CLINICAL PRACTICE GUIDELINE

Bowel Care

This document should be read in conjunction with the Disclaimer

Contents

Bowel care........................................................................................................................................2
  Assessment .................................................................................................................................. 2
  Lifestyle measures ...................................................................................................................... 2
  Risk factors ................................................................................................................................ 2

Treatment of constipation ............................................................................................................3
  Step-wise treatment .................................................................................................................... 3

Aperients ......................................................................................................................................4
  Pharmacological step-wise treatment .......................................................................................... 4
  Treatment of severe constipation/ faecal impaction ................................................................. 6

References and resources .............................................................................................................7
Bowel care

Assessment
Take a thorough bowel history and medication/medical history. When assessing the severity of the problem consider the woman’s:

- Usual bowel patterns. Time since last normal bowel action. Record on chart.
- Diet (fluid and fibre intake), mobility, activity, functional status, medications
- Symptoms, general condition (including symptoms like weight loss or blood in faeces)
- Previous history, any previous perineal-pelvic-abdominal or obstetric-gynaecological surgery, and any treatment that has worked in the past.
- Concerns: straining, feeling of incomplete defecation, tenesmus
- Assess lifestyle measures and risk factors – see sections below

Lifestyle measures
Lifestyle issues are associated with constipation, particularly the level of fluid intake, dietary fibre, history of laxative usage, sedentary habits and delaying the urge to defecate. Risk factors include:

- Low fluid / dietary fibre intake
- Reduced mobility, extended bed rest
- Environmental issues, delaying defaecation urge

Risk factors
- Medical conditions, for example: anxiety, depression, eating disorders, endocrine (hypothyroidism, hyperparathyroidism, diabetes), neurological (Hirschprung’s disease, multiple sclerosis, Parkinson’s disease, spinal cord injury, impaired cognitive function), gastrointestinal (lesions, prolapse, obstructions), & negative outcomes of abdominal / gynaecological surgery
- Medications (e.g. ferrous compounds, diuretics, antacids, opioids, antidepressants, anti-cholinergics, and chronic laxative use).
Treatment of constipation

Step-wise treatment

STEP 1
Identify and, if possible, avoid causative drugs.
A change in dosage regimen or formulation may alleviate constipation (e.g. CR iron and iron polymaltose (Maltofer) claim to have fewer GI adverse effects).
Examples of causative drugs: opioids, drug with anticholinergic effects, antacids containing aluminium or calcium, iron supplements, calcium supplements, verapamil.

STEP 2
Identify and manage possible underlying causes
- E.g. chronic use of laxatives, dietary habits, lack of physical activity, dehydration, depression, neurological disorders (Parkinson’s disease, stroke), metabolic disturbances (diabetes mellitus, hypercalcaemia, hypothyroidism), malignancy, pelvic floor dysfunction, faecal impaction or obstruction, anal fissure.
- Postnatal: In patients with perineal tears, it is recommended to use stool softeners and osmotic laxatives for about 10 days after the repair. See KEMH Clinical Guidelines, O&M, Intrapartum, Perineal Trauma: Third and Fourth Degree and the RANZCOG Guidelines

STEP 3
- Encourage mobility and adequate fluid intake (at least 2 litres per day).
- Encourage adequate fibre intake (e.g. whole grains, rice, bran, beans, lentils, nuts, dried fruit, fresh fruit and vegetables. Introduce these foods gradually if the woman is not used to these foods as bloating and flatulence may occur otherwise.
- Encourage responding to the urge to defecate immediately.

STEP 4
If above strategies insufficient, the addition of pharmacological treatment should be used for a short period of time where possible, until the woman has returned to regular and full bowel evacuation.
Refer to Pharmacological Step-wise Treatment section.
1st option- Bulk-forming laxatives
2nd option- Osmotic laxatives
3rd option- Stool softeners
Last option- Stimulant laxatives

Acknowledgements- 4, 5
Aperients

Key points

- The use of aperients should only be considered when other options such as exercise, diet and fluid intake have been assessed and refined appropriately.
- The first choice laxative for an ambulant older woman (with no fluid restrictions) is a bulking agent, and if non-ambulant use osmotic and stimulant laxatives.¹
- Orders for pharmacological treatment of constipation shall be written as PRN to enable assessment of need and to direct appropriate use of different classes of laxative before commencing treatment. Aperients may be prescribed regularly for patients on large doses of opioids or those at risk of constipation (e.g. surgery, immobility).
- For procedural information on enemas, suppositories, and other bowel care see SCGH Nursing Practice Guideline No. 63: Bowel Procedures.

Please note that SCGH guideline is for clinical information only. Information contained in it regarding contacts, policies and paperwork (e.g. MR numbers) may not be applicable for KEMH.

