

# The Simcoe Clinic

## TREATING OPIOID-INDUCED CONSTIPATION – A GUIDE FOR PATIENTS

Almost everyone who starts opioid therapy will get some constipation at first. When your bowel adapts to this side effect (it can take 6 to 12 months in some people), most people can manage with dietary treatment alone. When starting out on opioids **the best strategy is to anticipate and prevent constipation!**

Constipation can have many other causes, such as side effects of other medications or as a result of other medical problems. Make sure that your doctor has checked out these other possibilities.

The first approach should always be to add fiber to your diet and to do some type of daily exercise:

**-all patients on opioids should eat at least 20 grams of fiber daily and drink at least 4 - 6 glasses of water per day**

-one bowl of All Bran cereal = 18 gm fiber; flax seeds eaten by the spoonful or in baked goods, such as flax breads, are a great natural bowel regulator; vegetables and fruit are important for a balanced diet, but do not have enough fiber by themselves

- if fiber alone is not enough, try eating 6-12 prunes daily, or drinking a large glass of prune juice daily

-when first starting opioid therapy, it is better to keep your bowels somewhat “loose” rather than to allow severe constipation to occur

If adding bran, flax and prunes together does not work, try the following options in an **additive**, stepwise manner. (ie. start with step 1 and **ADD** the next steps one at a time, until your bowel begin to work regularly.) If you get diarrhea, then move back one or more steps until you can have a reasonable bowel movement at least every 2 days without a lot of abdominal bloating in between.

1. Begin with docusate (Colace) starting with one capsule twice daily up to a max of 10 per day
2. Add Milk of Magnesia – 30ml (2 tbsp) to 60mL daily (do not use Milk of Magnesia if you have kidney failure) **OR** add lactulose – starting at 15mL (1 tbsp) twice daily up to a maximum of 30mL (2 tbsp) three times daily
3. Add a stimulant laxative such as Senokot or Dulcolax, starting at one tab twice daily and increasing to a maximum of 8 tabs daily. Once your bowels are moving regularly, try to cut back and discontinue the use of stimulant laxatives to avoid having your bowel become dependent on them.
4. Try using magnesium citrate 8 oz , or colonoscopy prep solution (GoLytely, PEGlyte), 1-2 liters orally as required. DO NOT use this daily, as it may deplete the levels of some of the normal salts in your blood.
5. If you have not had a bowel movement for a number of days and are getting uncomfortable, try giving yourself a Fleet enema up to twice daily (for intermittent, short term use only).
6. If this does not work you may have to go to the Emergency Department where a Fleet oil-retention enema or a high volume saline enema +/- mineral oil may be tried
7. If you have not had a bowel movement in many days and are starting to get severe abdominal pain and bloating, see a doctor to get a rectal examination to check for stool impaction (blockage).
8. If all else fails, and you are getting desperate, temporarily decrease the dose or stop your opioids. This will cause some withdrawal symptoms, such as sweats, cramps and jitters but will eventually result in a bowel movement (possibly even diarrhea!). Restart your opioids when this occurs.