

FAST FACTS: Bowel Management for Opioid Use

Constipation is an anticipated side effect of opioid use (opioids are a type of pain medication). When left untreated constipation may cause further pain and complications, such as stool impaction, anal fissures or hemorrhoids. Adequate bowel elimination is of particular concern for older adults as many natural body changes, as well as chronic diseases, already impact the ability of older adults to appropriately evacuate their bowels. Opioid use further complicates bowel management by slowing gastric motility. This known side effect requires preventative attention at the start of opioid therapy. Following is information on assessment and management of constipation related to opioid use.



✓ Important Medical History

Prior to prescribing opioid treatment it is important to know:

- Usual frequency of bowel movements
- Routine size, color, and consistency of bowel movements
- A normal bowel movement should be easy to pass, dark brown, mostly even shaped and toothpaste-like in consistency
- Review all medications, as others can also cause constipation, including:
 - Tricyclic antidepressants, antacids, diuretics, iron
 - Anti-hypertensives, anticonvulsants, anticholinergics, NSAIDS

✓ Possible Interventions:

- Stool Softeners (e.g. docusate sodium (e.g. Colace)) if hard stools, to lubricate bowels
- Prophylactic laxatives should be stated when opioids are ordered and increased as opioids are increased to encourage bowel movement
- Laxatives work differently in the bowel and should be selected based on individual bowel issues:
- Stimulants (e.g. senna, milk of magnesia)- Trigger GI motility by irritating the intestine, usually taken at night

- Bulk Forming (e.g. fiber)- Absorbs water, increases bulk which distend the bowel, triggers bowel reflex
- Hyperosmotics (e.g. polyethylene glycol)- Adds water to the intestine to again distend the bowel and trigger bowel reflex
- If no bowel movement for two or three days, your provider may recommend a glycerine of Dulcolax suppository, Fleets enema or a laxative such as Miralax or magnesium citrate.

✓ **What else the Caregiver should do:**

- Document usual bowel habits of loved one
- Request a bowel management plan if opioids are prescribed for pain

Reference:

1. Neefjes ECW, van der Wijngaart H, van der Vorst MJDL, Ten Oever D, van der Vliet HJ, Beeker A, Rhodius CA, van den Berg HP, Berkhof J, Verheul HMW. Optimal treatment of opioid induced constipation in daily clinical practice - an observational study. BMC Palliat Care. 2019 Mar 29;18(1):31. doi: 10.1186/s12904-019-0416-7.

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