

Constipation

Constipation is a common complaint in the dialysis patient and the cause is multifactorial. The dietary restriction of high potassium fruits and vegetables decreases the fiber content of food ingested, fluids are restricted, inactivity, and medications such as aluminum and calcium phosphorous binders, iron supplements, and narcotics can cause constipation.¹

TREATMENT PROTOCOL GUIDELINE

1. Increase dietary fiber, refer for dietary consult
2. Encourage patient to exercise regularly, if able
3. Peri-Colace 100mg BID.
4. Dulcolax 10-15mg per day
5. Senna up to 8 tabs per day
6. Fleets enema x 1.
7. Lactulose 15-30cc BID
8. Once the constipation is resolved, patients should be on a maintenance dose to prevent constipation from reoccurring.
9. For severe constipation:
 - *Bisacodyl 10 mg suppositories – usually effective in 15 minutes to 1 hour
 - *Soapsuds enemas (high volume enemas can increase efficacy)
10. Avoid laxatives containing magnesium, citrate, or phosphate in ESRD patients

References:

1. Lew, SQ, Albertini, B, Bosch, JP: The digestive tract, in Daugirdas, JT, Blake, PG, Ing, TS (eds): Handbook of Dialysis, Chap34. Philadelphia, PA, Lippincott Williams & Wilkins, 2001, p 601.