

## **TITLE: Constipation /Bowel Obstruction**

### **Topic: 11**

**It is common for patients to experience changes in bowel functioning with progressive illness. Assessment is important to determine the appropriate intervention.**

Constipation is a common palliative symptom that can be characterized by infrequent hard stools or poor bowel motility which can be accompanied by; abdominal distension, nausea, vomiting and diarrhea.

<http://palliative.org/NewPC/pdfs/education/99QuestionsEbook2013.pdf>

#### Causes:

- Medications particularly opioids and anticholinergic drugs
- Decreased fluid intake and dehydration
- Decreased bowel motility
- Electrolyte imbalance Ca+
- Obstruction from tumor growth (internal or external to the bowel)

#### *What we can do:*

- Encourage increased fluid intake
- Natural laxatives and medications as required (Senna, PEG, in a stepped approach – no bulking agents)
- Mobilize as able
- Maxeran for improved motility of the bowel
- Privacy whenever possible

Constipation can become a very serious problem if untreated including the possibility of bowel obstruction. Bowel obstructions can be either partial or complete. A complete bowel obstruction can be life threatening.

#### Causes:

- Mechanical obstruction from surgical intervention such as severe adhesions
- Severe fecal impaction
- Bowel and other abdominal cancer/tumor growth and compression

#### *What we can do:*

- Bowel regimen if caused or complicated by constipation
- Medication to shrink tumor, steroids
- May consider surgical intervention; de-bulking, gastrostomy
- Do not use Maxeran in a complete bowel obstruction – this can cause increase in discomfort

#### If unable to resolve:

- Provide comfort from pain and nausea and vomiting, decompress gut
- Communicate well and ensure that patient/family are aware of the magnitude of the problem