

*The* ROYAL MARSDEN  
NHS Foundation Trust

# Constipation



**NHS**

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**Information for children, young  
people and their families**

Oak Centre for Children and Young People

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This booklet is evidence based wherever the appropriate evidence is available, and represents an accumulation of expert opinion and professional interpretation.

Details of the references used in writing this booklet are available on request from: The Royal Marsden Help Centre

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Should you require information in an alternative format, please contact The Royal Marsden Help Centre.

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Thanks to supporters of The Royal Marsden Cancer Charity, we raised £16 million to build the Oak Centre for Children and Young People. Opened in September 2011 by TRH The Duke and Duchess of Cambridge, it is one of the largest comprehensive children and young people's cancer centres in Europe.

The Royal Marsden is a world leading cancer centre, pioneering new treatments that save lives. To find out more on how you can get involved please visit [www.royalmarsden.org](http://www.royalmarsden.org)

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# Will I get constipation?

**U**nfortunately, constipation can be a side effect of some medicines including chemotherapy, such as vincristine, and some pain relief medicines such as morphine and morphine-like medicines.

Constipation can be sudden and of short duration (acute). This is typical with short term medicine use. Or it can be ongoing for a longer period of time (chronic) and this is common with long term medicine use.



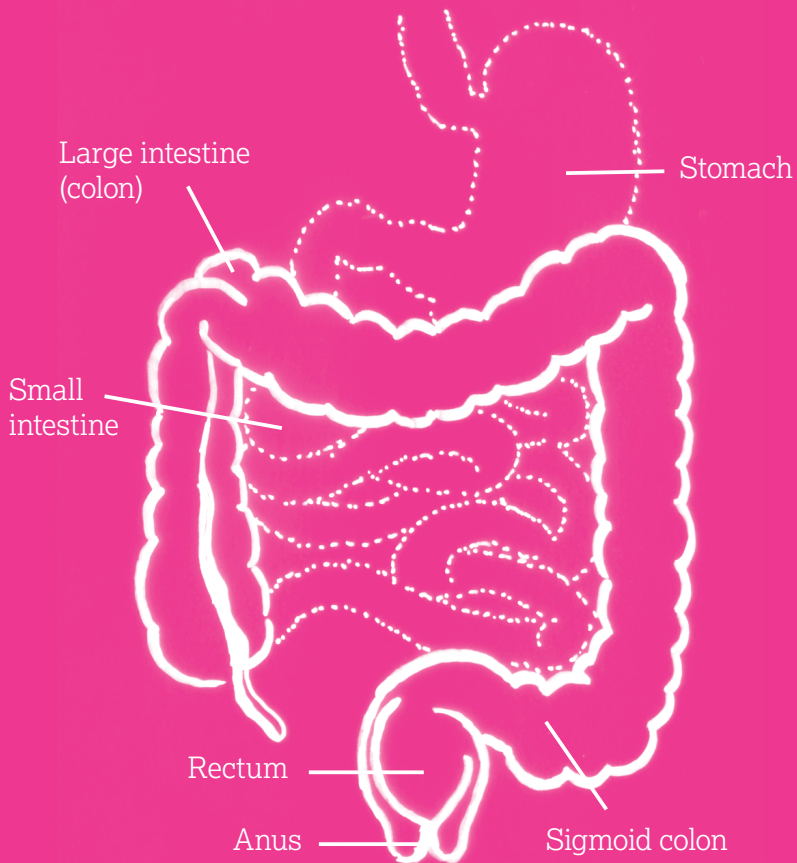
Food and waste materials are propelled through the intestines by wave-like muscle contractions (peristalsis). Certain medicines slow down or stop peristalsis causing constipation. If you do manage to pass a stool it may be hard, lumpy and difficult to pass.

## What are the symptoms?

Symptoms include:

- bloating
- feeling and being sick
- abdominal cramps
- severe abdominal pain
- pain in the back due to the stools pressing on the nerves in the lower back.

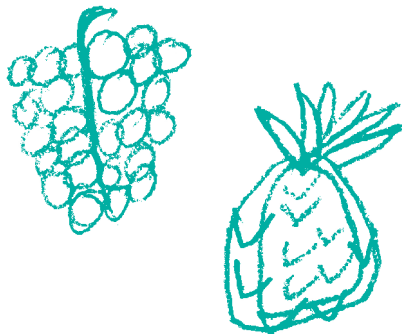
# Digestive system



# What can I do?

- Try to drink more fluids. Your nurse or doctor will be able to recommend how much you should try to drink. Poor fluid intake can be a leading cause of constipation.
  - Try getting some exercise (walking to and from school, stretching) or whatever you can manage.
  - Speak to your nurse or doctor, or ask your parent too, to see if increasing the fibre in your diet would be useful. A high fibre (roughage) diet might not help if the constipation is due to medication, treatment or disease. Sometimes a high fibre diet can make you feel bloated and 'windy'. If you are advised to increase your fibre intake then:
- Eat plenty of fruit and vegetables, including dried fruit, such as apricots
  - Eat wholemeal bread, pasta and rice
  - Choose high fibre cereals such as shredded wheat, Weetabix and muesli
  - Include beans and pulses such as baked beans and lentils in meals.

