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Constipation

Constipation refers to a change in regular bowel habits in which:

- a person does not use their bowels as often as they normally do,
- it is difficult or painful to pass a bowel action, and/or
- it feels as if the bowel has not fully emptied after going to the toilet.

There is a range of factors that can contribute to the possibility of the person you are caring for becoming constipated. These include (but are not limited to):

- Medications that slow the bowel and draw more fluid out of the bowel as the contents make their way through it. (The main groups of drugs responsible for this are the Opioids drugs like Morphine and antidepressants.)
- Decreased levels of activity.
- Decreased food and fluid intake.
- Stress, depression and anxiety.
- An inability to take advantage of the urge to use the bowel that often occurs in the first part of the morning.

Sometimes constipation can be countered simply by increasing the amount of food and fluids consumed each day and/or by more exercise. But in advanced life limiting illnesses this is not always possible or appropriate. If strong pain killers like Morphine are contributing factors, it is not normally recommended that the dose of these drugs be reduced to overcome constipation. It is more likely that the bowel will be stimulated with additional medications (called laxatives and softeners) to encourage the bowel to move its contents through more quickly (laxatives) and to draw back into the bowel some of the fluids that have been drawn out (softeners).

There is a range of medications that can be used and some taste better than others. The aim is to use laxatives and softeners so that the person in your care can use their bowel regularly (daily or according to their habit) and that they do not have to strain when passing a bowel action.

The correct dose of laxatives and softeners varies from person to person and it can take some experimenting to get the balance right. The nurse in your care team will assist you with advice about this.

Sometimes the bowels are too blocked up for oral medications to be effective and additional help is required in the form of enemas or suppositories. These are inserted into the bottom and work there to make the bowel action softer and to stimulate its passage.

Constipation can cause the following symptoms:

- pain, cramping and bloating of the stomach,
- headache,
- nausea, and/or
- minor bleeding from the bottom.

If severe, constipation can bring on:

- difficulty in passing urine,
- vomiting, and/or
- irritability and confusion.

It is a good idea to watch for symptoms of constipation in the person you are caring for and keep a record of the frequency and amount of bowel actions that occur so that if constipation starts to become a problem it can be addressed early on.

Diarrhoea

Diarrhoea refers to watery fluid bowel actions. Diarrhoea brings with it extra problems to do with keeping the skin clean and dry, and preventing a rash and pain around the bottom. Diarrhoea can be very exhausting for the person experiencing it and for the person caring for them. It can be caused or made worse by infections, some medications, certain foods, radiotherapy and chemotherapy, by the life limiting illness itself, or by common viral or gastric illnesses. Excessive diarrhoea can rob the body of salts and disrupt the delicate balance of body chemicals.

If diarrhoea becomes a problem extra fluids may be required. The demands of care will also increase and you may need extra help with hygiene and washing. It is important that you wash your hands and take care to avoid catching any form of gastric upset from cleaning up diarrhoea.

Ask the nurse in your team for advice if there is a lot of diarrhoea which persists for more than a few days, or if you notice blood in the bowel action. Sometimes a sample needs to be collected and sent for testing to find out if an infection or parasite is the cause.

Painkillers with codeine in them or anti-diarrhoea medications from the chemist may be a solution to diarrhoea. Discuss this with the nurse or doctor in your care team.

In some circumstances diarrhoea is the result of fluid bowel action escaping from around the edges of an almost completely blocked up constipated bowel. This is called 'overflow diarrhoea'. In this case it needs to be treated as if it were constipation. If very loose diarrhoea suddenly appears after days of no bowel activity and if there are any other symptoms associated with constipation (see above), ask the nurse in your care team about the possibility of overflow diarrhoea.

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