

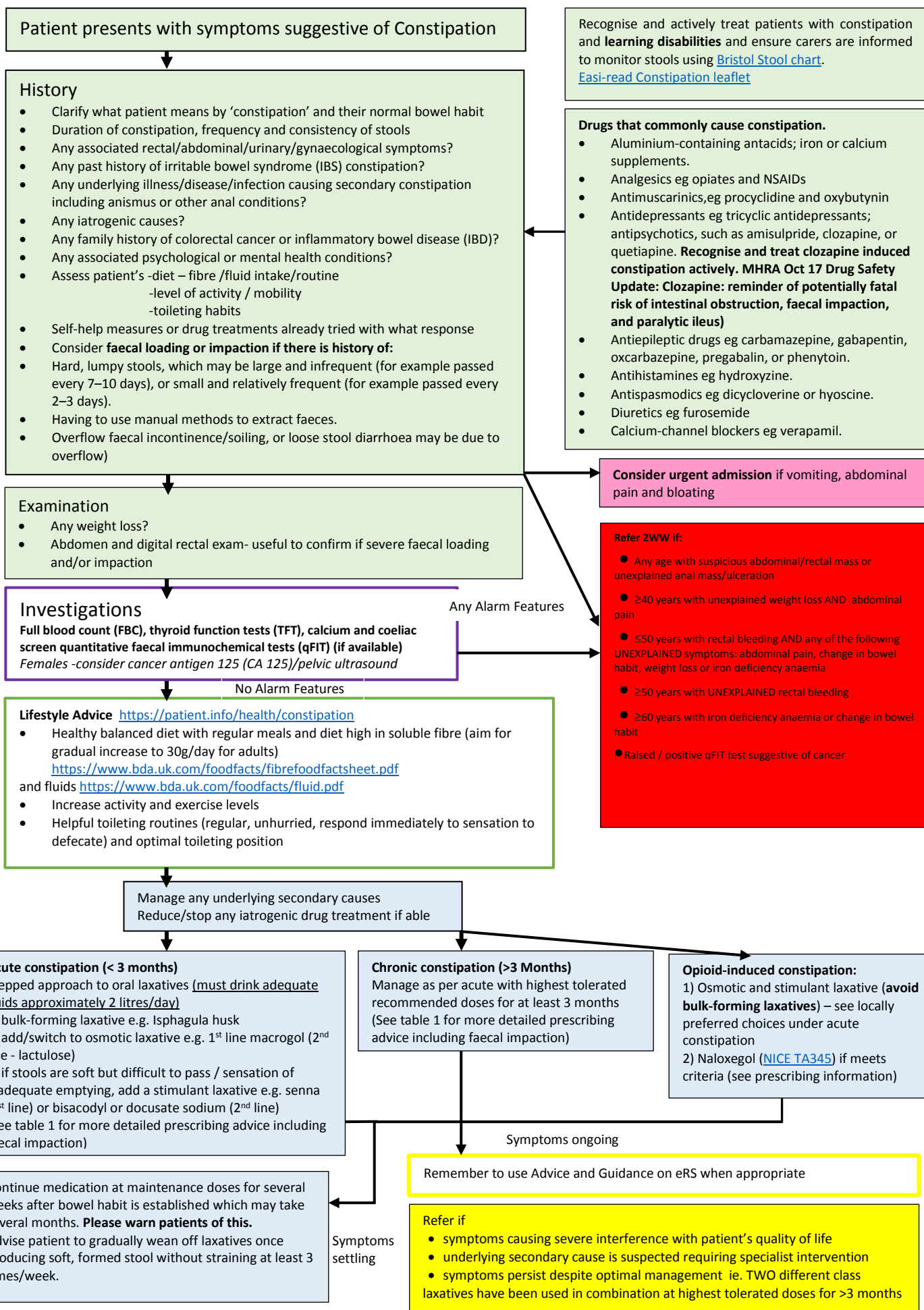
# Camden Adult Constipation Pathway

Queries – [camden.pathways@nhs.net](mailto:camden.pathways@nhs.net)  
References - <https://cks.nice.org.uk/constipation>

Produced by NCL Gastro/Colorectal STP  
Approved by MMT + Camden Clinical Cabinet July/Aug 2018  
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**Camden**  
Clinical Commissioning Group



Please refer to the Summary of Product Characteristics (SPC) of any drug considered.

This pathway has been developed from published guidance in collaboration with local gastroenterologists. This guidance is to assist GPs in decision making and is not intended to replace clinical judgement

