



UNIVERSITY OF COLORADO HOSPITAL

Information for Patients And Family

DEALING WITH CANCER SIDE EFFECTS: CONSTIPATION

Constipation is a common problem for cancer patients. Pain medications, some chemotherapy drugs, poor food and fluid intake and decreased activity can all contribute to constipation. Constipation is present when there is difficulty or infrequent passage of stool that may be associated with pain or discomfort. While one person's normal pattern is to have one stool a day, another person may move his bowels every other or even every third day. Knowing your normal bowel pattern is important in determining whether or not you are constipated. Cancer patients should try to maintain their normal bowel pattern.

Constipation can be associated with the following symptoms:

- small, hard bowel movement
- leakage of loose stool similar to diarrhea (after being constipated for several days)
- cramps or stomachache
- excess gas or belching
- abdomen becoming puffy/bloated
- no bowel movement in more than three days
- vomiting or nausea
- feeling full with or without belly discomfort.

Diet and Fluids

It is important to have enough bulk in your diet to stimulate the bowels along with enough fluid to keep the stool soft. Drink at least 6 to 8 glasses of fluids a day. Eating bulk or fiber containing foods such as fruits, vegetables, and whole grains helps keep fiber in the stool and can help prevent constipation. If constipation develops, limit foods such as cheese and meat, which can contribute to constipation. A consultation with a registered dietitian can be scheduled if you have special dietary needs.

Important Points to Remember

- Maintain activity and exercise to stimulate digestion and prevent constipation. Walking is a great activity that most patients tolerate well.
- Go to the bathroom when you have the urge to have a bowel movement so you develop a normal pattern of moving your bowels.
- Drink 6 to 8 glasses of fluids daily. Hot drinks in the morning may be helpful in establishing a bowel movement after eating breakfast.

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- Eat fiber/bulk-producing food such as bran, wheat germ, fresh fruits and vegetables, fruit juices, dates, apricots, prunes, and prune juice.
- **Call your health care provider** if you have not moved your bowels in 3 days, if you have a bloated, uncomfortable belly, persistent cramps or vomiting, notice blood in your anal area or your stool, or have not moved your bowels within 1 to 2 days after taking a laxative.
- Your health care provider may recommend some over-the-counter stool softeners or laxatives such as Colace[®], Milk of Magnesia[®], Mylanta[®], Metamucil[®] or Senekot[®]. You may be placed on a regular laxative protocol if constipation becomes a pattern or if you are on regular doses of pain medication.
- Do not use enemas or suppositories without talking with your health care provider and never when your white blood cells count is low.