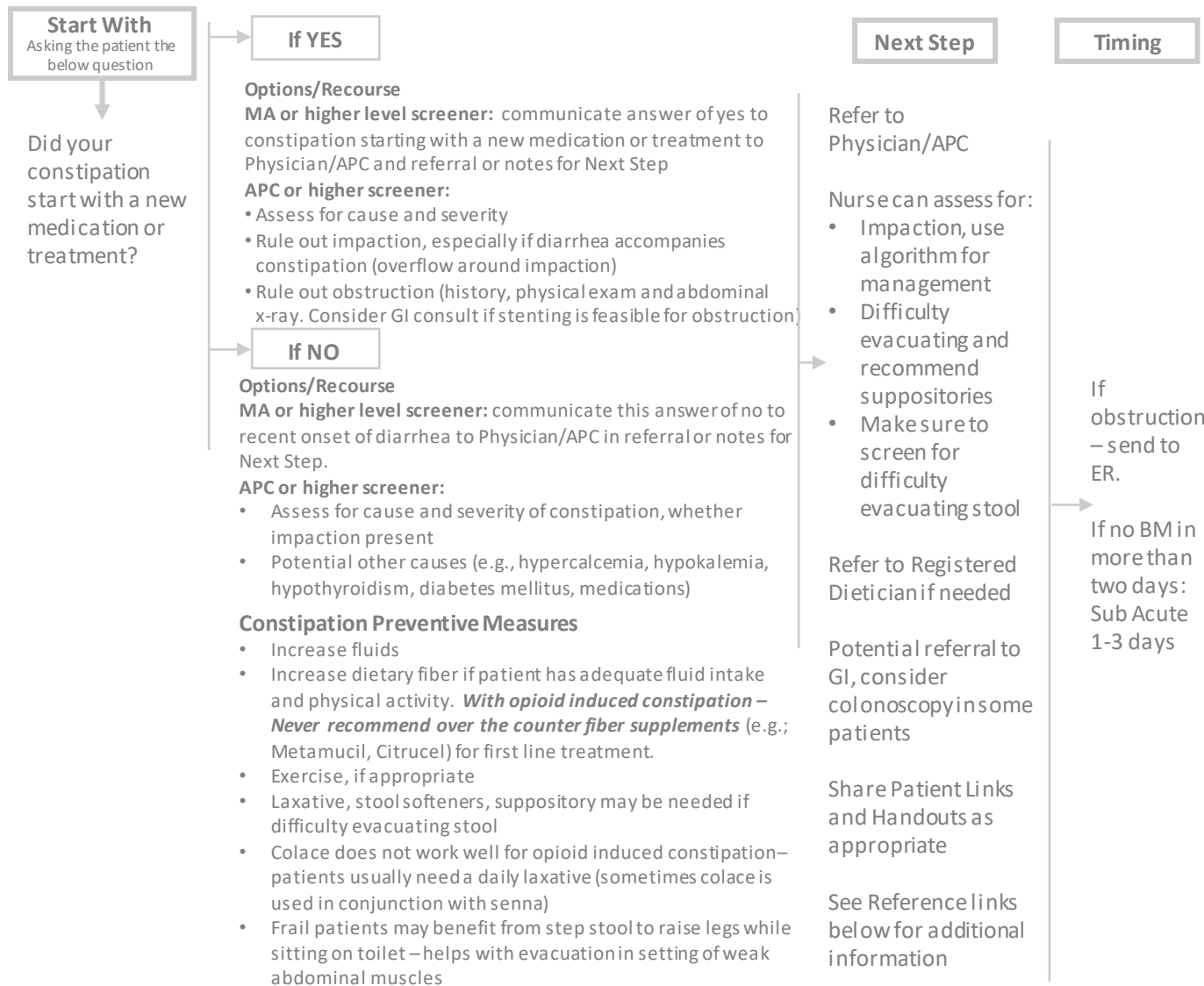


# Clinician Follow Up Reference for Supportive Care

## Physical Concerns – “YES” to Constipation



### Notes

**Stages I-III:** Refer to NCCN guidelines. Make sure to take a careful history. Is issue with straining or more of an issue with evacuation of stool? Review medications carefully. If constipation mild, can try dietary modification and increased fluid intake first. If patient not on opioids and ambulatory, can try fiber supplement. Avoid fiber supplements if constipation is opioid induced. If constipation moderate to severe, may need assessment for stool impaction.

**Stage IV:** Refer to NCCN guidelines. Very preventable if from opioids, try to prevent constipation that is medication induced. Make sure a bowel regimen is prescribed for all patients receiving an opioid prescription. Avoid fiber supplements if constipation is opioid induced. If constipation moderate to severe, may need assessment for stool impaction.

**Geriatric:** Constipation is very common. With age there is less water in body, easily dehydrated, narcotics effects are stronger and can happen quicker. Co-morbidities and polypharmacy should both be considered as reasons for constipation in this population.

### Patient Links and Handouts:

- > [American Cancer Society Constipation](#)
- > [Cancer.Net, Constipation](#)
- > [NIH, Gastrointestinal Complications \(PDO®\)](#)
- > [NIH, Constipation](#)

CSOC Patient Handout can be accessed at:  
<http://cancer-help.me/constipation>

### References:

- > [NIH \(PDO®\). Gastrointestinal Complications – Overview](#)