

# Managing Your Symptoms During Cancer Care

## The Scoop on Poop!

Constipation is when you do not have a bowel movement (“go poop”) as often as usual. This is a common experience for people living with cancer. It can be caused by decreasing physical activity, changes in diet and by many medications, especially those taken for pain and nausea. Sometimes people tell us that constipation is the worst problem they have in their cancer journey. Sometimes when people are constipated they stop taking necessary supportive care medications such as ondansetron or opioids because of it. Constipation can also affect quality of life. It can have serious medical consequences if you have a low resistance to infection or at risk of bleeding.

## Who do you talk to?

Ask your doctor or nurse about your bowels whenever you are not entirely happy with them. Each health care provider will have a different focus in your care and they may not always remember to ask you about your bowels. Ask any doctor or nurse. If they cannot help they should direct you to someone who can.

## Assessment is the first step

- A member of your health care team will ask you about:
- Consistency of your stool: anything firmer than your goal is constipation
- Frequency: how often you are going in relation to your goal (not everyone goes once a day);
- Straining: straining to pass a bowel movement can cause painful anal fissures, hemorrhoids (piles), and potentially serious infections. It is important that your stool is easy to pass.

Be sure to tell your health care team what your bowel pattern was like before you got sick. This way everyone knows what to aim for.

Remember that even if you are not eating much you should still have soft bowel movements that are easy to pass. This should still happen even if your bowl movements are smaller and less frequent than what is considered normal for you.

Continued on page 2

## Pain & Symptom Management/Palliative Care Clinics

Clinics are available at each of our regional cancer centres. Our clinics can help you improve pain control, cope with other physical problems related to cancer (for example, severe nausea, constipation, shortness of breath or fatigue).

They can also support you and your family with emotional and social concerns that come with living with cancer, assist with care planning and decision-making, especially around transitions. All people with cancer are welcome. You can come any time in your cancer journey, during and after treatment. Ask your doctor to submit the referral form found on the BC Cancer website.



## Do not wait until it is too late

If you have started a medicine which might cause constipation, this should be listed as potential side-effect when you get your prescription. If you are in doubt, check with your pharmacist. Prevention is worth a pound of cure!

## What are the treatment options

Constipation should be treated in a stepwise way. This means you take a single laxative until it is working well. Then keep taking it regularly to prevent constipation from coming back.

Most cancer patients take either a stimulant laxative such as Sennosides, or an osmotic laxative, such as PEG. Sennosides tablets are cheap, available in different strengths (8.6, 12 or 25mg), and work by making the bowel wall muscles contract to push things along.

PEG is a powder that you mix with a cup of fluid (any will do, PEG does not have a taste). PEG keeps the stool soft, making it easier to push. PEG works as well as sennosides but is more expensive. PEG is

## What you should not take

**Docusate** is a red gel capsule filled with an oil which can soften the stool. You would need to take a lot for it to work. It can make you feel nauseated. It should only be used for people with extremely sensitive bowels who cannot take Sennosides or PEG.

**Magnesium** works well but can lead to magnesium overload. We recommend not taking this, especially if your kidneys are not working normally.

**Fibre products** such as Metamucil, can make cancer-related constipation worse if you do not drink enough fluids. Fruit-lax (and prunes) can have a mild laxative effect. However, most people do not take enough for this to work.

## What else can you do?

**Bisacodyl** is just as good as Sennosides. However, the tablets are bigger and there is less choice of strengths.

**Lactulose** is cheap and works well. However, it makes you very gassy and most people don't like the sweet taste.

If you are already constipated, a big lump might get stuck in your rectum ("bum") and be really hard to push out. This lump needs to be cleared so you can have regular bowel movements. A suppository will usually clear the lump. Sometimes people need an enema.

Once the blockage is cleared, suppositories and enemas should not be needed routinely providing you take a regular oral laxative.

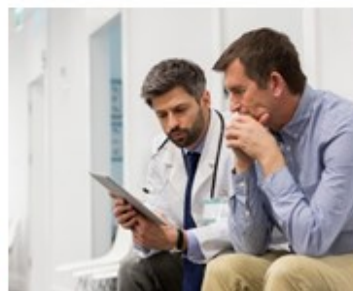
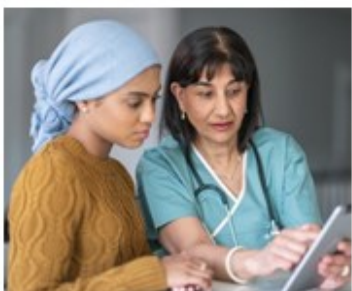
You can find good information about how to manage constipation and other symptoms on the BC Cancer website. [www.bccancer.bc.ca/health-info/coping-with-cancer/](http://www.bccancer.bc.ca/health-info/coping-with-cancer/)



Written by Dr. Pippa Hawley: Medical Leader, Pain & Symptom Management, Palliative Care Program

# EPICC

Partnering with Patients  
for a Better Care Experience



Many people believe that palliative care means end of life. However, palliative care means giving care that helps with pain and other symptoms such as nausea, constipation, depression, and anxiety. If you receive palliative care early in your cancer care, we can better manage your symptoms. Early palliative care can also help with mental, emotional, and spiritual distress, giving you a better quality of life.