Pharmacological step-wise treatment

1. First option: Bulk-forming laxatives⁴
   - Do not use for acute relief of constipation as can take several days to work ⁴, ⁶
   - Do not use for opioid-induced constipation.¹, ⁴
   - Onset of action: 48-72 hours⁴
   - Ensure adequate fluid intake¹, ⁴
   - Introduce to diet slowly to prevent abdominal discomfort
   - Should not be taken immediately before going to bed⁴

<table>
<thead>
<tr>
<th>Active Ingredient</th>
<th>Available Products at KEMH</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psyllium* safe to use in pregnancy⁶</td>
<td>Metamucil® capsules</td>
</tr>
<tr>
<td></td>
<td>Metamucil® oral powder</td>
</tr>
<tr>
<td>Ispaghula* safe to use in pregnancy⁶</td>
<td>Fybogel® oral granules</td>
</tr>
<tr>
<td>Wheat dextrin*</td>
<td>Benefiber® oral powder</td>
</tr>
<tr>
<td>Note: no reference available regarding safety in pregnancy</td>
<td></td>
</tr>
</tbody>
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2. Second option: Osmotic laxatives⁴
   - Saline osmotic laxatives to be used with caution in pregnancy due to maternal sodium retention and electrolyte imbalance⁶
   - Ensure adequate fluid and fibre intake.⁴
   - Use with caution when inadequate fluid intake, especially in the elderly.
   - Caution with irritable bowel syndrome and women with functional bloating due to discomfort and bloating.¹
### Active Ingredient

<table>
<thead>
<tr>
<th>Available Products at KEMH</th>
<th>Onset of Action</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Lactulose</strong> <em>(preferred agent)</em></td>
<td><strong>Actilax® oral liquid</strong></td>
</tr>
<tr>
<td><strong>Sorbitol</strong></td>
<td><strong>Sorbilax® oral liquid</strong></td>
</tr>
<tr>
<td><strong>Macrogol laxatives</strong> <em>(limited data available in pregnancy, should only be considered on doctor’s advice, occasional doses appear safe)</em></td>
<td><strong>Movicol® oral powder</strong></td>
</tr>
<tr>
<td><strong>Sorbitol</strong></td>
<td><strong>Sorbilax® oral liquid</strong></td>
</tr>
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</tbody>
</table>

### Available Products at KEMH

3. **Third option: Stool softeners**<sup>4</sup>

- Ensure adequate fluid and fibre intake<sup>4</sup>
- There is limited evidence of efficacy when used as monotherapy<sup>4, 5</sup>
- Not recommended for long term use.
- Contraindicated for use in patients with:
  - Intestinal obstruction
  - Inflammatory bowel conditions
  - Acute abdominal conditions e.g. appendicitis.

4. **Last option: Stimulant laxatives**<sup>4</sup>

- Stimulant laxatives:
  - are usually reserved for severe constipation or if unresponsive to other laxatives mentioned in previous sections.<sup>4</sup>
  - are used if colon motility is poor (e.g. from opioids).<sup>4</sup>
  - are category A in pregnancy and do not cause congenital abnormalities, however should be avoided except for occasional doses<sup>4</sup> due to potential maternal adverse effects with extended use or high doses<sup>6</sup>
  - should not be given to pregnant women with a history of preterm labour without medical consultation.
are contraindicated where there is an intestinal obstruction, acute abdominal conditions, and inflammatory bowel conditions.  
are usually given at night.

- Ensure adequate fluid and fibre intake
- Castor oil should be avoided in pregnancy as it may induce premature labour.
- Abuse of stimulant laxatives may affect resumption of normal bowel patterns when laxatives ceased.

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| **Senna**
In pregnancy: Consider an alternative
* | Senokot® oral tablets | 6-12 hours |
| **Senna combined with Docusate**
In pregnancy: Consider an alternative. Avoid prolonged use as maternal adverse effects possible. | Coloxyl with Senna® oral tablets | 6-12 hours |
| **Bisacodyl**
In pregnancy: Consider an alternative.
In lactation: Safe to use but avoid prolonged use. Observe for adverse effects (e.g. diarrhoea, irritability) in breastfed infants | Bisalax® oral tablets | 6-12 hours |
| **Sodium picosulfate**
In pregnancy: Consider an alternative. Avoid prolonged use as maternal adverse effects possible. | Unavailable | 6-12 hours |

* May be used in pregnancy at recommended doses

**Additional information**
While a stepwise approach as outlined above is preferred, treatment approach should be individualised to each woman. Acute constipation usually benefits from aperients with a quick onset of action such as suppositories or osmotic laxatives, whilst for chronic constipation; a bulk forming laxative may be useful.

**Treatment of severe constipation/ faecal impaction**

**Faecal impaction treatment** (Gynaecology only. Not for Obstetric patients)

1. Warm the oil infusion retention enema and leave in the rectum with the foot of bed elevated for at least one hour.
2. Give a warmed disposable enema.
3. If there is no result, a manual removal of faeces is indicated. Refer to the medical officer.

**Severe constipation (5 days or more):**

- Ask the medical officer to assess the woman. Rectal and abdominal examinations and an abdominal x-ray may be performed (non-pregnant patients).
- Exclude the possibility of a bowel obstruction before beginning treatment.
- Consider whether manual removal of faeces may be necessary before beginning treatment.
References and resources


Related policies, procedures and guidelines

SCGH Nursing Practice Guideline No. 63: Bowel Procedures
KEMH Clinical Guidelines:
- O&G: Perineal Trauma: Third & Fourth Degree Management;
- Pharmacy: Medications A-Z

Keywords: Aperients, rectal suppository, enema, tap water enema, retention enema, management of constipation, defecation, bowel care, management of stools, Constipation in pregnancy, bowel management, laxatives, stool softeners, bowel stimulant, postnatal constipation

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MSMSC

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NSQHS Standards (v2) applicable: NSQHS Standards: 1 Governance, 4 Medication Safety,

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