



How to treat constipation caused by your medications

Constipation is the term used when you do not have a bowel movement as often as usual, and your stool is difficult or painful to pass. It may feel like cramps, nausea, and/or a feeling of fullness or discomfort. Constipation can lead to bleeding, painful hemorrhoids (piles), tears in the anus, or infection.

Your medication (such as Morphine, Tylenol #3, and other opioid-based medications) may cause constipation. This type of constipation will continue as long as you are taking the medication that is causing it. It can be treated with laxatives available at the drugstore.

How do laxatives work?

Laxatives work by helping the stool to move along the bowel or help liquid stay in the bowel so stool does not become dry and hard. The laxatives listed below are available at the drug store. Many are available as generic brands also.

Sennosides (e.g. "Senokot®")	Mild herbal stimulant laxative: the preferred first choice for drug-induced constipation Available in tablets or liquid (check with your pharmacist for the liquid dose) Buy "off-the-shelf" or a stronger dosage is kept behind the counter
Bisacodyl (e.g. "Dulcolax®")	Available as tablets or suppositories If needed, apply lubricant to the tip to help with insertion of the suppository
Glycerin suppository	Helps to lubricate the stool if it is uncomfortable and hard to pass
Lactulose syrup (e.g. "Comalose®")	Osmotic laxative that draws water into the bowel to soften the contents Available as an oral liquid/syrup
Polyethylene glycol 3350 powder (PEG) (e.g. "Restoralax®", "Laxaday®", "Pegalax®")	Osmotic laxative that draws water into the bowel to soften the contents If you experience cramps with sennosides, one 17 Gram scoop of PEG in 250 mL cold or warm drink taken once or twice daily may be an alternative. It takes 2-3 days to take effect. PEG is not preferred if you start it when already severely constipated. Once your bowel pattern returns to normal after using sennosides or lactulose, PEG may then be used to prevent further constipation if preferred. PEG is not covered by BC Pharmacare.
Docusate (e.g. "Colace®")	Stool softener Rarely useful for constipation in people with cancer and not generally recommended If a small dose of sennosides is too strong for you, docusate may be a weaker alternative Take 2 capsules with each meal, up to 6 per day

DO NOT use liquid laxatives that contain mineral oil or magnesium such as MAGNOLAX®, AGAROL®, or MILK OF MAGNESIA®. Talk to your doctor or pharmacist first. These may not be safe for long term use.

CHECK with your doctor or nurse before using a bulk-forming laxative such as METAMUCIL® or PRODIEM®. These laxatives may not be effective. They will make bowel movements very hard if you do not drink enough fluids.

Steps to treat constipation that is caused by your medication

Laxatives must be taken regularly to be effective.

Please follow the directions given in this information sheet. The doses of laxatives listed here are higher than noted on the product labels. These higher doses are safe when used for constipation caused by medications.

The first laxative to try is sennosides. It is mild and effective for most people. *If you are switching from a different laxative treatment, check with your doctor, nurse or pharmacist for the most appropriate starting level.

Step 1 2 sennosides at bedtime

If you have a bowel movement that is soft and comfortable to pass and at your usual bowel pattern, continue to take 2 sennosides daily.

▶ If no bowel movement within your desired goal, go to Step 2.

Step 2 2 sennosides at breakfast AND 2 sennosides at bedtime

If you have a bowel movement that is soft and comfortable to pass and at your usual bowel pattern, continue to take 4 sennosides daily.

▶ If no bowel movement within your desired goal, go to Step 3

Step 3 2 sennosides at breakfast AND 2 sennosides at lunch AND 2 sennosides at bedtime

If you have a bowel movement that is soft and comfortable to pass and at your usual bowel pattern, continue to take 6 sennosides daily.

▶ If no bowel movement within your desired goal, go to Step 4.

Step 4 3 sennosides at breakfast AND 3 sennosides at lunch AND 3 sennosides at bedtime

If you have a bowel movement that is soft and comfortable to pass and at your usual bowel pattern, continue to take 9 sennosides daily.

▶ If no bowel movement within your desired goal, go to Step 5.

Step 5 3 sennosides at breakfast AND 3 sennosides at lunch AND 3 sennosides at bedtime ALSO unwrap a Bisacodyl 10 mg suppository, lubricate it with a water-soluble gel if desired, insert it into the rectum, and keep it in place for at least 15 minutes.

IMPORTANT: If you have been told that your treatments place you at increased risk of either low white blood cells (which fight infection) or low platelets (which help to stop bleeding), first check with your oncologist about taking a suppository (or enema).

If still no bowel movement after 1 hour, call your doctor or nurse or pharmacist. They may recommend adding Lactulose syrup 15 to 30 ml twice a day.

Warnings

- If you have severe cramps, stop taking sennosides and call your doctor or nurse.
- If you have diarrhea, stop taking laxatives until you have a normal bowel movement. Restart at a lower step than you were on when the diarrhea occurred. DO NOT TAKE PILLS FOR DIARRHEA.
- If you start having watery stools after being constipated, it may be due to hard stool being stuck in the rectum (“impaction”). DO NOT TAKE PILLS FOR DIARRHEA. Call your doctor or nurse.

More information about constipation caused by medications

For people with cancer, reasons for constipation may be:

- Not moving around as much.
- Not having a schedule that allows bathroom time and privacy.
- Not eating or drinking usual amounts. Smaller stools are normal if you are eating less. However even if you are not eating you should have a regular bowel movement.
- Taking medication including:
 - Antacids
 - Iron supplements
 - Anti-nausea medications, e.g. Ondansetron (“Zofran®”)
 - Some chemotherapy agents
 - Pain medications e.g. codeine (present in “Tylenol #3®”), morphine (“M-Eslon®”), hydromorphone (“Dilaudid®”), oxycodone, “Percocet®”.

Constipation is the most common side effect of opioid-based pain medications. Opioids lessen the normal waves of muscle contractions in the bowel wall that push the contents along. This decreased activity allows time for water to be absorbed from the stool as it passes through the bowel. This makes the stool drier, harder, and more difficult to pass.

It may be hard to tell if you are on an opioid-based medication by reading the label. Check the information sheet provided by your pharmacist. If you are not sure, talk to your pharmacist or other member of your health care team.

When constipation is a side-effect of strong pain medications (opioids), the constipation will continue as long as you are using that medication. If the dose of opioid is increased, laxatives may also need to be increased. The constipation with opioids does not go away over time.

Speak to your doctor if nothing seems to work for your constipation. Opioids in a transdermal patch or another pain medication may be better for you.

For nutrition information about constipation see the handout “Food choices to help manage constipation” at: www.bccancer.bc.ca/health-professionals/professional-resources/nutrition/nutrition-handouts