| TABLE 1: Constipation Prescribing Information  |   |  |   |  |  |
|--|---|--|---|--|--|
| Indication   |   | Laxative   | Dose gradually titrate up or down to produce 1-2 soft, formed stools/day.   | Time to take effect  | Additional information   |
| <b>Acute or Chronic constipation</b>   | 1 <sup>st</sup> line  | Ispaghula Husk   | One sachet in the morning and afternoon. Do not give at bedtime. Contra-indicated in phenylketonuria.   | 12-24 hours  | Ensure adequate fluid intake (may be necessary to monitor frail, elderly patients to ensure adequate fluid intake). Avoid in intestinal obstruction, decreased muscle tone, impaction and following bowel surgery.   |
|  | 2 <sup>nd</sup> line If stools remain hard, add or switch to an osmotic laxative.   | 1 <sup>st</sup> line: macrogols<br>2 <sup>nd</sup> line: Lactulose   | 1-3 sachets daily in divided doses usually for up to two weeks, maintenance: 1-2 sachets daily. 15ml twice daily  | 2-3 days<br>48 hours   | Contents of each sachet should be dissolved in half a glass (approx. 125ml) water. Should not be used on a PRN basis.  |
|  | 2 <sup>nd</sup> line If stools are soft but still difficult to pass or inadequate emptying, add stimulant laxative.   | 1 <sup>st</sup> line - senna tablets/senna liquid<br>2 <sup>nd</sup> line: bisacodyl 5mg tablet or docusate sodium 100mg capsule or docusate sodium 50mg/5ml oral solution   | 1-2 tablets/5-10mls at night<br>1-2 tablets at night (max 4 at night)<br>Up to 5 capsules in daily divided doses / 10-15ml three times a day (max 50ml/day)   | 8-12 hours<br>6-12 hours<br>1-2 days                         | Chronic use of stimulant laxatives may lead to colonic atony, tolerance, and hypokalaemia. Initial doses should be low and gradually increased if necessary.   |
| <b>Chronic opioid therapy or Acute constipation due to short-term Opioid use</b>   | Osmotic laxative and a stimulant laxative.  | <b>Osmotic:</b><br>1 <sup>st</sup> line: macrogols<br>2 <sup>nd</sup> line: lactulose<br><b>Stimulants:</b><br>1 <sup>st</sup> choice: senna tablets /senna liquid<br>2 <sup>nd</sup> choice: bisacodyl 5mg tablets or docusate sodium 100mg capsule or docusate sodium 50mg/5ml oral solution | 1-3 sachets daily in divided doses. Usual dose in extended use is 1-2 sachets daily. 15ml twice daily<br>1-2 tablet / 5-10mls at night<br>1-2 tablets at night (max 4 at night)<br>Up to 5 capsules in daily divided doses / 10-15ml three times a day (max 50ml/day) | 2-3 days<br>48 hours<br>8-12 hours<br>6-12 hours<br>1-2 days | Avoid using bulk-forming laxatives for opioid-induced constipation. Chronic use of stimulant laxatives may lead to colonic atony, tolerance and hypokalaemia. Initial dose should be low and gradually increased as necessary-high doses (off label) may be required to achieve effect. For short term opioid treatment, advise that laxatives can be stopped once the stools become soft and easily passed. |
|  | 2 <sup>nd</sup> line for opioid induced constipation only   | Naloxegol  | 25mg daily (refer to SPC if renally impaired). When naloxegol therapy is initiated, it is recommended that all currently used maintenance laxative therapy should be halted, until clinical effect of naloxegol is determined.  |  | NICE criteria for naloxegol: an inadequate response, defined as opioid-induced constipation symptoms of at least moderate severity in at least 1 of the 4 stool symptom domains (that is, incomplete bowel movement, hard stools, straining or false alarms) while taking at least 1 laxative class for at least 4 days during the prior 2 weeks.  |
| If the specialist considers using Prucalopride for clinically appropriate patients as per NCL formulary guidance, this must be initiated by the specialist and reviewed after a month and can then be continued in primary care. |   |  |   |  |  |
| <b>Constipation in pregnancy/breast feeding</b>  | 1 <sup>st</sup> line- bulk-forming laxative –ispaghula husk<br>2 <sup>nd</sup> line-if hard stools add or switch to an osmotic laxative- e.g macrogol or lactulose<br>Or if soft stools but difficult to pass, or sensation of incomplete emptying, consider a short course of a stimulant- senna.<br>3 <sup>rd</sup> line-If the response to treatment is still inadequate, consider prescribing a glycerol suppository. |  | See dosing as per above   | As above   | As above   |

| <b>Faecal Loading+/-Impaction</b>   |   |   |  |   |
|---|---|---|--|---|
| For hard stools   | High dose of an oral macrogol (licensed for use in faecal loading/impaction).   | 8 sachets daily for a maximum of 3 days.                          | 2-3 days   | 8 sachets dissolved in 1 litre water, and consumed over 6 hours. Patients with a cardiac condition should not take > 2 sachets (in 250ml of water) in any one hour. Once reconstituted store in fridge and discard after 6 hours  |
| For soft stools or for hard stools after a few days treatment with a macrogol consider starting or adding an oral stimulant laxative.   | bisacodyl tablets 5mg<br>senna tablets/Senna liquid   | 1-2 at night (max 4 at night)<br>2 – 4 tablets / 10-20ml at night | 6- 12 hours<br>8-12 hours                            | Chronic use may lead to colonic atony, tolerance and hypokalaemia. Initial dose should be low and gradually increased as necessary.   |
| If the response to oral laxatives is insufficient or not fast enough, consider: Using a suppository: For soft stools; bisacodyl alone. For hard stools: glycerin alone or with bisacodyl. Using a mini enema: Docusate sodium or sodium citrate | bisacodyl suppositories<br>glycerin 4g suppositories<br>docusate sodium micro enema<br>sodium citrate micro enema         | One to be used as necessary                                       | 15-60 mins<br>15-30 mins<br>5 - 15 mins<br>5-15 mins | Bisacodyl suppositories should not be used when anal fissures or ulcerative proctitis with mucosal damage are present. Glycerin suppositories need to be moistened with water before use. Norgalax is not suitable if haemorrhoids or anal fissure is present.  |
| If the response is still insufficient: Sodium phosphate enema or Arachis (peanut) oil enema   | sodium phosphate enema<br>arachis (peanut) oil retention enema (place high if the rectum is empty but the colon is full). | One to be used as necessary                                       | 2-5 minutes<br>Used overnight.                       | Repeated in rare cases if necessary. For hard faeces it can be helpful to give arachis oil enema overnight before a sodium phosphate (large volume) or sodium citrate (small volume) enema the next day. Enemas may need to be repeated several times to clear impacted faeces. Enemas may need district nurse/carers to administer |