

Preventing Constipation While on Opioids

For Palliative Patients and Caregivers

Opioids (sometimes called narcotics) are used to treat pain and shortness of breath.

Opioids slow the movement of your bowels. This often causes constipation. Constipation can be prevented and managed by using laxatives regularly.

Worry about constipation is not a reason to stop taking medication for pain. There are many ways to prevent it or treat it.

What is constipation?

Constipation is when you pass hard, dry stools (poop or feces) during bowel movements. Hard, dry stool can be difficult or painful to pass from your body.

Constipation is also when you have bowel movements less often than your usual bowel pattern. Everyone has their own bowel pattern. You might have a bowel movement every day or up to every 3 days – this is considered normal as long as bowel movements are soft and pass easily.

While taking opioids:

- You should have normal bowel movements every 1 to 3 days.
- Your stool should be soft and easy to pass.

Constipation can also be caused by:

- not drinking enough fluids
- changes in what you eat
- reduced activity or exercise
- medical conditions
- medications

How do I prevent constipation?

Start on a plan to prevent constipation as soon as you start taking opioids.

Try the following ideas for as long as you are able:

- ✓ Take laxatives regularly as prescribed.
- ✓ Keep a record of when your bowel movements happen.
- ✓ Drink up to 8 glasses of fluid a day if you can. Warm drinks sometimes help.
- ✓ Eat more fruits and vegetables, including prunes and prune juice.
- ✓ Sit upright after meals to help with digestion.
- ✓ Sit on the toilet, commode, or bedpan at the same time each day.
- ✓ Be active if you can.

How do I treat constipation?

To keep bowel movements regular, take the daily amount of laxative that helps you have soft stools.

Some common laxatives are:

- stool softeners
(Lactulose; Polyethylene glycol)
They help your stool hold water or pull water into bowels to make the stool soft.
- bowel muscle stimulants
(sennosides like Senokot, Bisacodyl)
They help stool pass through the intestine.

Over time, laxatives might not work as well and need to be changed.

**Have questions?
Want more information?
Contact your health care team.**

Should I tell my health care team about my bowel movements?

Yes. Details about your bowel movements can help your nurse or doctor decide how to treat it.

Write down:

- how often
- how much
- what stool looks like (hard, soft, liquid)
- any uncomfortable feelings: bloating, gas, cramping, feeling like want to throw up (nausea), heartburn
- other problems: straining, feeling like you haven't finished, leaking stool, pain, blood with or after a bowel movement

When do I get help?

Contact your healthcare team if you have:

- no bowel movement for 3 days
- an unusually high number of bowel movements in a day or liquid stools
- continued cramps, nausea and/or throwing up (vomiting)
- new or increased pain or swelling in your belly (abdomen) or with bowel movements