You are an active member of your health care team. You are a partner in managing your health and prioritizing your concerns. It is important to talk to your health care team about your symptoms, side effects, and issues.

The Early Palliative Integration into Cancer Care (EPICC) program is starting an on-going symptom screening process for patients in select clinics and populations in Prince George and Vancouver. The vision is to expand repeat screening to more patient groups and other centres in the future.

## Managing Symptoms & Side Effects:

During your care, you may have several symptoms and side effects. Each person is different. Your health care team may discuss possible self-management strategies with you. You may need a higher level of support.

## EPICC Symptom Management Online Resources

### Prince George:

[www.bccancer.bc.ca/EPICCPPrinceGeorge](http://www.bccancer.bc.ca/EPICCPPrinceGeorge)

### Vancouver:

[www.bccancer.bc.ca/EPICCVancouver](http://www.bccancer.bc.ca/EPICCVancouver)

## Online Resources for All Cancer Patients

Support Programs: [www.bccancer.bc.ca/supportprograms](http://www.bccancer.bc.ca/supportprograms)

### Pain and Symptom Management:

[www.bccancer.bc.ca/our-services/services/supportive-care/pain-symptom-management](http://www.bccancer.bc.ca/our-services/services/supportive-care/pain-symptom-management)

### Patient & Family Counselling:

[www.bccancer.bc.ca/our-services/services/supportive-care/patient-family-counselling](http://www.bccancer.bc.ca/our-services/services/supportive-care/patient-family-counselling)

## How are you feeling today?

This tool can help you track your symptoms and find resources/services to help. Go to [www.bccancer.bc.ca/managing-symptoms-site/Documents/BCCancerSelfScreeningTool.pdf](http://www.bccancer.bc.ca/managing-symptoms-site/Documents/BCCancerSelfScreeningTool.pdf)

### How are you feeling today?

Use the tool below to help find resources/services to help self-manage your symptoms.

If needed, you can print this document to record your answers.

Step 1: For each symptom, pick a number (from 0 to 10) that shows how you feel today.

Symptom	Low	Medium	High	
Least pain (0)	1 2 3	4 5 6	7 8 9 10	Worst pain
Least tiredness (0) (Tiredness = lack of energy)	1 2 3	4 5 6	7 8 9 10	Worst tiredness
Least drowsiness (0) (Drowsiness = feeling sleepy)	1 2 3	4 5 6	7 8 9 10	Worst drowsiness
Least nausea (0)	1 2 3	4 5 6	7 8 9 10	Worst nausea
Least shortness of breath (0)	1 2 3	4 5 6	7 8 9 10	Worst shortness of breath
Least weight loss (0)	1 2 3	4 5 6	7 8 9 10	Worst weight loss
Least lack of appetite (0)	1 2 3	4 5 6	7 8 9 10	Worst lack of appetite
Least problem swallowing (0)	1 2 3	4 5 6	7 8 9 10	Worst swallowing
Least depression (0) (Depression = feeling sad)	1 2 3	4 5 6	7 8 9 10	Worst depression
Least anxiety (0) (Anxiety = feeling nervous)	1 2 3	4 5 6	7 8 9 10	Worst anxiety

If your symptoms are getting worse, please ask your local cancer care team for help.

Newsletter Editor: Shelley Pennington, Provincial Cancer Care Resource Social Worker, email [supportivecare@bccancer.bc.ca](mailto:supportivecare@bccancer.bc.ca)

# New video on the benefits of quitting smoking after a cancer diagnosis

We are very pleased to present “[Quitting smoking after a cancer diagnosis](#)” – a patient video with our patient partners Bill and Anita Callahan and Dr. Renelle Myers. This video explores the journey of our patient partners quitting smoking and the benefits of quitting smoking after a cancer diagnosis.

The BC Cancer Smoking Cessation Program is designed to:

- Screen all new patients on their first visit to BC Cancer.
- Educate patients about the benefits of quitting.
- Give patients the tools to quit by referring them to [QuitNow](#) our provincial cessation line.

This program empowers people with education and lets them know that stopping smoking at the time of a cancer diagnosis is one of the most important parts of their treatment. Quitting smoking can reduce overall side effects from chemotherapy, radiation therapy and surgery. People live longer and live better if they are able to stop smoking at the time of their treatment.

**“Quitting tobacco use after being diagnosed with cancer may decrease the risk of dying by up to 30-40%. The benefit of quitting may equal, or exceed the value of the best cancer treatments.”**

**(USDHHS Surgeon General’s Report, 2014)**

We would like to thank our patient partners Bill and Anita Callahan for their participation to help develop this video and their support for this program as valued members of our provincial working group. Our patient partners provided us with important patient-centred lens for the success of this program. For more resources on how to quit smoking, go to [www.bccancer.bc.ca/quitsmoking](http://www.bccancer.bc.ca/quitsmoking)



**QUIT NOW**  
**Call toll-free**  
**1.877.455.2233**