CKM Constipation Guideline for Healthcare Professionals

Guiding Principles: Constipation is common in people with kidney disease. Constipation is described as difficult, hard, incomplete or infrequent emptying of the bowels. Constipation is **subjective in nature**, aligned with the normal frequency of an individual's bowel movements. If patients are on regularly scheduled opioids, consider ordering a regular bowel routine. The primary objective of managing constipation is to **support patients in having regular and adequate bowel movements**, based on the individual's preference and functional status.

Step 1: Assess for possible factors contributing to constipation, and address as appropriate:

- Decreased mobility
- Advanced age
- Depression, stress and anxiety
- Low fibre intake
- Low fluid intake
- Adverse effects of medications (e.g. opioids, oral iron supplements, antacids, calcium supplements)
- Metabolic disturbances (e.g. hypercalcemia, hypokalemia, hypothyroidism, diabetes)
- Bowel Conditions (e.g. Irritable Bowel Syndrome)
- Neurological Conditions (e.g. Parkinson's, Multiple Sclerosis, Spinal cord injury)
- Mechanical obstruction of the bowel or rectum

Assessment: When assessing constipation, **rule out a bowel obstruction**. Signs and symptoms of a bowel obstruction may include: nausea/vomiting, high pitched/absent bowel sounds, distended abdomen and abdominal cramping/pain. If a bowel obstruction is suspected, consider obtaining an abdominal flat plate x-ray.

Step 2: Consider non-pharmacological management:

- Exercise (if appropriate).
- Increasing fibre intake (if appropriate).
    - Some higher fibre foods such as bran, beans, lentils, nuts and seeds are also high in phosphorus and potassium and may need to be limited.
    - Consider a referral to a Registered Dietician (RD) for nutritional counselling.
- Hydration management (See: Sodium/Fluid Statement).
- Prunes/prune juice (if appropriate as prunes are high in potassium), Caffeinated coffee/tea.
- Toileting upon waking and post meals; proper positioning over the toilet in contrast to using a bedpan.
- See: Constipation Patient Handout

Step 3: If the patient is still experiencing constipation, consider pharmacological management:

- **Osmotic Laxatives:**
    - Polyethylene Glycol 3350 (Lax-A-Day) PO 17-34g daily (doses can be divided).
    - Lactulose 15-30ml PO Daily to TID.
- **Peristaltic Stimulants:**
    - Sennosides 8.6mg 1-2 tablets PO qHS, then increase to 2-4 tablets BID PRN if needed.
    - Bisacodyl 5-15mg PO Daily.
- **Typical Laxative Regime** if a patient taking opioids has **not** had a bowel movement in three days or is **unable to take oral** laxatives:
    - Glycerin suppository per rectum once daily PRN.
    - If glycerine suppository ineffective, give bisacodyl 10mg suppository per rectum q3d PRN.
    - If bisacodyl suppository is ineffective, give High Mineral Oil enema per rectum PRN, wait 4-8 hours, then administer Soap Suds enema per rectum x1 PRN ***Sodium phosphate enemas (Fleet enemas) should be avoided with CKD patients.**
- Consider a bowel clean-out of Golytely or Colyte 3-4L
    - Can be spaced out over a week if the patient is frail.

- **Methylnaltrexone (Relistor)** is used for acute management of opioid-induced constipation when oral and rectal laxatives are not effective. Consider cost when prescribing this medication. In kidney failure, reduce dose by half.
    - e.g. Methylnaltrexone (Relistor) 4mg SC (38kg-62kg), 6mg SC (62-114kg); administer once every 2 days.

Special Considerations at the End of Life:
As a patient's condition deteriorates, certain non-pharmacological interventions will become less realistic (e.g. exercise). If the patient has hours to live, consider discontinuing bowel care.

Conservative Kidney Management Acronym Legend

Acronym:	Intended Meaning:
ATC	Around the Clock
BID	Twice Daily
CKD	Chronic Kidney Disease
CKM	Conservative Kidney Management
COPD	Chronic Obstructive Pulmonary Disease
CO2	Carbon Dioxide
EOL	End of Life
ESA	Erythropoietin Stimulating Agent
ESKD	End Stage Kidney Disease
GFR	Glomerular Filtration Rate
GI	Gastrointestinal
g/L	Grams per litre
HgB	Hemoglobin
IN	Intranasal
IU	International Units
IV	Intravenous
kg	Kilogram
mcg	Microgram
mg	Milligram
mL	Millilitre

Acronym:	Intended Meaning:
mmol/L	Millimole per Litre
OTC	Over the Counter
PO	By Mouth
PRN	As Needed
NSAID	Non-steroidal Anti-inflammatory Drugs
q(1-8)d	Every (Time Eg, 2) Days
q(1-8)h	Every (Time Eg, 4) Hours
q(1-8)weeks	Every (Time Eg. 2) Weeks
QHS	At Bedtime
RLS	Restless Leg Syndrome
SC	Subcutaneous
SL	Sublingual
SNRI	Serotonin and Norepinephrine Reuptake Inhibitors
SSRI	Selective Serotonin Reuptake Inhibitors
TCA	Tricyclic Antidepressant
TID	Three Times a Day
>	Greater Than
≥	Greater Than or Equal To
<	Less Than
≤	Less Than or Equal To