



Patient Education Sheet

Oncology Nursing Society
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How Can I Manage Constipation?

Constipation is a decrease in the passage of formed stool, characterized by stool that is difficult to pass. Patients who pass less than two or three stools per week can be categorized as being constipated. Abdominal pain, nausea and vomiting, abdominal distention, and loss of appetite are possible side effects.

Here are tips and techniques that you can discuss with your healthcare provider to relieve constipation.

Most Helpful

- **Naloxone:** This drug selectively binds to opioid receptor sites in the intestines—which means that the intestines won't experience the slow-down in movement that opioids normally cause—but pain relief action in the rest of the body will still occur.
- **Methylnaltrexone:** This drug was approved by the FDA to help restore bowel function in patients with late-stage, advanced illness, including cancer, who are receiving opioids on a continuous basis to help alleviate pain.

Likely to Be Helpful

- **Opioid rotation:** A proactive action, such as a prophylactic regimen, should be considered to prevent constipation in patients taking opioids. However, the most effective regimen has not been determined.
- **Methadone and fentanyl:** If you are taking an opioid medication, sometimes changing that medication to methadone or a transdermal fentanyl patch may reduce or eliminate the need for laxatives. Your healthcare provider will decide which pain medication is most appropriate for your condition.
- **Polyethylene glycol:** Polyethylene glycol in either standard dose (with electrolytes) or low dose (without electrolytes) is recommended for adults who have had constipation for a long time.

Not Enough Evidence

Although you may find that these techniques work for you, not enough studies have been done to show that they work to alleviate constipation.

- Pharmacologic interventions for constipation in adults
 - Bulk laxatives
 - Osmotic laxatives

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Not Enough Evidence (*continued*)

- Pharmacologic interventions for pediatric patients with constipation
 - Polyethylene glycol 3350
 - Mineral oil and magnesium hydroxide, lactulose, and sorbitol
- Interventions for adult and pediatric patients when data are insufficient
 - Laxatives
 1. Bulk-forming laxatives: methylcellulose
 2. Lubricants: glycerin suppositories, mineral oil
 3. Osmotic laxatives (saline): magnesium salts, magnesium hydroxide
 4. Stimulant laxatives: bisacodyl, senna
 5. Non-bulk-forming fiber laxatives
 6. Stool softeners: docusate sodium, docusate calcium
 - Colchicine
 - Lubiprostone
 - Misoprostol
 - Prokinetic agent: erythromycin
 - Enemas: phosphate enema and sodium citrate enema
 - Partially hydrolysed guar gum
 - Peripheral opioid antagonists: alvimopan, methylnaltrexone
- Nonpharmacologic interventions (adults)
 - Activity/increased mobility
 - Aromatherapy, massage therapy, and aromatherapy massage
 - Biofeedback
 - Dietary fiber
 - Fresh baker's yeast
 - Herbal supplements
- Pharmacologic interventions (pediatrics)
 - Stimulant laxatives
 - Enemas in children
- Nonpharmacologic interventions (pediatrics)
 - Biofeedback
 - Dietary fiber
 - Soy milk in children who are lactose intolerant

Questions for Your Healthcare Provider

Always consult your healthcare provider before adding any new treatments or other interventions into your routine.