**Use of Laxatives to Manage Constipation in Palliative Care**

* Assess the patient and identify possible causes e.g. immobility, reduced food and fluid intake, medication, bowel pathology, hypercalcaemia, spinal cord compression, having to use a bedpan, lack of privacy, anal fissure, painful haemorrhoids, local tumour
* Advise the patient about increasing dietary fibre if appropriate, drinking an adequate fluid intake, adjusting toileting position and exercise where possible
* Always offer a laxative when starting an opioid
* If faecal impaction does not respond to a stimulant and osmotic laxatives consider 8 macrogol sachets in 1 litre of water drunk over 6 hours or rectal preparations.

**Rectal intervention**

(after rectal exam if safe)

**Oral**

Adjust the dose, choice and combination to produce comfortable defecation with soft, formed stools every 1–3 days

 AND/OR

**Osmotic laxatives**

**Macrogol sachets (£)**

1-3 sachets daily in divided doses

max 8 per day

(ensure adequate fluid intake particularly with an enteral tube)

**Stimulant laxatives**

Avoid in bowel obstruction/colic

**Senna (£)**

15mg at night

max 30mg tds (unlicensed dose)

**Bisacodyl (£)**

5-10mg at night

max 20mg at night (unlicensed dose)

**Hard stools**

**Soft stools**

**Glycerol suppository (£)**

4g as required

Osmotic and stimulant laxatives are first line

Use either together or separately depending on patient

**Opioid induced**

**Non-opioid induced**

**Sodium Citrate Micro-enema (£)**

5ml as required

**At any stage, refer for further examination if symptoms persist or if any ‘red flag’ signs for GI cancer**

**References:**

* Clinical Knowledge Summaries Guidance – Constipation [www.cks.nhs/constipation](http://www.cks.nhs/constipation)
* NICE TA 221 Prucalopride for the symptomatic treatment of chronic constipation in women December 2010
* NICE TA318 Lubiprostone in Chronic Idiopathic Constipation
* The management of constipation Merec Bulletin Vol 21. No. 2 January 2011

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**Naldemedine (££)**

Seek specialist advice

**Sodium phosphate enema (£)**

118ml as required

(place high if the rectum is empty but the colon is full)

May cause electrolyte disturbances

Consider rectal intervention

OR

**Methylnaltrexone (£££)**

If not able to take orally

Seek specialist advice

**Arachis oil enema (£££)**

130ml as required

Avoid in peanut allergy

**References:**

* Palliative Care Formulary 7
* Y&H Guide to Symptom Management in Palliative Care 2019 version 7
* <https://cks.nice.org.uk/palliative-care-constipation>
* <https://www.nice.org.uk/guidance/ta651>

**Bowel care**

**Glycerol** 4g suppositories x 1-2 in the morning