

Reference (include title, author, journal title, year of publication, volume and issue, pages)	Evidence level (I-VII)	Key findings, outcomes or recommendations
O'Brien, S.H., Fan, L. & Kelleher, K.J. (2010). Inpatient use of laxatives during opioid administration in children with Sickle Cell disease. <i>Paediatric Blood Cancer</i> , 54, 559-562	V	<ul style="list-style-type: none"> · The most common laxative prescribed was a stimulant and softener. · Older patients more likely to receive laxatives, as they are able to voice concern of abdominal discomfort. · Constipation prophylaxis is recommended with opioid use. · Increased attention needs to be paid to constipation prophylaxis, particularly in younger patients and surgical admissions.
Linari, L.R., Schofield, L.C. & Horrom, K.A. (2011). Implementing a bowel program. Is a bowel program an effective way of preventing constipation and ileus following elective hip and knee arthroplasty surgery? <i>Orthopaedic Nursing</i> , 30 (5), 317-321	VI	<ul style="list-style-type: none"> · Constipation in the post-operative population large issue as side effects of opioids, decreased mobility and change in diet and fluid intake. · Constipation should be treated prophylactically in the post-operative population – with the use of a stool softener and stimulant · Laxatives identified as appropriate for the management and prevention of constipation. · Laxatives should be titrated in order to get the patient to pass bowel motions every 48 hours. · Fluids and diet high in fibre should commence as soon as the patient is able to tolerate and bowel sounds are present · Mobilization should commence on Day 1 post-operatively. · Patients received a Bisacodyl Suppository on Day 1 post-operatively to reduce the risk of constipation and as per the bowel protocol. · Data demonstrated a decrease in constipation with the use of a bowel regime in place with the consistent administration of a suppository on Day 1 post-operative and prophylactic use of oral laxatives once diet and fluids commenced.

<p>Madsen, L., Magor, C. & Parker, B.A. (2010). Comparison of two bowel treatments to prevent constipation in post-surgical orthopaedic patients. <i>International Journal of Orthopaedic and Trauma Nursing</i>, 14, 75-81</p>	<p>II</p>	<ul style="list-style-type: none"> · Aim of this study was to compare the effectiveness of ‘Movicol’ with a standard bowel treatment in reducing constipation in the post-operative orthopaedic population. · Each bowel treatment commenced on Day 1 post-operation and continued until the patient had a bowel movement. All patients received opioid analgesia. · Treatment Group 1 (14 people) received ‘Coloxyl and Senna’ with ‘Microlax’ and Treatment Group 2 (14) received ‘Movicol’. · Patients in Treatment Group 2 experienced a bowel motion earlier (post-op day 2-4) compared to those in Treatment Group 1 (3-6 days) · Authors acknowledge little research regarding best laxative treatment choice available. · Patients reported minor gastrointestinal upsets in Treatment Group 2 compared to Treatment Group 1 such as nausea and flatulence and did not impact on mobility or oral intake.
<p>Pappagallo, M. (2001). Incidence, prevalence and management of opioid bowel dysfunction. <i>The American Journal of Surgery</i>, 182, 115-185</p>	<p>V</p>	<ul style="list-style-type: none"> · Opioid treated patients preferred stool softeners and stimulant laxatives to enable bowel movements and should be commenced once opioids commence. · Patients who do not respond from oral laxatives will benefit from another type of laxative, ‘movicol’ or ‘bisacodyl’ enema.

<p>Twycross, R., Sykes, N., Mihalyo, M. & Wilcock, A. (2012). Therapeutic Reviews: Stimulant laxatives and opioid-induced constipation. <i>Journal of Pain and Symptom Management</i>, 43 (2), 306-313</p>	<p>V</p>	<ul style="list-style-type: none"> · Article states the management of constipation aims to restore the amount of water in the faeces. This includes – reducing bowel transit time (exercise & stimulant laxatives), increasing faecal water (osmotic & stimulant laxatives) and increasing the ability of the faeces to retain water (fibre, docusate & osmotic laxatives). · In practice, a combination of faecal softener and stimulant is prescribed. · Authors state that dosages for opioid-induced constipation are generally higher than general constipation as a result of understanding the mechanism the opioid has on the gastrointestinal tract. · Authors include an example protocol which assists in the assessment of a patient with opioid-induced constipation. The protocol is a step by step process – <ol style="list-style-type: none"> 1. Ask about the patient’s past & present bowel history 2. Palpate for faecal masses 3. Keep a daily fluid balance record 4. Encourage oral diet & fluids 5. Opioid administration should include laxative administration 6. Titrate dose accordingly (wean if bowels open, upgrade stimulants to suppositories to enable bowel actions).
<p>Sonneborn, O. & Bui, T. (2019). Opioid induced constipation management in orthopaedic and trauma patients: treatment and the potential of nurse-initiated management. <i>International Journal of Orthopaedic and Trauma Nursing</i>, Retrieved from https://doi.org/10.1016/j.ijotn.2019.03.002</p>	<p>V</p>	<ul style="list-style-type: none"> -A review of the literature was undertaken to find the most effective laxative regimen for the management of opioid induced constipation (OIC) and identify the role of the nurse in the management. - Management of OIC involves lifestyle measures (oral intake, activity and responding to the urge to defecate) as well as laxatives. - Laxative choice is based on symptoms, required onset of action, patient preference, stool consistency, previous response, cost and adverse effects. - A combination of laxatives may be required and should be charted with opioids. - There is a risk of persistent or chronic pain associated with discontinuation of opioids. - The use of peripheral acting mu-opioid receptor antagonists (PAMORAs) could be used when a combination of laxatives have been unsuccessful e.g. prolonged release naloxone-oxycodone (Targin). - Nurses are responsible for regularly assessing and documenting bowel function and are therefore in the best position to initiate a bowel management protocol.