
How to Manage Your Constipation



The recommendations in this guide are based on published evidence and expert consensus. The information in this guide was adapted from the following patient tools:

- Guide: Tips to help you manage your constipation (Ottawa Cancer Centre)
- Ideas to help manage constipation (North York General)
- Managing bowel problems after cancer treatment (University Health Network)

This patient guide was created by Cancer Care Ontario to provide patients with information about constipation. It should be used for information only and does not replace medical advice. This guide does not include all information available about managing constipation. Always ask your health care team if you have questions or concerns. The information in this guide does not create a physician-patient relationship between Cancer Care Ontario and you.

Need this information in an accessible format?

1-855-460-2647 | TTY (416) 217-1815 | publicaffairs@cancercare.on.ca

For other patient guides please go to:
www.cancercare.on.ca/symptoms

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This patient guide will help you understand:

What is cancer-related constipation?	pg 2
What causes cancer-related constipation?	pg 3
What can I do to manage my constipation?	pg 4
When should I talk to my health care team?	pg 12
Where can I get more information?	pg 14

This guide is for people who have constipation before, during or after cancer treatment. It can be used by patients, family members, friends or caregivers. It does not replace advice from your health care team.

What is cancer-related constipation?

Constipation means that you are having bowel movements (going poo) less often than normal and the stool (poo) is often dry and hard to pass. Constipation is common for people with cancer.

You may be constipated if:

You have to push hard and strain to get anything to come out

You feel the need to have a bowel movement but nothing will come out

The stool (poo) is small, hard, dry, and looks like pellets

You may also have:

Stomach ache or cramps

A bloated belly, feeling of fullness or discomfort

A lot of gas or burping

Nausea or vomiting

Leaking of stool (poo) - this is not diarrhea

Not everyone has a bowel movement (goes poo) every day. If you are eating less you may go less often. As long as your poo is soft and easy to pass, it is okay to go every 2-3 days.

WHERE CAN I GET MORE INFORMATION?

Ask your health care team for more information about managing your constipation.

Self-management classes:

Local support groups:

Videos:

Books:

Pamphlets:

Ask your health care team who to contact if you feel that your symptoms are so bad that you need help right away.

Where can I get more information?

For links to these and other helpful resources, go to:
www.cancercare.on.ca/symptoms

Websites:

Cancer Care Ontario
www.cancercare.on.ca

Canadian Cancer Society
www.cancer.ca

Cook for your Life
www.cookforyourlife.org

Support services:

**Canadian Cancer Society
Community Services Locator**
www.cancer.ca/csl

**Canadian Cancer Society
Peer Support Service**
www.cancer.ca/support

Cancer Chat Canada
www.cancerchatcanada.ca

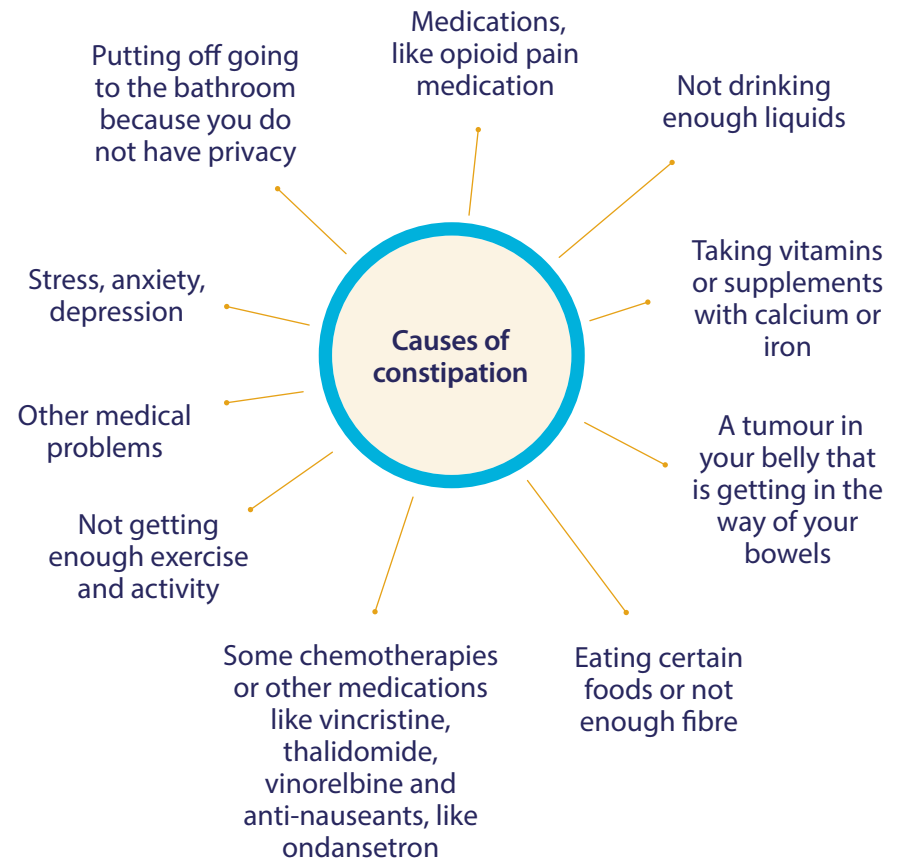
Books:

