
Constipation

Constipation is the passage of hard, dry stools less often than the person's usual bowel pattern. Individuals and healthcare providers may differ in their thoughts of what is considered constipation. Frequency of bowel movements (BMs) is not the most critical factor. Comfort having BMs is the important factor. It varies how often a person has a BM. Normal BMs can range from 3 BMs per day to 3 per week. Constipation can be very upsetting and can diminish a person's quality of life. Constipation may be embarrassing for a person to discuss.

Signs and symptoms of constipation

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

Prevention & treatment options

The goal is to have a BM, without difficulty, at least every 2-3 days (no hard stools or straining). Comfort is more important than frequency. **Prevention is the best approach to treating constipation.** If the person is able:

- Drink 6 – 8 glasses of fluid per day. Offer warm fluids with or after meals to stimulate the bowel.
- Include fiber in the diet, especially natural fiber from fruits and vegetables.
- Instruct and/or assist the person to sit upright during and after meals. This helps with digestion.
- Instruct and assist if needed with exercise. Walking and increased physical activity increases the movement of the intestines (peristalsis), which will help move the stool through the gastrointestinal tract.
- Assist with “bowel training” by having the person sit on the toilet at the same time daily.
- Instruct the person not to resist or ignore the urge to have a BM, even if in a public restroom. The longer the stool stays in the rectum, the drier the stool becomes and the more difficult it is to pass.
- Encourage disclosure of all medications to the healthcare team. Many medications can make constipation worse. This includes prescription and over the counter medications.

Treatment options to manage constipation

- Reinforce the importance of taking the prescribed laxatives, stool softeners, and fiber products as directed. These medications can soften stools and increase peristalsis, making it easier to pass stool.

- Help the person keep a record of his/her bowel movements. The record should include:
 - Date and time(s) of BMs
 - 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)

An example of a bowel movement record is available from HPNA at <http://www.hpna.org/DisplayPage.aspx?Title=TIPS> select *TIPS for Constipation*

Constipation caused by opioids

Opioids (such as morphine) are medications that are used for the relief of pain. Opioids cause peristalsis to slow, which decreases the movement of the stool through the intestines. This leads to constipation. Constipation during opioid therapy is very common. A plan to prevent this should be started as soon as these medications are prescribed. Laxatives should be taken as regularly as the opioids. For example, if the person takes opioids daily, he/she should also take laxatives daily. Combinations of several types of laxatives are usually needed

Conclusion

Constipation can be very upsetting and can diminish a person's quality of life. It is important to identify situations that may lead to constipation. The health care team can work together to develop ways to prevent and manage constipation.

Other HPNA Teaching Sheets on are available at www.HPNA.org.

Reference

Core Curriculum for the Generalist Hospice and Palliative Nurse. Dubuque, IA: Kendall/Hunt Publishing Company; 2010.

Ferrell BR, Coyle N. *Oxford Textbook of Palliative Nursing*. 3rd ed. New York, New York: Oxford University Press; 2010.

McMillan SC. Assessing and managing opiate-induced constipation in adults in adults with cancer. *Cancer Control*. 2004;11(3)(suppl):3-9.

Approved by the HPNA Education Committee March 2005. Reviewed March 2008.
Reviewed/revise June 2012

