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Bowel care and constipation near the end of life

Information for people with a life-limiting illness, their carers and loved ones.

It is common for people approaching the end of life to experience bowel changes or constipation. This information sheet explains some of the causes of constipation. It also explains what to expect and what can be done to help reduce discomfort.

Understanding Constipation

In normal health, constipation is defined as having two or more of the following symptoms[1]:

- fewer than three bowel movements a week
- straining
- hard stool
- a sense of incomplete evacuation
- needing to use a laxative to produce a soft stool.

In the palliative setting, there are several possible causes for constipation or bowel changes. These include:

- medications the person may be taking (especially opioid pain killers)
- reduced physical activity
- eating and/or drinking less, including reduced dietary fibre
- being prone to constipation in the past
- the disease the person has is either in, or is affecting, the bowel
- the person is being cared for in bed and/or cannot sit on a toilet.

Treating constipation in palliative care may be different to treating someone not undergoing palliative care. The goal is to improve the person's comfort, dignity and wellbeing. The most important part of bowel management is assessment. Then, to treat what can be treated by providing symptom relief and ensuring the person is settled and comfortable[2].

Your healthcare team will help, and you should talk to them about any concerns or questions. Some people find it hard to talk about bowel management, but it makes a lot of difference if you can do so.

Symptoms of constipation

Constipation is more than discomfort and not being able to go to the toilet. Constipation can cause abdominal pain, nausea and vomiting, bloating and abdominal distention. Constipation may also cause anxiety, agitation and distress. The person may feel embarrassed by needing help going to the toilet. This can be upsetting for them.

Constipation can also cause 'overflow diarrhea'. This is when the bowel is blocked, so only fecal liquid can be passed. This is called fecal impaction and will most likely require one or more enemas.

Managing Constipation

Assessment: Ongoing assessment with your healthcare team will help them identify and manage the cause of the constipation. For example, is the constipation due to slowing down of the bowel? Or is it due to secondary causes (such as medications, or a partial bowel obstruction)? Is the rectum full but a bowel motion cannot be passed? Once treated, ongoing assessment helps show what works best[3].

Opioid-related constipation: Opioid medicines (such as morphine) affect the muscle of the bowel. They slow the emptying of the stomach and the movement of the stool through the bowel. These medicines can also affect fluid absorption in the bowel; this can harden the stool. The doctor (or nurse practitioner) will usually prescribe a laxative for those taking opioid pain killers (if they are able to take them).

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It is important to know that reducing the amount of opioid taken is unlikely to reduce the constipating effect[2,3]. If this worries you, talk to a doctor or pharmacist. It may be possible to alter the dose or stop other medications that may be causing constipation.

Laxatives: Laxatives used for opioid constipation are a stool softener combined with a stimulant laxative. A softener will also help lubricate the bowel. An example of a softening laxative is docusate. Stimulant laxatives increase gut movement. An example of a stimulant laxative is Senna.

Other laxatives help clear out the bowel. They also help the bowel retain water, making bowel movements easier. Examples are the powders macrogol or magnesium salts. Talk to a doctor or nurse before taking these and seek their advice about frequency of use.

Other types of laxatives can bulk up the stool. These contain bran, husk or cellulose. These help the stool move through the bowel and make going to the toilet more comfortable. They are used less often in palliative care, as it is important to drink more when using bulking laxatives and this isn't always possible.

Diet and fluids: Offering fruit juice can help, if the person is able to take it. There is some evidence that prune and pear juices help, as they replace roughage in the diet. Dilute the juice as preferred and offer regular small amounts. In palliative care, people often eat and drink less over time. This is usual. Remember that not wanting to eat or drink is a symptom of the end of life, not a cause of it[4].

Dignity and Privacy: We have spent a lifetime sitting privately in a locked room to use our bowels. To be unable to do this and to have to use the toilet in front of others, can itself cause constipation. Reassurance, discretion and ensuring privacy can help.

Sitting on a toilet: If possible, help the person sit on a toilet or commode if they feel they would like to open their bowels. You may need help from another person for this. Place their feet on a stool if you can. Having the knees higher than their hips is the optimal position for passing a bowel movement.

At the end of life

Bowel movements may become less frequent in the last days of life. The person may also want to sleep more and eat and drink less[5]. As their level of consciousness reduces, tablet medications, including laxatives, will stop. The primary goal of care here is to assist the person to be as comfortable as possible. In case of minor leakage, pads can be placed discretely to preserve privacy and dignity. They also maintain ease for family and carers attending to the person's personal hygiene.

In Summary

Constipation may seem like a simple condition and one that is easy to rectify, but this is not always the case for someone receiving palliative care[6]. It can have many causes and can have a severe impact on the person. Social stigma, personal embarrassment and distress can also affect it. Some people find constipation difficult to talk about, but it is possible to improve the person's comfort through assessment, discussion and care[7].

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