**Eating well when you
have cancer**
www.cancer.ca/publications

**Goes Down Easy:
Recipes to help you cope
with the challenge of eating
during cancer treatment —**
Elise Mecklinger, 2006

What causes cancer-related constipation?

This picture shows things that can cause constipation:



What can I do to manage my constipation?

Use laxatives to manage constipation

Laxatives are medicines that help you have a bowel movement (go poo). There are many different kinds. Some you buy over-the-counter at the drug store and some your doctor prescribes for you.



Opioid pain medications, like morphine and codeine, cause constipation. If you take these medications you need to take laxatives to help you have bowel movements (go poo). If you stop taking laxatives while taking opioids you will get constipated.

Types of laxatives

Osmotic laxatives bring water into the stool (poo) making it softer and easier to pass. They usually work in 1-4 days. Examples are lactulose (like Restoralax) and Peg 3350 (like Lax-A-Day).

Stimulant laxatives urge your body to have a bowel movement (go poo) and move your stool through your body. They usually work in 6-12 hours. Examples are senna (like Ex-Lax, SenoKot and SennaSol) and bisacodyl (like Correctol and Dulcolax).

Suppositories and enemas are things that are put into the rectum (bum) to make the stool (poo) come out. They are not safe for some people with cancer. They can make it easier for you to get infections if your immune system is weak from cancer or treatments. Talk to your health care team before using these medications.

WHEN SHOULD I TALK TO MY HEALTH CARE TEAM?

Use the descriptions below to help your health care team understand your constipation.



0 is no constipation and 10 is the worst possible constipation.

0-3	4-6	7-10
You may have Mild constipation if: Your bowel movements get better after changing your diet or using stool softeners	You may have Moderate constipation if: You need to use laxatives or stimulants to have a bowel movement	You may have Severe constipation if: You need to use a lot of laxatives or stimulants to have a bowel movement You need to use a suppository or enema to have a bowel movement You have vomiting You have stomach pain

Your health care team wants to hear about your constipation. Your questions and concerns are important. Do not be afraid to share them.

When should I talk to my health care team?

Tell your health care team right away if you have these symptoms:

If you have not passed any stool (poo) in more than 3 days

Bright red blood in your stool

Very dark or black stool

Are not passing gas

Bloating or pain in your stomach

Nausea and vomiting (throwing up)

What is symptom screening?

In Ontario, patients with cancer fill out a symptom screening tool. The screen tells your health care team about your symptoms and how you are feeling. The tool is called the Edmonton Symptom Assessment System (ESAS).

Doing your symptom screening helps you and your health care team to manage your symptoms.

WHAT CAN I DO TO MANAGE MY CONSTIPATION?

Laxatives can be used to prevent or treat constipation.

If you take medication or get treatments that cause constipation your doctor will tell you to take laxatives to keep you regular.

If you have not had a bowel movement in 2-3 days and think you are constipated, you may need to take a laxative, or take more laxatives, to get things moving. Ask your health care team what to do.

Be safe!

- ✔ **Do not take fibre supplements, like Metamucil, unless your health care team told you to.** They may not be safe for you, especially if you take opioid pain medication.
- ✔ You may get mild stomach cramps when you take laxatives. If the cramping is very painful, or if you get diarrhea, stop taking the medication and speak to your doctor or pharmacist.

Patient Story:

“The problem with constipation is that you don’t really believe it will happen so you don’t follow the recommendations until you are already constipated. The usual things that work (like prunes) are just not sufficient – you really do need a laxative.”

Eat more fibre

If you have mild constipation, eating more fibre may help. High fibre foods help make your stool (poo) softer and easier to pass.



Be safe!

- ✔ If you eat a lot of fibre from grains, make sure you also drink a lot of liquids. If you do not drink enough your constipation may get worse.
- ✔ If you take opioid pain medication, ask your health care team if eating more fibre is right for you.
- ✔ If you have been told that you could get a bowel obstruction (a blockage that stops stool [poo] from coming out), check with your health care team before adding fibre to your diet.

For more nutrition information see the Canadian Cancer Society's 'Eating well when you have cancer' patient information booklet. For more information go to:

www.cancer.ca/publications

Recent research shows that stool softeners (like soflax and docusate sodium) may not work. Speak with your doctor or pharmacist if you are taking them.

