Constipation Management Algorithm

Hyperlinks indicate additional information available in guideline sections above:
A = Assessment
M = Management

**Assessment (A1)**
- Normal bowel habit
- Current bowel performance (A3)
  - Stool frequency
  - Stool consistency
  - Ease of evacuation

**Obstructed bowel?**
- Yes → Manage according to FPON guideline, *Medical Management of Malignant Bowel Obstruction*
- No → Constipation?
  - Yes → **TREATMENT needed (M2)**
  - No → Constipation? (A3)

**PREVENTION needed**
- Yes → Irritable bowel syndrome?
  - No → **Osmotic Laxative (M4+5)**
    - Lactulose or sorbitol
    - Polyethylene glycol
    - Escalating doses until satisfactory BM
  - Yes → **Sennosides-based Protocol (M4+5)**
    - Escalating doses until satisfactory BM
    - Maximum senna dose 36 mg tid
    - Add rectal measures at any time if indicated and no contraindications (M3)

**Assess cause**
- Opioid-induced (M9)
  - Consider switching to less constipating opioid (e.g., fentanyl)
  - Add or switch to osmotic laxative
  - Consider methylnaltrexone (or naloxegol)
- Hypomobility (e.g., ascites, autonomic neuropathy, abdominal cancer)
  - Consider prokinetic agent (e.g., domperidone, metoclopramide)
  - Add or switch to osmotic laxative
- No success → **Palliative Care Consult**

**Rectal Measures (M3)**
- Manual disimpaction (if indicated)
- Glycerin supp
- Bisacodyl supp
- Microlax enema
- Fleet enema*
- Warm water enema
- Oil enema followed by Sennosides-based Protocol

*Contraindicated in patients with renal failure.