



Constipation and Cancer

Information for Patients and Carers

What is constipation?

Constipation is the passage of less than three bowel movements in a week.

Common signs of constipation include:

- Stools that are dry, hard, lumpy
- Stools that are difficult or painful to pass
- A feeling that you have not completely emptied your bowel






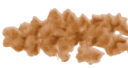

The Bristol Stool Chart is a recognised pictorial diagram used in healthcare that you can use to classify your stools. Type 1 and type 2 indicate constipation.

What should I know about constipation?

Constipation can be unpleasant. You may feel generally unwell. You may notice that you feel less hungry or you may have a feeling of fullness.

If your bowels haven't opened for some number of days, constipation may present as loose stools, often called 'constipation overflow'.

Bristol Stool Chart

Type 1		Separate hard lumps, like nuts (hard to pass)
Type 2		Sausage-shaped but lumpy
Type 3		Like a sausage but with cracks on the surface
Type 4		Like a sausage or snake, smooth and soft
Type 5		Soft blobs with clear-cut edges
Type 6		Fluffy pieces with ragged edges, a mushy stool
Type 7		Watery, no solid pieces. Entirely Liquid

First published: Lewis SJ, Heaton KW (1997) Stool form scale as a useful guide to intestinal transit time. Scandinavian Journal of Gastroenterology 32: 920-4

Why might I become constipated?

Many factors can affect the way your bowels move including;

- Irregular eating pattern
- Eating less than you usually would
- Changes to your diet i.e. fibre content, texture/consistency
- Drinking less fluid
- Reduced activity level
- Medications i.e. opioid-based pain medication such as: morphine; codeine; diuretics (water tablets) such as furosemide

How can I manage constipation?

Making small changes to your **fluid intake**, **fibre intake** and **activity level** can change the form of your stool to make it easier for your body to push waste along your digestive tract.

Drink more fluid

Aim to drink at least 6-8 mugs of fluid per day.

Water, tea, coffee, milk, yoghurt drinks, water, diluting juice, fruit juice, soda, fizzy juice, soup, Bovril and oxo all count

Alcohol does not count towards your fluid intake and can increase risk of dehydration so it is best to limit or avoid alcohol if you are constipated

- Try a variety of different drinks if you find
- Use a larger drinking cup or glass or choose one with handles
- Use a straw
- Try using a water bottle to help measure how much you drink
- Keep a drink within reach at all times throughout the day
- If you are going out, take a drink with you

Checking the colour of your urine is a good indicator of whether or not you are drinking enough. If you are drinking enough, your urine will be pale or straw coloured. If your urine is dark, you will need to drink more to avoid dehydration.

Increase the fibre content of your diet

As part of a healthy balanced diet the general population is encouraged to eat 30g fibre per day. This can be difficult to achieve particularly if you have a poor appetite as foods with a high fibre content can make you feel full quickly.

If you are adding fibre to your diet, do it gradually introducing 1-2 changes every few days. This will help your bowel adjust and avoid bloating and excess gas.

Fibre absorbs fluid. You may need to drink more if you increase the fibre content of your diet to avoid worsening your symptoms.

For more information on how to include fibre in your diet visit <https://www.bda.uk.com/resource/fibre.html> or <https://www.nutrition.org.uk/healthyliving/basics/fibre.html>



As a starting point see below for examples of higher and lower fibre containing foods. Try choosing a higher fibre alternative.

Higher fibre alternative	Lower fibre alternative
Seeded or wholemeal bread or bread products, pitta, wraps, roti	White bread, white rolls, white pitta bread, white wrap, crumpet, pancake
Oatcakes, crispbread, rice cakes, popcorn	Cream crackers, breadsticks, rice cakes, crisps, biscuits
Bran flakes, porridge oats, muesli, wholegrain cereal Tip: mix your regular cereal with a higher fibre alternative to introduce the fibre gradually	Refined breakfast cereals i.e. Corn or rice based cereals
Wholemeal pasta, quinoa, bulgar wheat, brown rice, millet, rye, barley, maize, wholewheat noodles	White pasta, white rice, basmati rice, noodles
Wholemeal pasta, quinoa	
Baked potato or boiled potato (skin on), sweet potato or yam	Mashed potato/boiled or baked potato (without skin)
Nuts, seeds	Ground nuts
Lentils, kidney beans, yellow-split peas, baked beans, chickpeas	Skinned chicken, white fish, hard boiled egg
Orange, satsuma, apple, kiwi fruit with seeds, watermelon, pineapple, dried apricots, raisins, prunes	Skinless or tinned fruit i.e. apple, peach, pear, galia melon, banana
Raw vegetables, peas, sweetcorn	Well-cooked or skinless fruit and vegetables i.e. carrot, broccoli or grated veg

Increasing the fibre content of your diet may not be suitable for everyone, particularly if you have a stoma, cancer affecting the digestive tract including stomach, bowel/colon or have been advised that you are at risk of developing a bowel obstruction.

What if I have an ileostomy or colostomy?

The information on this page is not suitable for you if you have a stoma. Speak to your healthcare team if you are looking for advice specific to eating and drinking with a stoma.

Increase your activity level

You will benefit from any increase in exercise. Try a short walk, chair exercises, household chores including: dusting, gardening, hoovering, or choose to take the stairs instead of the lift.

Try to limit time spent watching television or using other devices to encourage you to move around more.

For more information on introducing activity visit: <https://www.nhsinform.scot/healthy-living/keeping-active>

What about medication?

Laxatives can help with constipation and encourage you to pass a bowel movement.

If you have been prescribed laxatives you should continue to take these. If you do not think these are helping your symptoms please discuss this with your pharmacist or a healthcare professional. There are many types of laxatives and they work in different ways. Your dose or type of medication may need altered.



If you are not prescribed medication to help treat your constipation and you think this could help you please discuss this with a healthcare professional.