

## Constipation Symptoms in Adults with Cancer

### Screening and Assessment (Screen for constipation at each visit)

#### Assessment using Acronym O, P, Q, R, S, T, U and V (adapted from Fraser Health)

<b>Onset</b>	When did the constipation start? How often are you constipated? How often do your bowels move?
<b>Provoking / Palliating</b>	What makes it better? What makes it worse (eg: medications, cancer treatments, diet changes, changes in amount of food or fluid eaten, decreased ability to walk or move around)?
<b>Quality</b>	How would you describe your stools (eg: colour, hardness or softness, odour, amount)? Is there blood or mucous with the stool? (Assessment tools: <i>Victoria Bowel Performance Scale and the Bristol Stool Chart</i> )
<b>Related Symptoms</b>	Is there any discomfort associated with the constipation? Where do you feel this discomfort? Can you describe it? Any abdominal bloating? Do you have lots of gas? Do you feel like your rectum is not empty after a bowel movement? Do you have hemorrhoids? Do you have pain in your anal area? Do you have any drainage from your rectum when you are not having a bowel movement? Do you have any other symptoms (eg: nausea, vomiting, loss of appetite, urinary symptoms such as leaking urine accidentally or trouble emptying your bladder)?
<b>Severity</b>	When was your last bowel movement? How often do you feel the urge to pass stool? Do you need to strain a lot with each bowel movement?
<b>Treatment</b>	What are you doing to manage your bowels? How effective is this? Do you have any side effects from the medications or treatments you use for your bowels? What have you tried? What tests have been done for the constipation?
<b>Understanding / Impact on You</b>	How does the constipation affect your life? How bothered are you by it?
<b>Values</b>	What are your normal bowel habits? What does the constipation mean to you? Has it affected you and your family or caregiver?

- Physical assessment should include vital signs, functional ability, hydration status, cognitive status, abdominal exam, rectal exam and neurological exam if a spinal cord or cauda equine lesion is suspected.
- Consider abdominal x-rays if bowel obstruction or severe stool loading of the colon is suspected.

### Interventions for all patients, as appropriate

- Identifying the underlying etiology of constipation is essential in determining the interventions required.
- Consider performance status, fluid intake, diet, physical activity and lifestyle when managing constipation.
- It is not necessary to have a bowel movement every day. As long as stools are soft and easy to pass, every two days is generally adequate
- Avoid excessive straining.

### Non-Pharmacological Interventions

#### PPS Stable, Transitional and End of Life (30-100%)

##### Fluid Intake

- Encourage fluid intake (1500-2000 ml per day)
- Encourage sips throughout the day.
- Minimize caffeine and alcohol intake.

##### Physical Activity

- Tailor exercise to patient's physical ability, condition and preference to optimize adherence.
- Frequency, intensity and duration of exercise should be based on the patient's tolerance.
- PPS 60% and above: walking is recommended (15-20 min once or twice per day or 30-60 min daily, 3-5 times per week).
- For PPS 30-50% exercises such as low trunk rotation and single leg lifts, for up to 15 to 20 minutes per day, are encouraged, if able.

##### Personal Considerations

- Provide privacy during toileting.
- Attempts at defecating should be made 30 to 60 minutes following ingestion of a meal, to take advantage of the gastro-colic reflex.

#### PPS Stable and Transitional (40-100%)

##### Diet

The following dietary recommendations are not applicable if bowel obstruction is suspected.

- Gradually increase dietary fibre once patient has consistent fluid intake of at least 1500 ml per 24hrs.
- Aim for at least 25 g of dietary fibre per day by:
  - Choosing 7-10 servings per day of whole fruits and vegetables, instead of juices.
  - Choosing 6-8 servings of grain products per day, selecting 100% whole grain breads and high fibre cereals (>4 grams/serving.)
  - Including plant proteins daily as part of the 2-3 servings of meats and alternatives.
- Consult with dietician for specific nutritional advice regarding fibre intake.

##### Personal Considerations

- Walking to the toilet, if possible, is recommended.
- If walking is difficult, use a bedside commode.
- Assuming the squat position on the toilet can facilitate the defecation process.
  - Sitting with feet on a stool may help with defecation.

#### PPS End of Life (10-30%)

- Raising the head of the bed may facilitate the defecation process.
- Simulate the squat position by placing the patient in the left-lateral decubitus position, bending the knees and moving the legs toward the abdomen.

