

Trust Guidelines



Guidance Title: Guidance for prescribing laxatives

Date	Version
February 2022	V1.0

Accountabilities

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Links to other documents

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Version History

V1.0	18/02/2022	Document created

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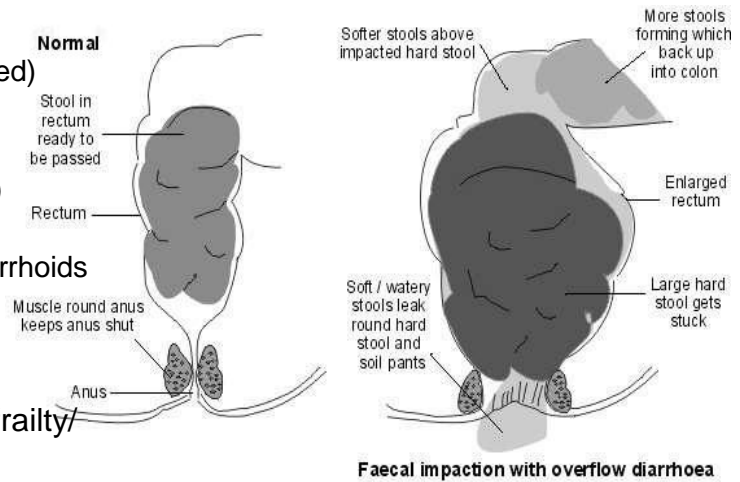
GUIDANCE FOR PRESCRIBING LAXATIVES

1. Identify possible need for laxatives: Reduced frequency of bowel movement compared to normal (every person should pass stool 3 times per week minimum). Needing to strain to pass stool. Passing hard or painful stool. Sensation of incomplete evacuation after bowel motion

2. Assess for cautions/ contraindications: History and physical examination including PR.

- Bowel obstruction (absolute contraindication)
- Diarrhoea (if secondary to overflow laxatives still required)
- Recent GI surgery
- Red flags for malignancy
- Pregnancy (discuss with midwife if high risk pregnancy)
- Stoma
- Structural abnormality including rectal prolapse/ haemorrhoids

In these circumstances laxatives may be required but ensure specialist advice/ referral in place



3. Consider causes: Disease, drugs, pregnancy, frailty/immobility, idiopathic.

- Analgesics, such as opiates, gabapentin/ pregabalin and NSAIDs.
- Antimuscarinics, such as oxybutynin.
- Antiepileptic drugs, such as carbamazepine or phenytoin.
- Antispasmodics, such as hyoscine.
- Diuretics, such as furosemide
- Calcium-channel blockers
- Antidepressants or antipsychotics, such as tricyclics, clozapine, or quetiapine
- Supplements, such as iron or calcium

Common constipating drug include:

Acute constipation in <65 years (including pregnancy)	Chronic constipation & elderly/ frail patients	Drug induced (prophylaxis & treatment)	Faecal impaction
Bulk forming	Softener	Softener	Osmotic
Osmotic	Stimulant	Stimulant	Stimulant
Stimulant	Osmotic	Osmotic	If full rectum: Suppository
Suppository	Suppository		Enema
	Enema		If higher than rectum: Bowel evacuation

START
ADD
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Stimulant laxatives: Senna, bisacodyl, sodium picosulphate. Glycerine suppositories **Softener:** Docusate sodium
Osmotic laxatives: Lactulose, Macrogols. Sodium citrate enema. Phosphate enema. **Bulk forming laxatives:** Ispaghula husk (Fybogel) **Bowel evacuation:** Magnesium Citrate with Sodium Picosulphate (Citrafleet/ Picolax)

- Ensure suspected cause documented in notes or in indication box on EPMA.
- Dosing as per BNF. Speed of escalation depends on duration and severity of symptoms. Stimulants and osmotic laxatives can be added in the same escalation step if symptoms severe/ duration is prolonged.
- If patient already on laxatives check they are appropriate and escalate dose as required.

5. Review treatment: Laxatives should be a short term treatment. Escalate to senior if BNO after 5 days, despite escalation of treatment. Review after 1 week and consider ongoing need. Ensure GP informed at discharge.