASSING STOOL Examples include; straining, incomplete passage of stool, leakage of stool, diarrhea, hemorrhoidal pain or bleeding

QUESTIONS OR COMMENTS FOR THE HOSPICE AND PALLIATIVE HEALTH TEAM