

Preventing and Treating Opioid-Induced Constipation

Constipation

- Described as less than 3 bowel movements per week.
- Normal bowel movements occur between 3 times per day and 3 times per week.
- Stools are hard, dry, small in size and difficult to pass.
- May be painful to have a bowel movement.
- May cause straining, bloating, and fullness.

Treatments

Increase Fluid Intake

- Liquids add fluid to the bowels to make stool softer and easier to pass.
- Try to drink 8-10 glasses of clear liquid per day. This may include water, juice, and clear broths.
- It may be helpful to drink water with each meal, and between each meal.
- Avoid caffeine containing beverages, such as coffee, tea, and soda. Caffeine will lead to dehydration and worsen constipation.
- Avoid alcohol, which will also lead to dehydration and constipation.

Eat a High-Fiber Diet

- Fiber is the part of fruit, vegetables, and grains that the body cannot digest.
- The bulk and softness of fiber helps prevent dry stools that are hard to pass.
- Try to eat between 20 and 35 grams of fiber each day.
- Foods high in fiber include: Beans, Whole Grains, Bran Cereals, Fruits, and Vegetables
- Limit foods with little fiber such as: Cheese, Meats, and Processed Foods

Try to Stay Physically Active

- A lack of physical activity can lead to constipation.
- Even walking short distances can help decrease your risk for constipation.

Pharmacologic Interventions

- Docusate (Colace) - 100mg Tablets – 1-2 tablets to be taken twice daily with plenty of water
- Senokot-S - 50mg Tablets – 1-2 Tablets to be taken once or twice daily with plenty of water
- Polyethelene Glycol – 17grams – 1 capful mixed in 1 cup of water/liquid daily as needed – to be taken with plenty of water

Stronger medications may be available through your physician. Please discuss your bowel habits in detail with your care provider at **Pittsburgh Pain Physicians**.





MEDICATION	MECHANISM OF ACTION	COMMENTS
STOOL SOFTENERS		
Docusate	Softens stool by attracting liquid and fat	Use only in combination with stimulant; will not improve OIC on its own
Lactulose, magnesium sulfate, magnesium hydroxide, sodium sulfate, sorbitol, polyethylene glycol	Attract water into the colon for easier transit	Varied onset of action; magnesium and sodium salts generally work quicker May cause flatulence Long-term or overuse could lead to dehydration and/or electrolyte imbalance
Mineral oil	Lubricates stool for easier transit	Do not use; risk of aspiration pneumonia, particularly in the elderly
STIMULANTS		
Bisacodyl, cascara sagrada, senna	Stimulates peristalsis, increases secretions, reduces intestinal water and electrolyte absorption	Use with stool softener Cramping and hypokalemia may occur Do not use if fecal impaction or obstruction suspected
BULK-FORMING		
Methylcellulose, psyllium, malt soup extract, calcium polycarbophil	Stimulate water absorption, increasing mass and water content of stool Reduces transit time	Not recommended for OIC because this population may have difficulty in obtaining the necessary of fluid and in engaging in the appropriate level of physical activity. This could lead to impaction and/or obstruction.
RECTAL OPTIONS		
Bisacodyl suppositories Phospho-Soda enemas	Reflex evacuation	Contraindicated in neutropenic and thrombocytopenic patients Reserve for use in patients with fecal impaction or those who cannot swallow oral preparations Consider patient's dignity and quality of life

