

# Constipation Prevention Program

## Goals of a “Constipation Prevention Program”

- Prevent constipation caused by narcotic pain medications, anesthesia and surgery.
- Have a bowel movement every day while you are on narcotic pain medications during the “Narcotic Pain Medication Trial(s)” and after surgery.
- If you don’t have a bowel movement every day, make sure you do the next day.
- If your bowels are a little too loose with my trial bowel program, you can back off more easily than taking care of severe constipation!

## ALL narcotic pain medicines cause constipation - Don’t assume you are “Special”.

- For a short time after surgery, you are going to need narcotic pain medications.
- Getting severely constipated (“Bricks” in your bowels) is miserable and passing those “Geologic Objects” is just not much fun.
- So...you need to learn how to prevent and treat constipation before it becomes a problem.

## Find a Bowel Program NOW that works for you

- Everyone’s bowels are different. There is no single “Constipation Prevention Program”
- Below is a suggested “Constipation Prevention Program” that works for most patients.
  - If you do not already know what “keeps your bowels moving”, try this program while doing the “Narcotic Pain Medication Trial”.
  - If you already have a program that works for you, do it!

## When to use your “Constipation Prevention Program”

- During the Narcotic Pain Medication Trial.
- Start 3 days before surgery.
- Continue after surgery until you discontinue the narcotic pain medications.

## My (Dr. Van Horne’s) suggested “Constipation Prevention Program”

Give this a try and modify it to meet your individual needs.

- Drink five to eight 8-ounce glasses of water/fluid each day.
- Eat foods high in fiber or roughage. At least 3 servings of uncooked fruits or raw vegetables every day including raisins, prunes, apricots, peaches, grapes, melons, pears or your favorite vegetables. Stay away from bananas as they will constipate you.
- **Use Both:**
  - **Colace (Docusate Sodium, a stool softener, 100 mg) by mouth twice a day.**
  - **Use Miralax (17 gm. = 1 Tablespoon = 1 packet) in 8 ounces of water by mouth twice a day.**
  - **If they make you “Too Loose” back off to one dose a day.**
- **If you don’t move your bowels every day,**
  - **Take MOM (Milk of Magnesia) 1-2 ounces in 6 ounces of prune juice (called a Brown Cow) the next morning.**
  - **If you do not move your bowels by 12:00, repeat 2 ounces of MOM in 6 ounces of prune juice.**
  - **Do not take before bedtime. Results can be “Explosive”.**

- If necessary, add other laxatives, suppositories or enemas as you find works for you.

### **Examples of other medications you can add to your Bowel Program**

**Stool softeners and laxatives.** Take by mouth.

- *Stool softeners* – Docusate Sodium (Colace, Dialose, DSS, and Surfak)
- *Natural laxatives* - Prune Juice, Apple Cider (not juice), Smooth Move Tea. Onset 6-8 hr.
- *Irritant laxatives* – Dulcolax, Ex-Lax, Milk of Magnesia, Senakot. Onset 6-8 hr. Habit forming.
- *Make Your Own* - Add 1-2 ounce(s) of milk of magnesia mixed with 6 ounces of warm prune juice (do not take before bedtime). Onset 6 to 8 hours.
- *Other Laxatives* –Magnesium Citrate and Mineral Oil. Not indicated for repeated use because of risk of aspiration, vitamin and electrolyte problems in seniors.

**Bulk laxatives and fiber.** Take by mouth.

- Metamucil®, Citrucel, FiberCon and Miralax mixed in 8 ounces of water/prune juice/apple cider.

Warning: Bulk laxatives and fiber absorb water and expand to increase bulk and moisture in the stool. They should only be used if you are able to drink plenty of fluids throughout the day. If you don't drink enough fluids, your stool will become harder not softer.

**Suppositories and Enemas.** Take by rectum. Habit Forming.

- *Suppositories* – Dulcolax or other. Onset 60 min
- *Enema* – Fleet's or other. Onset 15 to 30 min
- *Make Your Own Enema* - a "Black and White". Mix 1-cup molasses with 1 pint half and half. Warm to body temperature. Use as an enema. Onset 15 to 30 min

Both can be used as an added step to treat constipation. It is not a good idea to rely on enemas as part of a regular plan to avoid constipation.