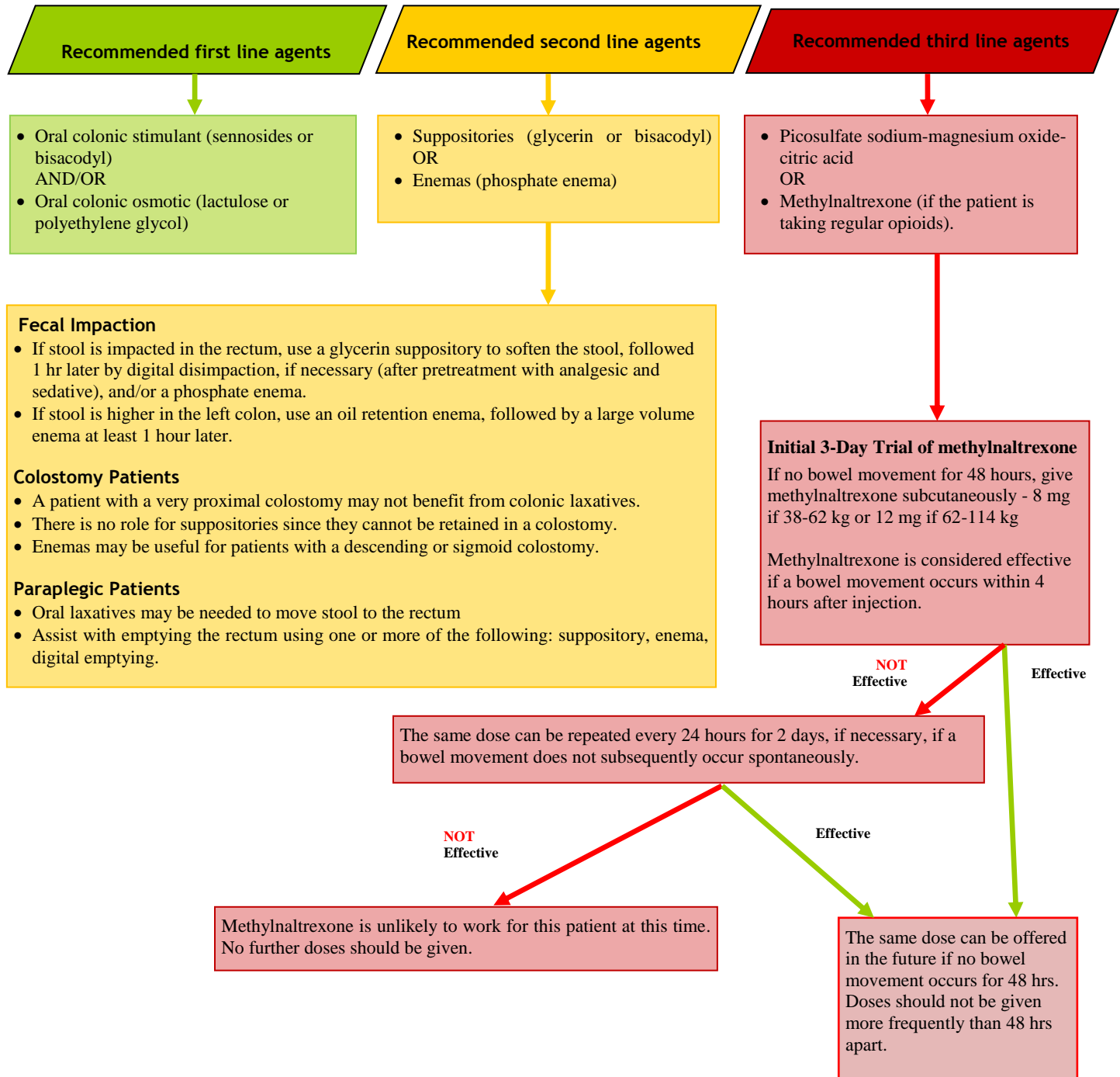
#### PPS End of Life (10-20%)

- For patients with PPS 10-20%, consider the burdens and benefits of regular bowel care, using good clinical judgment when making recommendations.

# Constipation in Adults with Cancer: Care Map

## Pharmacological Interventions

- The recommendations below are based on low level evidence and consensus due to limited available research.
- Consider etiology of constipation, patient's preferences, patient's recent bowel function and response to previous treatments to guide appropriate selection and sequence of pharmacologic treatments.
- Ask whether the patient is using non-traditional or alternative therapies for bowel management to be aware of what they are using and to consider potential drug interactions and toxicities.
- Many oral laxatives, suppositories and enemas share common side effects, including cramping, flatulence, nausea and diarrhea, which can be reduced with dose adjustments. Generally avoid laxatives if bowel obstruction is suspected



For full references and more information please refer to CCO's [Symptom Management Guide-to-Practice](#) document.

**Disclaimer:** Care has been taken in the preparation of the information contained in this Algorithm document. Nonetheless, any person seeking to apply or consult the guidance for practice document is expected to use independent clinical judgment and skills in the context of individual clinical circumstances or seek out the supervision of a qualified specialist clinician. Cancer Care Ontario makes no representation or warranties of any kind whatsoever regarding their content or use or application and disclaims any responsibility for their application or use in any way.