

BOWEL MANAGEMENT PROGRAM

Constipation is a common problem at all stages of Parkinson's disease (PD) and you need to take early steps to avoid it. The best way of dealing with constipation is by preventing it.

In PD constipation is most often the result of your intestines moving more slowly than normal because of your PD, the anti-PD drugs you take, and your inability to get enough exercise or to drink enough fluids. If you have PD or an illness like PD you must be particularly careful about constipation in hot weather when you may easily become dehydrated.

The most common type of constipation is difficulty expelling the stool because it is hard, dry, and painful to pass. The longer the stool remains in the gut the more water is reabsorbed into the tissues and the dryer it gets.

Try the following in the order given. Do not hesitate to call your physician if your constipation is prolonged as it can lead to problems that can be very serious and need urgent medical attention. In PD the bowel can twist and cause an obstruction.

Level 1

Modify your diet by increasing fibre, whole grains, (e.g.: rice oats, barley), and both soft cooked and raw fruits and vegetables. Try the fruit lax recipe given below. Increase your liquids as much as you can (fruits and vegetables contain large amounts of water).

Fruit Lax Recipe

1 lb. of mixed dried fruits (your choice: they do not have to be prunes)

Put the fruit in a bowl and cover it with cranberry juice and leave to soak overnight. You could also make some Senna tea and use this to soak the fruit in. Senna is available from health food stores and some pharmacies. Process in a food processor or a blender but leave it chunky. Some people prefer to cook this recipe, adding some molasses. Put it in a plastic tub with a lid and keep in the fridge. Have at least half a cup for breakfast each day. Use dried fruit as sweet snacks but pay extra attention to dental hygiene if you start to eat a lot.

Gas and bloating: Be careful not to introduce too much bran or bulking agents into your diet too quickly as they can cause painful cramps, gas, and bloating. If you do to use some bran, introduce it slowly, 1 tablespoon at a time on top of fruit lax or cereal, or in baked goods. There are several anti-gas products available at your pharmacy. Hot peppermint water made with peppermint oil is useful and a hot water bottle or heating pad on the stomach can be comforting.

Stool softeners: There are several on the market. These coat the stool and make it more comfortable to pass. You should use one regularly, particularly if you have to take any medicine with codeine in it e.g. Tylenol #3, even if you are not normally constipated.

Level 2

If after trying the above for two days you are still constipated, add 1 tablespoon of Psyllium (Metamucil) 2-3 times a day with a 6-oz glass of water or juice. Taking Psyllium or Metamucil three times a day with plenty of liquid is preferable to taking it all in one dose. You must also be able to maintain an adequate fluid intake (6- 8 glasses of liquid a day), and get regular exercise if you want the bran or bulking agents to work well for you. You should avoid bran (including

bran muffins), Metamucil, Prodiem and other dry or granular bulking agents if you have difficulty swallowing, or have choking episodes.

If using the advice in levels 1 and 2 relieves your constipation you should continue with the recommendations indefinitely. Levels 3-5 are not intended for continuous use.

Level 3

If you are still constipated after two days add: Sennosides 12 to 24 mg at bedtime or Bisacodyl 10 mg at bedtime or Cascara 5 ml (1 tsp.) or 2 Senakot tabs

Level 4

If you remain constipated after 1 to 2 days add: Lactulose 15 ml twice daily or Glycerin suppositories: Use 1, lubricate tip with KY jelly, and insert while sitting on the toilet.

Level 5

After 1-2 days add: Fleet enema. If this fails then you should contact your physician or the local health unit.

Giving an Enema: For best results an enema should not be self-administered. The patient lies on a towel, on the left side, knees bent, as close to the edge of the bed as possible. The buttocks can be raised (for gravity) on a plastic, covered pillow (a trash bag will do). The enema should be warmed; the rectal tube lubricated (KY jelly) and inserted gently and slowly for as far as possible. Give the enema slowly and withdraw the tube. Cover the patient and offer a heating pad or hot water bottle for the stomach.

Encourage the patient to retain the enema for as long as possible and then assist them to the commode or toilet. A successful enema will often yield more than one bowel movement and so give it early in the day to avoid disturbing sleep.

Retention and Overflow: This is a situation where small amounts of watery stool seep around a bolus of constipated stool. This needs attention, most often with an enema, as the blockage is usually higher than can be reached with suppositories. We all need to be alert for the possibility of volvulus and obstruction. PD patients are more prone to this because of the sluggish motility of the bowel. By the time this develops the patient is often out of the hands of the neurologist and under the care of a surgeon who may not know about the risk and mortality.

Difficulty Expelling Stools. You may have normal stools but be unable to expel them. You may feel 'weak' although there is no real weakness in PD. This may be due to lack of coordination of the sphincter muscles in your rectum. This difficulty may also arise if you are under-medicated or if your drugs are 'wearing off'. The solutions to this problem include: applying a washcloth wrung out in hot water to the rectal area, massaging it gently with a finger, or using glycerin suppositories.

Source: Pacific Parkinson's Research Centre, University of British Columbia, Vancouver, B.C.

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