NHS
Greater Glasgow and Clyde

SPHERE Bladder and Bowel Service

Constipation and Laxatives

The most common cause of constipation is lack of sufficient fibre in the diet – the simplest approach to constipation is to increase fluid and fibre intake. Before resorting to laxatives, try: -

- Increasing daily fibre intake to about 30g per day.
- Add bulking agents, e.g. wheat bran, to the diet – these will make the stools softer and easier to pass, although bran and fibre can cause bloating
  N.B. in order to minimise bloating and discomfort, dietary fibre and bulking agents should be introduced gradually into the diet
- Drink plenty of water (at least 1,500mls – 2,000mls)
- Exercise regularly
- Make time to establish a regular bowel routine by utilising the gastro-colic reflex (i.e. Making time to use the toilet after meals)
- Sitting in the correct position on the toilet

Ignoring the 'call to stool' (or the urge to defaecate) can also cause constipation because the faeces can become hard and dry because they are small, are difficult to pass because they don't stimulate the muscles that propel them through the intestine.

Certain drugs and disease can also lead to constipation. When dealing with the treatment of constipation you should always be aware that **the onset of constipation, especially in middle aged or older people may be an early symptom of bowel cancer**.

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Check your local policy, but the advice below is adopted in most places: -

- Unless otherwise indicated, bulk forming laxatives should be the first line treatments and they usually start to work after 2-3 days
- If stools remain hard, an osmotic laxative can be added or given instead
- If stools are soft but still difficult to pass, add a stimulant to the bulk-forming laxative
- Osmotic laxatives usually start to work after 2-3 days, whle stimulants act within 6-12 hours
- BULK FORMING OR OSMOTIC LAXATIVES CAN CAUSE DEHYDRATION IF THE PATIENT IS NOT WELL HYDRATED
- Most laxatives can cause bloating, flatulence, abdominal cramps, nausea and dehydration (look out for signs of light-headedness, headaches, darker urine, etc.)

Bulking agents

Ispaghula husk, e.g. Fybogel. Act by retaining water in the intestine lumen, softening the faeces and promoting peristalsis. Onset of action is generally 12 to 24 hours after oral administration. Adequate hydration should always be maintained. This works in the same way as dietary fibre; it increases the bulk of stools by helping them retain fluid, encouraging the bowels to push the stools out. **Should not be taken immediately before bed as this could cause an obstruction to develop.**

Osmotic laxatives

Polyethylene glycol commonly known as Movicol or Laxido. Whether taken orally or rectally this draws fluid into the bowel by osmosis and so make stools easier to pass. They should always be given with plenty of water (each sachet should be dissolved in 125mls water), and are not recommended for chronic use.

Magnesium salts have an additional effect of stimulating intestinal motility. They are hardly absorbed and are preferable to sodium salts, oral administration of which must be avoided in renal, heart or hepatic failure.

Lactulose has a microbial and pH effect as well as an osmotic action, which increases stool output. Itakes at least 48 hours to work.

Polyethylene glycol rapidly cleanses the bowel prior to radiography or colonoscopy, and can be used for chronic constipation and to relieve faecal impaction. Total evacuation can usually be achieved within four hours.

Stimulant laxatives

Senna (orally), Bisacodyl (orally or rectally) and Sodium Picosulfate (orally) e.g. Dulo-lax. Stimulants increase colonic motility by stimulating the nerves that control the muscles lining the digestive tract, resulting in large, propulsive peristaltic waves in the colon. Should only be used prior to surgery or instrumentation, or in severe constipation - provided obstruction, impaction or colonic dilatation have been excluded. They should not be used in children or pregnancy. Onset of action is generally 6 to 12 hours after oral administration. In some preparations they are combined with softeners.

Docusate can be used orally or rectally for relief of **chronic constipation**.

Glycerol suppositories (rectally) are gentle and can be useful in the elderly.

Dose adjustment of Bisacodyl can be difficult. Sodium Picosulfate is very powerful, but the liquid preparation allows fine dose adjustment.

Sodium hydrogen carbonate + sodium dihydrogen phosphate suppositories release carbon dioxide when they come into contact with moisture, activating intestinal movement and triggering bowel evacuation within 15—30 minutes.

Faecal softeners

Docusate commonly known as Dulcolax. Ease straining by stimulating mucous secretions, lubricating the bowel and increase the fluid content of hard, dry stools, making them easier to pass. Useful in patients with painful anal or rectal conditions such as anal fissure, haemorrhoids or proctitis. Its use should be restricted to the **temporary** relief of constipation. Repeated use is not recommended and caution is advised in patients with swallowing difficulties. Docusate sodium has a detergent action which reduces surface tension. It may enhance absorption of drugs, especially paraffin.

Arachis oil can be given as an enema to soften impacted faeces. However this should not be used in people with hypersensitivity to peanut or soya.

For further information on care of constipation please refer to RCN guidance for nurses: Management of lower bowel dysfunction, including DRE and DRF

https://www.rcn.org.uk/-/media/royal-college-of-nursing/documents/publications/2012/november/pub-003226.pdf