Make a bathroom routine

Make sure you are alone and comfortable when using the bathroom. Ask for people to give you privacy if you need to.

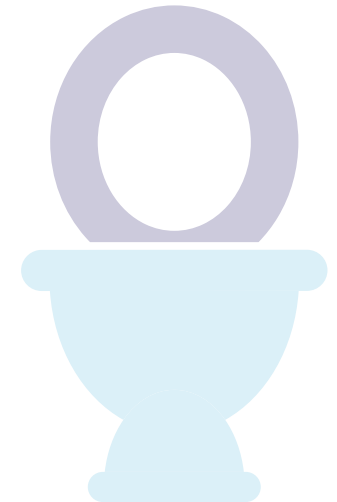
Try to go to the bathroom around the same time each day.

Try to have a bowel movement (go poo) first thing in the morning or after a meal.

If you can, get up out of bed to use the bathroom or commode, instead of a bedpan.

Put a low footstool under your feet when sitting on the toilet. This puts you in a better position.

Do not push hard or strain when trying to pass stool (poo). Take your time and try to relax.



Use complementary therapies

Check with your health care team to see if complementary therapies are right for you.



These therapies may help your constipation:

Acupuncture

Biofeedback, a way to learn to control what your body does. A biofeedback therapist may be able to help you train your body to have a bowel movement (go poo)

Abdominal (belly) massage

For more information

on these activities see the Canadian Cancer Society's guide to Complementary Therapies. For more information go to:

www.cancer.ca/publications

High Fibre Foods

Fruits	<ul style="list-style-type: none"> ✓ Natural laxatives like prunes, prune juice, papaya and rhubarb ✓ Fresh fruits like avocados, berries, apples, pears, bananas, mangos, plums, oranges, grapes, figs and apricots TIP Eat the skin on fruits like apples and pears. The skin has the most fibre
Veggies	<ul style="list-style-type: none"> ✓ Broccoli, Brussels sprouts, beets, cabbage, corn, peas, carrots and artichokes ✓ White or sweet potatoes with the skin ✓ Leafy greens like spinach, kale, collard greens and Swiss chard TIP Add greens to a smoothie to up the fibre
Grains	<ul style="list-style-type: none"> ✓ Barley, oat bran, brown rice, wild rice, quinoa, bulgur wheat and cornmeal ✓ Whole grain crackers, pasta, pancakes, waffles and bagels ✓ Bran cereals, bars and muffins ✓ Whole grain or multigrain, rye and pumpernickel breads TIP Try adding wheat bran to foods like casseroles, soups, mashed potatoes and baked goods
Protein	<ul style="list-style-type: none"> ✓ Kidney beans, navy beans, chickpeas, lentils, peas and black beans ✓ Nuts, like almonds, pistachios, pecans, sunflower seeds and pumpkin seeds TIPS Meats, poultry and fish only have a little bit of fibre but you can still eat them / Try adding beans to soups and salads
Snacks	<ul style="list-style-type: none"> ✓ Popcorn, nuts and seeds ✓ Dried fruits (dates, figs, prunes, raisins) TIPS Have fresh fruit as a snack or add it to your breakfast cereal or yogurt / Eat vegetables with meals and snacks / Try sprinkling wheat bran on foods like cereals, oatmeal, applesauce or yogurt

Other tips:

- Slowly add fibre to your diet so that you do not get bloated and gassy.
- Eat meals and snacks around the same time every day. This can help make you go to the bathroom more regularly.

Drink more liquids

Liquids add water to your stool (poo), making it softer and easier to pass.



Drink at least 6 - 8 cups of liquids each day. Water is best but any liquid will help.

Hot drinks can help you have a bowel movement (go poo).

If drinking liquids is hard, take small sips often or eat watery fruit.

Liquids to choose

- Water
- Hot water with lemon
- Prune, apple or pear juice
- Fruit juices with pulp
- Hot drinks like herbal tea and broth, or small amounts of caffeinated coffee and tea

Ask your health care team to refer you to a registered dietitian.

A dietitian can help you find ways to eat and drink well when you have constipation. You can also visit EatRightOntario.ca or call **1-877-510-5102** to connect with a registered dietitian for free.

Be active

Exercise can help to keep you regular. Even a little bit more activity may help.



If you are not active, start with light exercise like walking, gentle yoga or stretching.

Walk to the end of your driveway, up and down your hallway or use a stationary bike.

Go at your own pace and slowly raise the amount and difficulty of exercise.

Exercise can also:

- Make you more hungry
- Give you more energy
- Help you sleep better
- Build stronger muscles
- Give you a feeling of well-being
- Help your feelings of depression and anxiety

Ask your health care team to refer you to a(n):

- Physiotherapist
- Occupational therapist
- Physical medicine specialist
- Exercise specialist
- Rehabilitation specialist