



Accurate Clinic

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www.AccurateClinic.com

Constipation

Constipation is caused by a number of things including lack of fiber in the diet, lack of regular exercise, medical problems such as hypothyroidism, and medications (especially narcotic pain medicines). Rarely, constipation can be a symptom seen in colon cancer. You should follow up with your doctor.

The symptoms usually associated with constipation include fewer than normal number of bowel movements and small hard stool. Occasionally, diarrhea can occur when stool leaks over and around a blockage of hard stool. This is called "overflow incontinence."

There are many treatments for constipation, most importantly increasing the amount of fiber in your diet. Foods rich in fiber include fruits, vegetables, and foods with bran. Chia seeds are an excellent source of fiber. Eating one cup of bran cereal daily or taking one teaspoon of Metamucil with each meal will usually get you the daily dietary fiber and fluids that you require. "Fiber One" products are excellent sources of dietary fiber and they taste good.

Laxatives, Bulk-Producing

Bulk-forming agents are used for long-term prevention and treatment of constipation.

Psyllium (Metamucil, Fiberall, Bulk-K, Fibro-XL)

Psyllium dosages vary depending on whether the preparations contain sugar or are sugar-free (the former are 50% sugar). These preparations must be taken with water, or they may cause obstruction.

Methylcellulose (Citrucel)

Theoretically, nonfermentable products such as methylcellulose, which produce less gas, are better tolerated than psyllium.

Laxatives, Stool Softener

Emollient stool softeners cause stool to soften and are used for prevention against constipation in acute and subacute settings.

Docusate (Colace, Correctol, Docu-Soft, Dok)

Docusate is indicated for patients who should avoid straining during defecation. It allows incorporation of water and fat into stools, causing stools to soften. Loss of effectiveness occurs with long-term use. Docusate is effective acutely. It does not induce defecation.

Laxatives, Stimulant

Stimulant laxatives are commonly employed to treat acute constipation and are the most common class of laxatives used over the long term by individuals taking over-the-counter products. Long term use frequently causes the development of tolerance and ineffectiveness.

Senna (Senokot, Ex-Lax, Senexon, Senna-Gen)

Sennosides induce defecation by acting directly on the intestinal mucosa or nerve plexus, which stimulates peristaltic activity, increasing intestinal motility. Senna usually produces its action 8-12 hours after administration.

Bisacodyl (Bisac-Evac, Biscolax, Dulcolax, Dacodyl)

Bisacodyl stimulates peristalsis by possibly stimulating the colonic intramural neuronal plexus. It alters water and electrolyte secretion, resulting in net intestinal fluid accumulation and laxation. It provokes defecation within 24 hours and may cause abdominal cramping.

Cascara sagrada

Cascara sagrada irritates the intestinal mucosa, resulting in increased colonic motility and altered fluid and electrolyte secretion.



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Castor oil

Castor oil is reduced to ricinoleic acid. It decreases net absorption of fluid and electrolytes and stimulates peristalsis. It acts on the small intestine..

Laxative, Stimulants combined with Softeners

While emollient stool softeners cause stool to soften, stimulants increase intestinal contractions to induce defecation. These products contain both types.

Senna concentrate/docusate (Peri-Colace, Dok Plus, Senokot-S)

Sennosides induce defecation by acting directly on the intestine to stimulate intestinal contractions. The combination usually produces action 8-12 hours after administration.

Laxatives, Magnesium

Magnesium hydroxide (Phillips Milk of Magnesia, Fleet Pedia-Lax Chewable)

Magnesium hydroxide causes osmotic retention of fluid, which distends the colon and increases peristaltic activity; it also promotes emptying of the bowel.

Magnesium citrate (Citroma)

Magnesium citrate causes osmotic retention of fluid, distending the colon and stimulates intestinal contractions; it promotes emptying of the bowel. The drug works within 3 hours given orally (PO) or 15 minutes given rectally (PR). It may cause electrolyte imbalance, especially in young children or patients with impaired kidney function.

Magnesium sulfate

Magnesium sulfate causes osmotic retention of fluid, which distends the colon and increases peristaltic activity; it promotes emptying of the bowel.

Laxatives, Lubricant

Lubricant laxatives are used for acute or subacute management of constipation. They lubricate the intestine and facilitate passage of stool by decreasing water absorption from the intestine.

Mineral oil (Fleet, Kondremul)

Mineral oil is gentler than some other rapidly acting laxatives. It generally works within 8 hours. Long-term use is accompanied by concerns about lipid pneumonia, lymphoid hyperplasia, and foreign body reactions.

Laxatives, Other

Lubiprostone (Amitiza)

Lubiprostone is a locally acting chloride channel activator that enhances a chloride-rich intestinal fluid secretion without altering sodium and potassium concentrations in the serum. It specifically activates ClC-2, an apical membrane in the human intestine. It increases intestinal fluid secretion to assist in GI motility, thereby decreasing symptoms of chronic idiopathic constipation (eg, abdominal pain, bloating, straining, and hard stools).

Laxatives, Osmotic

Osmotic agents are useful for long-term treatment of constipated patients with slow colonic transit who are refractory to dietary fiber supplementation.

Lactulose (Constulose, Enulose, Generlac, Kristalose) and Sorbitol

Lactulose and Sorbitol produce an osmotic effect in the colon, resulting in bowel distention and stimulation of peristalsis.



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Polyethylene glycol solution (Miralax)

Polyethylene glycol is typically used in large volumes for bowel preparation and washout before surgical or endoscopic procedures. It is now being used in smaller volumes as an osmotic (but not hyperosmotic) agent. In theory, there is a lower risk of dehydration or electrolyte imbalance with isotonic polyethylene glycol than with hypertonic sugar solutions. The laxative effect is generated because polyethylene glycol is not absorbed and continues to hold water by osmotic action through the small bowel and the colon, resulting in mechanical cleansing.

Opioid Reversal Agents

Peripherally selective opioid antagonists are now available. Methylnaltrexone is indicated for treating constipation in patients who have advanced illness requiring long-term opioid analgesia and who are unresponsive to laxatives. Alvimopan is indicated to prevent postoperative ileus after bowel resection.

Methylnaltrexone (Relistor)

Methylnaltrexone is a peripherally acting mu-opioid receptor antagonist. It selectively displaces opioids from mu-opioid receptors outside the central nervous system (CNS), including those located in the GI tract, thereby decreasing constipating effects. It is indicated for opioid-induced constipation in patients with advanced illness receiving palliative care, when response to laxatives has not been sufficient. It is available as a 12 mg/0.6 mL injectable solution for subcutaneous use.

YOU SHOULD SEEK MEDICAL ATTENTION IMMEDIATELY, EITHER HERE OR AT THE NEAREST EMERGENCY DEPARTMENT, IF ANY OF THE FOLLOWING OCCURS:

- Vomiting
- Fever (temperature greater than 100.5).
- Bloody or black, tarry stool.
- Abdominal pain that is new, worsens, or does not improve in the next 24 hours.
- Inability to have a bowel movement even with using laxatives, enemas and/or suppositories as directed.