

Self-help for Severe Constipation

The following information will help you relieve severe constipation by removing body waste (stool) from your colon.

Enemas

Fleet® Mineral Oil Enema

If you know your stool is hard, you may give yourself a Fleet mineral oil enema that you can purchase in any drug store. The oil in the enema will coat your intestines, provide lubrication and will soften the hard stool. Give yourself the enema quickly using a lot of pressure. Do not try to expel the enema. The enema is meant to be retained, unlike other enemas that are eliminated immediately. Ask your nurse for more information.

Powered Milk and Molasses Enema

For severe constipation a milk and molasses enema is most helpful because it is a low-volume enema that is more comfortable than a high-volume enema. This enema can be repeated four times a day (as close as two hours apart), or as directed by your nurse or doctor or until you have eliminated **all** of the formed stool. Once the stool expelled is all liquid, stop taking the enemas and laxatives by mouth.

You can give yourself this enema without assistance from another person. Refer to the recipe below.



- Do not use an enema if you are on chemotherapy and your platelet count is below 50,000.
- If you have taken a Fleet mineral oil enema, give yourself the milk and molasses enema 30 minutes to one hour after the the Fleet enema.

Recipe

6 ounces (oz) warm water
 3 oz powdered milk (do not use cow's milk)
 4.5 oz molasses

You may purchase powered milk and molasses at any grocery store. If you are staying in a hotel or do not have transportation to a grocery store, ask your doctor for a prescription for the milk and molasses enema. The hospital pharmacy can fill this prescription for you.

1. Put the water and powdered milk in a jar. Close the jar, and shake it until the water and milk look fully mixed.
2. Add molasses. Shake the jar again until the mixture appears to have an even color throughout.
3. Pour the mixture into an enema bag. You will get this enema bag from the hospital; it has one continuous soft tube and not just a short 3-inch tip. Your nurse can help you get the enema

bag from the hospital's Patient Supply Department.

Supplies

- Enema bag from the hospital Patient Supply Department (If you are unable to come into M. D. Anderson, ask your local health care provider where you can find an enema bag in your area like the ones that are used in hospitals. They have a long continuous flexible tubing attached as part of the bag with a clamp on it. These bags are disposable, but can be re-used many times. Remember to clean the bag with soap and water between uses.)
- Lubricant (such as Vaseline[®] or K-Y[®] Jelly)
- Powered milk and molasses enema mixture
- Plastic trash bag or waterproof pad

Preparation of Enema Bag

- Close the clamp on the tube.
- Fill the bag with the Milk and Molasses mixture.
- Remove air from the tube by opening the clamp and allowing the Milk and Molasses mixture to completely fill the tube. To prevent the mixture from leaking from the bag, raise the end of the tube higher than the bag and lower it gradually.
- Close the clamp after filling the tube.

Procedure

1. Prepare to give yourself an enema somewhere close to the bathroom.
2. Spread the plastic bag or waterproof pad onto a bed or floor. This is where you will lie down to give yourself the enema.
3. Hang the enema bag on a coat hanger, doorknob, or on a hook. You may also ask someone to hold the bag for you. Do not hang or hold the bag more than 12 inches above your hips.
4. Lubricate the tip of the tube on the enema bag with lubricant. New bags come with the tip pre-lubricated.
5. Lie down on your **left** side somewhere near the bathroom.
6. Gently insert the tube approximately 12 inches into the rectum or until you feel resistance. **Do not** force the tube.
7. With the tube in place, turn over on your **right** side.
8. Release the clamp on the tube slowly to allow the mixture to flow into your colon.
9. Take slow deep breaths through your mouth to help relieve discomfort.

10. When all of the mixture is released or when you have a full feeling, clamp the tube. You should be able to hold the entire mixture (about 1 ½ cups).
11. Continue to lie on your right side, leaving the clamped enema tube in place for 20 minutes. This allows the solution to travel down the length of your colon and soften the stool.
12. Remove the enema tube and sit on the toilet.
13. Clean the enema bag with soap and water and save for the next use.

Repeat this enema—up to four times a day—until the stool you pass is all liquid, like colored water. This is a sign that you have no more formed stool in your colon. If you are taking magnesium citrate to help relieve constipation, stop taking this medicine when you stop the enemas.

Laxatives by Mouth

If you have a large amount of stool in your bowel, you may need to take a non-stimulant laxative by mouth (such as lactulose or magnesium citrate) to help push the stool down from the top of your colon.

Lactulose is usually prescribed in a 30cc dose and can be taken every four to six hours. It is important to drink 8 oz of water with each dose of lactulose. An increase in gas is usually a side effect of lactulose. If you experience more gas than usual, stop taking lactulose and call your nurse or doctor.

If your doctor prescribes magnesium citrate, take one bottle over a 30 minute period of time. You can take another dose of magnesium citrate the next day if you need to. Do not take magnesium citrate if you have kidney problems.

If you are nauseated, take one or two enemas and then start the laxatives by mouth.



If you have symptoms of a bowel obstruction, do not take a laxative or an enema without advice from your doctor. A bowel obstruction occurs when something is blocking your intestines. Symptoms of a bowel obstruction can include:

- Loss of appetite and/or inability to eat
- Vomiting
- Abdominal pain and swelling
- No bowel movement for several days along with the above three symptoms

Setting Goals for Frequency of Bowel Movements

Once your bowel is cleaned of stool and your constipation is relieved, follow the guidelines below to establish a normal bowel pattern:

- If you eat your regular amount of food per day, expect to have a bowel movement every day.
- If you eat half your regular amount of food, expect to have a bowel movement every other day.
- If you eat one-third your regular amount of food, expect to have a bowel movement every third day.
- If you do not have a bowel movement by 4 p.m. on the expected day, drink 4 oz of prune juice followed by 8 oz of a hot liquid. If you do not have a bowel movement by bedtime, take a laxative. You can take either take 2 caplets **or** 2 Tablespoons of Milk of Magnesia[®] with 8 oz of water or as directed by your doctor or nurse. If you do not have a bowel movement after breakfast the next day, repeat the Milk of Magnesia dose every six hours until you have a bowel movement. Do not take magnesium products if you have kidney disease.

Points to Remember

- The key to managing severe constipation is **prevention**.
- Drink at least two quarts of fluid a day.
- Eat 30 to 40 grams of fiber a day, unless you are on a low-fiber diet. Fluids and fiber are important for good bowel elimination. Ask for the patient education document “High Fiber Diet” for a list of foods high in dietary fiber.
 - 1 cup of the General Mills cereal “Fiber One” contains 28 grams of fiber. Adding a small amount of fruit to 1 cup of Fiber One will help begin regular bowel movements.
 - If you need help with dietary issues, ask to visit with the dietitian assigned to your clinic or call the Department of Clinical Nutrition at 713-792-2254.
- You may benefit from a maintenance bowel regimen or bowel training program, which can help you establish regular bowel movements. For more information, ask your nurse for a copy of “Preventing Constipation.”