

How's your knowledge of opiate-induced constipation?

Did you know that...

- **Opiates** (codeine, morphine, hydromorphone, oxycodone and fentanyl) **paralyze** the bowel, and almost always cause severe constipation.
- **Fibre and stool softeners** like docusate, while ok for healthy patients, are useless when the patient is on an opiate.
- **Psyllium** (Metamucil TM) will turn to **concrete** in a paralyzed gut, and should **not be given when patients are on opiates**.
- **Stimulant laxatives** should **always** be prescribed for patients on opiates.
- **Senokot** is probably the best. It should be taken **routinely, not prn**.

****Practice tip: Up to 20 senokot tablets may be needed per day to overcome the effect of the opiate****

- **Bisacodyl** (Dulcolax TM) works well too, but causes more **cramping**.
- **Lactulose or Milk of Magnesia** work well along with senokot, if senokot alone is not enough.

****Practice tip: It helps to leave an order for a Dulcolax suppository and/or a fleet enema every 3rd day or so, if the bowels haven't moved****

So how about replacing those scripts for docusate 1 bid prn with senokot 1-2 bid routinely, and titrating up or down from there?

Want to learn more?

Call us: Palliative Care Community Advice Line: (905) 548-5565 —available 24 hrs a day.

We're here to help you.