

# How to manage constipation

For people with cancer

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**This booklet will give you information about:**

- What constipation is
- How to describe your stool
- When to talk to your health-care team
- Who is at risk of a bowel obstruction
- What causes constipation
- Lifestyle changes that can help manage constipation
- How to use medication (laxatives) to manage constipation
- How to use a bowel routine

This guide is for people before, during and after cancer treatment.



**If you spend most of your time in bed, are unable to eat or have cancer in your digestive tract (bowels), please speak to your health-care team about your constipation before using this guide.**

# What do these words mean?








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- Abdomen = belly
- Bowel movement = go poo
- Bowel obstruction = blocked intestine (bowel)
- Bowel routine = a plan to take laxatives regularly to prevent or treat constipation
- Constipation = going poo less often
- Laxative = medication to help you go poo
- Stool = poo

# How can I describe my stool?

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Use the following pictures and descriptions to tell your health-care team about your stool. This will help to make a plan to manage your constipation.

1		Separate, hard lumps
2		Lumpy, sausage shape
3		Sausage shape with cracks
4		Smooth and soft, sausage shape
5		Soft blobs
6		Small and mushy pieces
7		All liquid

Created in <https://BioRender.com>

## What is constipation?

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Constipation is when you poo less often than what is normal for you. Constipation is common for people with cancer.

You may be constipated if:

- You go poo less often than what is normal for you
- Your stool is hard to pass
- You feel you need to have a bowel movement but nothing comes out
- Your stool is small, hard, dry, or lumpy
- You have small, liquid stools, and cramps

When you are constipated you may also have:

- A stomach ache or cramps
- A bloated belly that feels full or uncomfortable
- A lot of flatulence (gas from the anus) or burping
- Nausea (feel like throwing up) or vomiting (throwing up)
- Hemorrhoids (swollen veins on your anus) or anal fissures (small tears near your anus)
- Low appetite (do not feel hungry)

### **How often should I have a bowel movement?**

Not everyone has a bowel movement every day. If you eat less, you may have fewer bowel movements. If your stool is soft and easy to pass, you are not constipated.

## When should I talk to my health-care team?

**Contact your health-care team right away if you have any of the symptoms below:**

- No bowel movement in more than 3 days
- Bright red blood in your stool
- Black or tarry (black and sticky) stool
- You are not able to pass gas
- Bloating, cramping, pain, or discomfort in your stomach
- Nausea and vomiting

**Call the Odette Cancer Centre at 416-480-5000, Monday to Friday 9:00 a.m. - 4:30 p.m.**

Outside of these hours and on weekends and holidays call the **After-Hours Telephone Line at 1-877-681-3057.**



### **Am I at risk of a bowel obstruction?**

You may be at risk of a bowel obstruction if you have cancer in your abdomen or pelvis, or you had surgery or radiation to this area. A bowel obstruction can feel like constipation. If you have a bowel obstruction you will not be able to pass any gas or stool. You may also have symptoms that get worse, like nausea, vomiting, and/or pain in your belly. **A bowel obstruction is a medical emergency. If you have these signs go to your nearest emergency room.**

## **What causes constipation when you have cancer?**

Medications are the most common cause of constipation when you have cancer. Some of the medications that cause constipation are:

- Opioid pain medications (like morphine and codeine)
- Chemotherapy medications (like vincristine, vinblastine, and vinorelbine)
- Medicines for nausea (like ondansetron, granisetron, and dolasetron)
- Supplements (like calcium and iron)

You may also have constipation if you:

- Change your diet
- Do not drink enough liquids
- Have stress, anxiety, or depression
- Do not get enough exercise or physical activity
- Spend most of your time in bed

The information on pages 3-5 was adapted with permission from a resource from Ontario Health entitled *How to manage constipation: For people with cancer*.

# What lifestyle changes can I make to manage constipation?

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## Eat fibre

If you have mild constipation, it may help to eat more fibre. Fibre helps make your stool soft and easy to pass.

When you start to eat more fibre:

- Slowly add high-fibre foods to what you eat. Fibre can cause gas and bloating for a while.
- Drink lots of liquids. If you do not drink enough your constipation may get worse.



### **Talk to your health-care team before adding fibre if:**

- You take opioid pain medication. More fibre does not usually help constipation if you take opioids.
- You had a bowel obstruction or have been told you may get a bowel obstruction. More fibre can make bowel obstruction symptoms worse.

