

Box 1. International classification of constipation

A diagnosis of constipation needs to include two or more of the following:

Straining during at least 25% of defecations

Lumpy or hard stools in at least 25% of defecations

Sensation of incomplete evacuation for at least 25% of defecations

- Sensation of ano-rectal obstruction or blockage for at least 25% of defecations
- Manual removal of stool in at least 25% of defecations

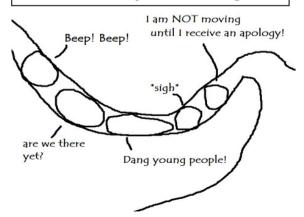
Less than three defecations per week

Loose stools are rarely present without laxative use

Insufficient criteria to diagnose irritable bowel syndrome.

Source: Longstreth et al, 2006

Let's keep on moving



Patient Information On Bowel Management

Bowel History

Bowel history taking is a very important part of your symptom management while undergoing cancer treatment

While this may feel somewhat intrusive, it allows your multidisciplinary team caring for you to initiate a bowel management strategy. This is individually designed to give you greater comfort and reduce the pain which can accompany constipation.

Medications for pain, nausea and vomiting, anxiety, blood pressure, as well as some chemotherapies can contribute to slowing the bowel.

Assessment of your risk of constipation and early intervention can minimalise constipation as a complication of your treatment.

Management of Diarrhea is also our aim . This may be from side effects of drugs administered , radiation therapy, infection, and even stress and anxiety.

Communicating your past and ongoing bowel history to your nurse can provide accurate information for your medical team to to assess your treatment plan.

What will we ask you on admission?

The frequency of your bowel movements prior to entering hospital.

The ease of passing your bowel motions.

The medications you are using at home.

What works for you when you need to use bowel medications at home.

What will we ask you each shift?

Have your bowels opened?

Was the motion large / medium / small?

Was the stool hard to pass / formed / soft / liquid or bloody

Was the stool black or tarry?

The answers to these questions allows the nursing staff to accurately chart your bowel function.

This then guides your doctor in prescribing medications to relieve any constipation or diarrhea.

If diarrhea is present you will be asked to have a stool specimen collected to check for any infections prior to commencement of an antidiarrheal.

What non- medication activities can help prevent Constipation

What you will be able or want to eat will vary over the time you are a patient . While you are able to tolerate a normal diet and fluid intake we recommend a high fiber diet and lots of water . Activities such as walking around the ward and using the exercise bike are encouraged.

When you find this is no longer possible our Dieticians and Physiotherapists will work alongside your medical team to help you maintain your nutrition and physical abilities.

High Fiber Diet , plenty of water and exercise



