Palliative Care Education Snap Sessions
Darling Downs – South Burnett
Cairns & Hinterland – Atherton Tableland
South West HHS

First session: Tuesday 28th June 2016
Last session: Tuesday 30th August 2016
14.30 – 14.50 hours each week

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Constipation

Tuesday 19th July 2016
14.30 – 14.50 hours

What is constipation?

- No universally accepted definition exists which complicates assessment (Richmond 2003)
- Two aspects need consideration when defining constipation:
  - the person’s perception
  - the measureable symptoms

Constipation

- Defined as “the passage of small, hard faeces infrequently and with difficulty.” (Larkin et al)
- Defined by the patient
- Often under-diagnosed & under-treated
- Common in palliative care
- Often opioid related – but check for other causes

Impact on patients

- Anxiety and distress
- Abdominal and rectal pain
- Abdominal distension
- Anorexia, nausea and vomiting
- Urinary retention
- Confusion

[Salano et al, 2006]

Impact on patients  cont . . .

- Can severely affect the quality of life
- Constipation may exceed pain as cause of distress
- Inadequate absorption of drugs, faecal impaction, rectal tearing, rectal fissure, haemorrhoids, bowel obstruction and intestinal perforation

[Salano et al, 2006]
Constipation: assessment

- Multifactorial cause and effect
- Need to assess as part of total suffering
- Bristol stool chart
- (acronym) Q, P, R, S, T, U and V
- Victoria Bowel Performance Scale (BPS)

Bristol Stool Chart

Type 1: Separated hard lumps, like nuts (hard to pass)
Type 2: Soft lumps or pellets
Type 3: Like a sausage but with cracks on the surface
Type 4: Like a sausage or snake, smooth and soft
Type 5: Soft lumps with clear-cut edges (pasted stool)
Type 6: Fatty pieces with ragged edges, a mushy stool
Type 7: Liquid stool

Victoria Bowel Performance Scale

Constipation: assessment

- Assess bowel habits if person complains of constipation or defecates less than their normal
- Review their ‘normal’
- Patient history & physical examination
- Check environment – privacy, comfort
- Check oral intake – food and fluid intake as possible
- Check activity level

From BC Cancer Agency, Vancouver
**Physical assessment**
- Assess mouth
- Auscultate abdomen
- Check for abdominal distension
- Palpate abdomen
- Perform rectal examination
- May require abdominal X-Ray

**Goals for management**
- PREVENTION and good risk assessment
- Re-establish comfortable bowel habits for the person
- Relieve pain and discomfort
- Restore independence with bowel management
- Be consistent in management practices
- Have clear guidelines and protocols
- CLEAR DOCUMENTATION

**Non-pharmacological management**
- Listen to the wishes and requests of the person & their family about their bowel care
- Digital removal / Biofeedback / Anal irrigation
- Bowel Mixture
  - 1 cup of stewed apples, 1 cup of stewed prunes
  - 1/2 cup of cooking bran, Mix all together - take 2 tbs/day
- Complementary therapies
  - Massage / Aromatherapy / Reflexology / Acupuncture

**Constipation – management**
- Prevention is the key!
  - if on an opioid, best practice is to commence laxative at same time
  - Softener +/− stimulant  eg Coloxyl & Senna
  - Polyethylene glycol  eg movicol, clearlax
  - Lactulose – not always well tolerated but can be useful
  - Suppositories
  - a quick word on Targin in palliative care ...

**Pharmacological management**
- Ensure consistent practice regionally if possible
- Reassess aims of management in last days of life
- MethylMaltrexone by subcut injection (Realistor)
  - indicated for the relief of opioid-induced constipation
  - antagonises opioid actions at gastrointestinal opioid receptor without impairing the analgesic effect

**What’s the problem?**
- Constipation is one of the most common problems in people receiving palliative care
- causes extreme suffering and discomfort  Larkin (2008)
- no standard definition / meaning of constipation
- assessment tools not commonly used or documented
- inconsistent management
- management of constipation is costly both to the patient and to the health service and resources
References

3. Kyle, G. Considering the options for treating constipation. Practice Nursing 2010; Vol 21 No 3,124-130

Clinical Placement Education Opportunity!

- National program – Australian Government Department of Health as part of the National Palliative Care Program
- Opportunities for health workers of all disciplines to develop skills in the palliative approach to care
- in Queensland – overseen by Queensland Health – Centre for Palliative Care Research and Education [CPCRE]
- Clinical placements for rural Nurses, AHPs and Doctors
- Contact PEPA Queensland Manager, Aurora Hodges pepaqld@health.qld.gov.au or 07 3646 6216