Guidelines for Management of Systemic Anti-Cancer Therapy (SACT) Induced Constipation in Adult Haematology and Oncology Patients

TARGET AUDIENCE	All clinical staff working within haematology and oncology in secondary care.
PATIENT GROUP	Adult Haematology and Oncology patients within NHSL

Clinical Guidelines Summary

- This guideline describes the pathway for management of Systemic Anti-Cancer therapy (SACT) Induced constipation in Adult Haematology and Oncology patients.
- This guideline provides background information and management options and drug prescribing guidance for this patient group.

Contents

1. Introduction

Constipation is the passage of small, hard faeces infrequently or with difficulty, and less often than is normal for that individual. Constipation can cause unpleasant symptoms such as abdominal and rectal pain, distension, nausea and vomiting, and other negative effects on the patient's wellbeing. As well as the physical suffering, constipation can cause psychological distress.

2. Initial assessment

A full assessment of the patient and their symptoms should be obtained looking at:

- Normal and current bowel/ stoma pattern (frequency, consistency, ease of passage, blood present, pain on passing stool, are they passing wind) including last movement
- Current medications and any recent changes
- Eating and drinking habits
- Level of physical activity (relative to their stage of illness)
- Pre-existing irritable bowel syndrome or diverticular disease
- Current and previous laxatives taken regularly (or as needed) and their effectiveness
- Check clinical features (may mimic bowel obstruction or intra-abdominal disease):
    - Pain
    - Nausea and vomiting, anorexia
    - Flatulence, bloating, malaise
    - Overflow diarrhoea
    - Urinary retention

To exclude bowel obstruction and assess extent of faecal loading, an X-ray may be needed.

3. Points to consider

Constipation can be a presenting symptom of **intestinal obstruction, malignant spinal cord compression or hypercalcaemia** all of which should be treated as oncological emergencies.

Patients on SACT are at risk of neutropenic sepsis. Check SACT regimen and date of last administration. Avoid rectal examination/ suppositories/ enemas until neutropenia and thrombocytopenia excluded. Abdominal and rectal or stomal examination may be necessary, unless it would cause undue distress for the patient. Consent for this must be obtained from the patient.

Possible causes of the constipation (clarify cause before starting treatment):

- medication: opioids, antacids, diuretics, iron, 5HT3 antagonists
- secondary effects of illness (dehydration, immobility, poor diet, anorexia)
- tumour in, or compressing, bowel wall
- damage to lumbosacral spinal cord, cauda equina or pelvic nerves
- hypercalcaemia
- concurrent disease such as diabetes, hypothyroidism, diverticular disease, anal fissure, haemorrhoids, Parkinson's disease, hypokalaemia.
- Cancer treatments
- Abdominal surgery

4. Toxicity grading and management

Grade 1	Grade 2	Grade 3	Grade 4
Mild – no bowel movement for 24 hours over pre-treatment normal	Moderate – no bowel movement for 48 hours over pre-treatment normal	Severe – no bowel movement for 72 hours over pre-treatment normal	No bowel movement for >96 hours – consider paralytic ileus or bowel obstruction..
Action: • Provide dietary advice including the importance of good fluid intake (see section 5.) • Stop or change constipating drugs. • Consider use of laxatives (see section 6.)		**Action:** • Review medication and stop/change/avoid constipating drugs e.g opiates, certain antiemetics. • Provide dietary advice, including maintaining a good fluid intake (see section 5.). • Consider admission for investigation and management if associated with abdominal pain or nausea & vomiting. • Consider nil by mouth and arrange surgical review if indicated.	**Action:** Admit for :- • Further management & investigation. • Senior medical and/or surgical review. • IV access and fluid replacement. • Consider nil by mouth and naso-gastric tube placement. • Analgesia. • Emesis control.

Non Pharmacological Management

Advise patients on diet, fluid and exercise as follows:

- porridge or high fibre breakfast cereal, such as bran, wheat biscuits or muesli
- wholemeal or granary breads instead of white bread
- plenty of fruit and vegetables – raw or cooked, with the skin or peel left on
- whole grain rice or pasta instead of white rice or pasta
- dried fruit, seeds and nuts
- potatoes in their skins
- beans, pulses and lentils
- cakes or biscuits made with wholemeal flour
- drink plenty of fluids if you are eating a lot of fibre. Fibre draws water into the bowel, so patients can get dehydrated if they don't drink enough. Drinking 2 liters of fluid per day, however, avoid drinking alcohol or drinks that contain caffeine, as these can contribute to dehydration.
- Regular exercise helps to keep your bowel working normally.
- a foot stool to elevate knees may help.

Pharmacological management

- Laxative doses should be titrated according to individual response.
- If current regimen is satisfactory and well tolerated, continue with this but review patient regularly and explain importance of preventing constipation.
- Use oral laxatives if possible in preference to alternative routes of administration.

Table 1

Class	Medicine	Starting dose	Time to act	Comments
Osmotic laxative	Macrogol (e.g. laxido)	1-3 sachets/day in divided doses	2-3 days	Each sachet should be dissolved in 125ml water. For faecal impaction a dose of 8 sachets should be dissolved in 1 litre of water and taken within a 6 hour period.
Osmotic laxative	Lactulose	15ml twice daily	2-3 days	Titrate dose according to response
Stimulant laxative	Senna (tablet) 7.5mg Senna (liquid) 7.5mg/5ml	1-2 at night 5-10ml at night	8-12 hours	Caution in faecal impaction.

Faecal softener	Docusate sodium(capsule)	100mg twice daily	24-36 hours	Max dose of 500mg/day

References/Evidence

Larkin, P. et al (2018) diagnosis, assessment and management of constipation in advanced caner : ESMO clinical practice guideline. *Annals of oncology.* 29(4)

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1. Governance information for Guidance document

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CONSULTATION AND DISTRIBUTION RECORD	
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