There is no evidence that eggs, milk or bananas can cause constipation.





## Do I need to take laxatives?

You may need to take a daily laxative (a medicine to prevent and treat constipation) depending on the drugs you are receiving.

There are two types of laxative; stool softeners and stimulants. Although stool softeners, for example Movicol, may provide some relief, stimulant laxatives (to push stools forward), for example sodium picosulphate, are often necessary. Many patients benefit from a combination of a stool softener and stimulant laxative.

Laxatives are prescribed for long term treatment but they take two to four days before any passage of stools takes place. Pain relief medicines

that cause constipation may still need to be taken for abdominal discomfort while laxatives are being given.

Medicines used to treat constipation are effective but you should only take laxative medicines under the guidance of your health care team.

## I have not eaten for a few days - do I still need to take a laxative?

Yes. Even when you are not eating, or eating very little, the intestine continues to work and produce waste products including dead red blood cells and old gut lining.

# Will the constipation go away?



he body never adjusts or adapts to the effects of medicines that cause constipation. Someone who has been taking constipating medicines for years is just as likely to have constipation due to the medicines as someone who just started them. Continuous treatment and prevention of constipation is usually necessary.

## What is faecal impaction?

Faecal impaction means having a large lump of dry, hard stool in the rectum. This happens when someone is regularly constipated over long periods of time. This is called chronic constipation. Or they have sudden severe constipation with some soreness around their back passage (anus) due to attempts to pass very hard stool.

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*The body never adjusts or adapts to the effects of medicines that cause constipation*



## What if this happens to me?








The top down (laxatives by mouth) and bottom up (enema or suppository by rectum) approach to managing constipation will be discussed with you and your parent or carer. The health care team will check your child's blood counts to ensure the safety of giving an enema or suppository.



## What is overflow diarrhoea?

Sometimes a constipated lump in the large bowel is so hard that it cannot be pushed out. As a result the bowel begins to leak out watery, offensive stool around the constipated lump from much higher up in the gut. This passes around the blockage and out of the bowel. It can cause soiling in your underwear and can appear like diarrhoea. Doctors call this 'overflow'. But the worst thing you can do is to stop taking laxatives. If you have severe constipation and then develop 'diarrhoea', speak to your health care team for further advice.

# Bristol stool chart

|        |   |   |
|--------|---|---|
| Type 1 |    | Separate hard lumps, like nuts (hard to pass)   |
| Type 2 |    | Sausage-shaped but lumpy                        |
| Type 3 |    | Like a sausage but with cracks on its surface   |
| Type 4 |    | Like a sausage or snake, smooth and soft        |
| Type 5 |    | Soft blobs with clear-cut edges (passed easily) |
| Type 6 |  | Fluffy pieces with ragged edges, a mushy stool  |
| Type 7 |  | Watery, no solid pieces<br>Entirely liquid      |

# Further advice and contact details

For further advice please speak to your local nursing and medical team or

## **The Royal Marsden Children and Young People's Day Care**

020 8661 3601/3602

Monday to Friday, 9am-5pm

## **The Royal Marsden Symptom and Palliative Care Specialist team**

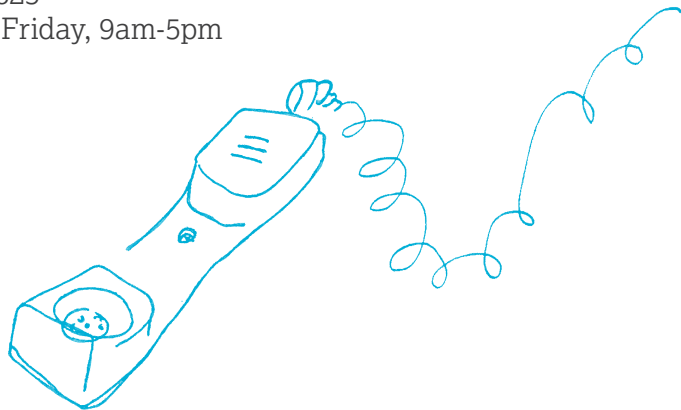
020 8661 3625

Monday to Friday, 9am-5pm

(Children and Young People's Oncology Outreach and Symptom Care Nurse Specialists (CYPOONS) office)

020 8661 3625

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