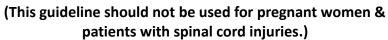


Policies, Procedures, Guidelines and Protocols

Document Details	
Title	Guidelines for Management of Constipation in Adults
Trust Ref No	1837-88748
Main points the document	Guidance on the treatment of constipation in adults
covers	Excludes children, pregnant patients, and patients with spinal cord injuries
Who is the document aimed at?	Community nurses and doctors who manage this condition
Owner	Continence Team
Approval process	
Approved by (Committee/Director)	Patient Safety Committee
Approval Date	15 th April 2024
Initial Equality Impact Screening	Yes
Full Equality Impact Assessment	Yes
Lead Director	Director for Nursing and Clinical Delivery
Category	Clinical
Subcategory	Continence
Review date	31st March 2027
Distribution	
Who the policy will be	Community Nurses
distributed to	Community Hospitals
	Continence Team
Method	Electronically via Trust Website
Document Links	
Required by CQC	No
Required by NHLSA	No Amandra anta Historia
No Doto	Amendments History
No Date 1 2013	Amendment Now guideline approved by Area Properiting Committee
. 2010	New guideline approved by Area Prescribing Committee October 2012
2 2016	Updated with colorectal services
3 2019	Updated with NICE Guidance reference
4 2024	Scheduled review, updated to match Homely Remedy Policy
5	

MANAGEMENT OF CONSTIPATION IN ADULTS WITHIN THE COMMUNITY SETTING





CONSTIPATION Bowel movement less than twice a week / Straining on defaecation / Incomplete evacuation requiring digital manipulation. Laxatives **Bulk laxatives** consultation. Are there any RED FLAG Symptoms? Ispaghula husk once or twice daily Complete bowel diary, Review drug history – e.g., opioids, Rectal/abdominal mass/unintentional **Stimulant laxatives** calcium channel blockers, iron, diuretics and antidepressants. weight loss Bisacodyl 5-10mg at night Routine bloods: LFTs, TFTs and serum calcium Iron Deficiency Anaemia (low MCV/MCH) Docusate sodium up to 500mg in Lifestyle advice, increase oral fluids, Increase fibre. No **Rectal Bleeding** divided doses Senna 2-4 tablets at night Family History of colon cancer/ovarian every Glycerin suppositories 4g prn only Narrowing of stool calibre **Osmotic laxatives** aţ Laxido (Macrogol) 1-3 sachets No response in 2 weeks Pain and fluid intake daily. Normally for 2 weeks, if maintenance needed 1-2 sachets Yes Add First Line Laxative daily (preferred to lactulose NICE 1. Episodic missed days- prn stimulant laxative **URGENT** refer to Gastroenterology evidence 2010). 2. Regular hard stools/infrequent bowel movements less Unit/Colorectal (2 week wait) **Faecal softeners** than 3 times per week- consider osmotic laxatives. Docusate sodium up to 500mg Difficult rectal emptying- consider Glycerin daily in divided doses. diet suppositories 4g when required. Doses shown are recommended doses and Primary-Secondary care MDT meeting should be titrated to maximum tolerated on lifestyle, doses. No response in 8 weeks NB: Linaclotide and prucalopride should be reserved for specialist initiation only and used as recommended by NICE. Add Second Line Laxatives Refer to Continence Advisory Service Lubiprostone should be initiated and 1. Stimulant laxative & bulk laxatives (bisacodyl + advice prescribed within secondary care. Ispaghula) or (docusate + Ispaghula) Anal irrigation systems are reserved for specialist initiation only. 1. Stimulant laxatives & osmotic laxatives (bisacodyl No Response in 4 weeks **Provide** Naloxegol is an option for + Laxido) or (docusate + Laxido) treating opioid induced constipation in 2. Consider bisacodyl suppositories for difficulties adults whose constipation has not with rectal emptying. adequately responded to laxatives (NICE Review patients need for laxatives every 2-3 months 345) unless there are exceptions e.g., on long-term drug treatment causing constipation.