### **Do not use fibre supplements like psyllium or inulin if you:**

- Take opioid pain medication
- Can not drink enough liquids
- Spend most of your time in bed
- Are at risk for a bowel obstruction

High-fibre foods	
<b>Fruits</b>	<ul style="list-style-type: none"> <li>• Natural laxatives like papaya, prunes, prune juice, rhubarb, tamarind</li> <li>• Fresh, frozen, canned or dried fruits like apples, apricots, avocados, berries, cherries, dates, figs, grapes, guava, kiwi, mangos, pears, plums, oranges</li> </ul>
<b>Vegetables</b>	<ul style="list-style-type: none"> <li>• Artichokes, beets, broccoli, Brussels sprouts, carrots, corn, green beans, lotus root, okra, parsnip, peas, plantain</li> <li>• White or sweet potatoes, yams, cassava</li> <li>• Leafy greens like bok choy, collard greens, gai lan, kale, spinach</li> </ul>
<b>Grain foods</b>	<ul style="list-style-type: none"> <li>• Whole grains like barley, bulgur, farro, freekeh, quinoa, spelt, teff</li> <li>• Bran cereal, oatmeal, polenta</li> <li>• Brown, red, and wild rice</li> <li>• Bread, baked goods, or pasta made with bran, cracked wheat, cornmeal, rye, pumpernickel, whole grain/wheat</li> </ul>
<b>Protein foods</b>	<ul style="list-style-type: none"> <li>• Beans, dried peas, lentils</li> <li>• Nuts, seeds, nut or seed butter like peanut butter or sesame seed paste</li> </ul>

**Tip:** Eat the skin on fruits like apples and pears, and vegetables like potatoes and cucumbers for more fibre.

## Drink more liquids

- Liquids add water to your stool. This helps make your stool softer and easier to pass.

Unless your health-care team tells you differently, **try to drink at least 1.5 – 2 L (6 - 8 cups) of liquids each day.**

Anything you drink, like water, milk, juice, tea, and soup, is a liquid.

## Be active

- Any kind of exercise can help you have a bowel movement.
- If you are not active, start with light exercise like walking, gentle yoga, or stretching.

## Make a bathroom routine

- Try to go to the bathroom around the same time each day. You may find it easier to go first thing in the morning or after a meal.
- Put a low footstool under your feet when you sit on the toilet. This puts you in a better position to have a bowel movement.




## How can I use medication to manage constipation?

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### Take laxatives

Laxatives are medications that help you have a bowel movement. Two common types of laxatives are stimulant and osmotic. They work in different ways to help you have a bowel movement.

**If you have moderate to severe constipation, you will likely need to take both a stimulant and osmotic laxative to manage your constipation.**



Stool softeners (like docusate sodium) do not usually help constipation. Talk to your health-care team if you are taking stool softeners.

### Stimulant laxatives

Stimulant laxatives cause the muscles in your intestines to contract (clench). They also pull water into your intestines to move the stool along. Stimulant laxatives usually take 6 – 12 hours to start working.

Some examples of stimulant laxatives are sennosides and bisacodyl.

### Osmotic laxatives

Osmotic laxatives pull water into your intestines. This causes contractions (motions) that move the stool along. Osmotic laxatives usually take 1-3 days to start working.

Some examples of osmotic laxatives are polyethylene glycol (also called PEG) and lactulose.



**Laxatives can cause mild stomach cramps. If you get painful cramps or diarrhea, speak to your health-care team. You may need to change the laxatives you take.**

## **What is a bowel routine?**

A bowel routine is a plan to take laxatives regularly to prevent or treat constipation. It is easier to prevent constipation than treat it.

You will be asked to follow a bowel routine if you:

- Take medications that cause constipation (see page 5)
- Lifestyle changes do not help your constipation (see pages 6 – 8)

## **How do I use this bowel routine?**

There are steps to this bowel routine to make it easy for you to change how much laxatives you take.

Your stool should be soft and easy to pass. **If you have loose or runny stools you may need to take less laxatives.** Other people may need to take more laxatives than what is in this bowel routine to have soft bowel movements.

**Ask your health-care team if you need help adjusting the amount of laxatives you take.**

Call the Odette Cancer Centre at 416-480-5000, Monday to Friday 9:00 a.m. - 4:30 p.m. Outside of these hours call the After-Hours Telephone Line at 1-877-681-3057.

## Bowel routine

**Start here.**

**Step 1:** At bedtime, take 2 regular strength sennoside pills.



If you do not have a bowel movement after 1 day, go to Step 2.



**Step 2:** In the morning, take 2 regular sennoside pills.  
At bedtime, take 2 regular sennoside pills.



If you do not have a bowel movement after 1 day, go to Step 3.



**Step 3:** In the morning, take 2 regular sennoside pills and 17 g of polyethylene glycol mixed with 250 mL (1 cup) of liquid.  
At bedtime, take 2 regular sennoside pills.  
Call your health-care team for more instructions.



If you do not have a bowel movement after 1 day, go to Step 4.



**Step 4:** In the morning, take 3 regular sennoside pills and 17 g of polyethylene glycol mixed with 250 mL (1 cup) of liquid.  
At bedtime, take 3 regular sennoside pills.  
Call your health-care team for more instructions.



**Contact your health-care team right away if your symptoms get worse.**

Instructions from my health-care team:

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Talk to your health-care team if you have questions about constipation. Call your health-care team right away if your symptoms get worse at any time.

**Call the Odette Cancer Centre at 416-480-5000, Monday to Friday 9:00 a.m. - 4:30 p.m.**

Outside of these hours and on weekends and statutory holidays (24 hours a day) call the **After-Hours Telephone Line at 1-877-681-3057.**

This resource should be used for information and does not replace medical advice. For questions, concerns, or additional information, contact your health-care team. This resource is for personal use only.