

Basic Certificate in Palliative Care
Dr. Geeta Joshi
Dr. Piyush Gupta
Dr. Col. Yashavant Joshi
International Institute of Distance Learning
Indian Institute of Technology, Kanpur

Week-09
Lecture 03: Bladder and Bowel Care

Good day everyone, today I am here in front of you professor Dr. Malarvizhi K Natarajan, principal from college of Hosmat College of Nursing. I am here to present in front of you a topic called as bowel and bladder care.

(Refer Slide Time: 00:40)

BOWEL AND BLADDER CARE

Prepared by :

Ms. Rupinder Kaur
Assoc. Professor
SGRD College of Nursing
SGRDUHS,
Vallah, Amritsar

Dr. Manpreet Kaur
Prof cum Vice Principal
SGRD College of Nursing
SGRDUHS,
Vallah, Amritsar

I take this opportunity to thank Ms. Rupinder Kaur, associate professor and Dr. Manpreet Kaur, professor and vice principal, SGRD college of nursing, Amritsar for contributing the content for this special topic. They are our NAPCAIM family members and I just thank them for their special time given for formulating this content.

(Refer Slide Time: 01:00)

Introduction

- Assisting patients with elimination is an essential aspect of the nurse's role and has important medical significance as well as psychosocial effects on the client's quality of life.
- Palliative care team need to assist with healthy elimination patterns to ensure patients are having regular soft bowel movements and adequate urination and to identify abnormal patterns such as flatulence, constipation, diarrhea, incontinence, fecal impaction, hemorrhoids as well as polyuria, anuria, and other abnormalities which can be signs of underlying medical conditions.

Bowel and bladder care which is going to be the vital part in the palliative care, because every day we do pass urine and motion, one day we cannot do then we will know the value for it. Now when the patients who are suffering with chronic illness and they are disabled due to various conditions, then they need a support for this main elimination part.

Let us talk on this, assisting patients with elimination is an essential aspect of the nurses role and has important medical significance as well as psychosocial effects on the clients quality of life. Palliative care team need to assist with healthy elimination patterns to ensure patients are having regular soft bowel movements and adequate urination and to identify abnormal patterns such as flatulence, constipation, diarrhea, incontinence, fecal impaction, hemorrhoids as well as polyuria, anuria and other abnormalities which can be signs of underlying medical conditions.

(Refer Slide Time: 02:15)

A title slide for a presentation on urinary incontinence. The text "URINARY INCONTINENCE" is written in a bold, pink, sans-serif font. To the left of the text is a simple blue stick figure. The background is white with several faint, light-colored icons of people and speech bubbles scattered around the text. The entire slide is enclosed in a dark red rectangular border.

URINARY INCONTINENCE

- Urinary continence can be defined as “the ability to store urine in the bladder and to excrete voluntarily where and when it is socially acceptable.”
- Incontinence means, Not having full control over bladder function or involuntary leakage of urine.
- It’s important to manage incontinence to reduce the risk of other problems, such as skin irritation, dermatitis and pressure ulcers.
- Urinary incontinence has a significant impact upon an individual's dignity and self-esteem, thus a sensitive approach to assessment is required.

First let us discuss on urinary incontinence. Urinary continence can be defined as the ability to store urine in the bladder and to excrete voluntarily where and when it is socially acceptable. Incontinence means not having full control over the bladder function or involuntary leakage of urine.

It is important to manage incontinence to reduce the risk of other problems such as skin irritation, dermatitis and pressure ulcers. This is seen especially in patients who have chronic health conditions. Urinary incontinence has a significant impact upon an individual's dignity and self-esteem, thus a sensitive approach to assessment is required because we need to provide privacy since these are all the genital areas which are considered as sexual organs also amidst here.

(Refer Slide Time: 03:10)

TYPES OF BLADDER INCONTINENCE

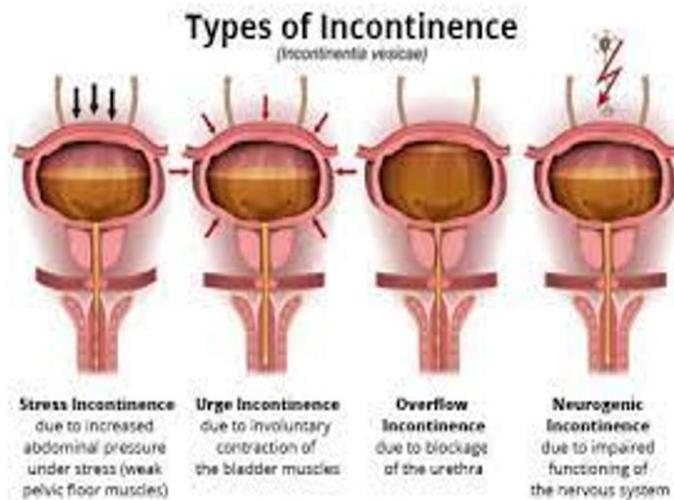
- Stress incontinence – weakness in the bladder neck or urethral sphincter muscles causes small amounts of urine to escape when pressure builds up in the abdomen. For example when someone coughs, sneezes or gets up from a chair or bed. It's more common in women but can happen in men too.
- Urge incontinence – when the bladder muscle doesn't work properly, people may need to empty their bladder urgently and frequently. Not drinking enough and having drinks containing caffeine can make urge incontinence worse.
- Mixed incontinence – people can get stress and urge incontinence together.
- Overflow incontinence – damage to the nerves means the bladder doesn't empty properly. This weakens the bladder muscles so urine leaks out.
- Passive incontinence – neurological diseases can damage the nerves so the person is unaware that they're passing urine

The types of bladder incontinence are number one is the stress incontinence wherein there is a weakness in the bladder neck or urethral sphincter muscles which causes small amounts of urine to escape when pressure builds up in the abdomen. For example, when someone coughs, sneezes or gets up from a chair or bed.

It is more common in women but can happen in men too. The next incontinence type is urge incontinence. When the bladder muscle does not work properly, people may need to empty the bladder urgently and frequently. Not drinking enough and having drinks containing caffeine can make urge incontinence worse. The third type of bladder incontinence is mixed incontinence.

People can get stress and urge incontinence together. The fourth type would be overflow incontinence. Damage to the nerves means the bladder does not empty properly. This weakens the bladder muscles, so urine leaks out. The last type is passive incontinence. Neurological diseases can damage the nerves, so the person is unaware that they are passing urine.

(Refer Slide Time: 04:25)



Now, you can be seeing the pictures of the different types of incontinence explained. The first one is the stress incontinence, the second is urge incontinence, the third is overflow incontinence and the fourth one is neurogenic incontinence.

(Refer Slide Time: 04:40)

CAUSES

- Problems getting to a toilet
- Other health problems
- Urinary tract infections (UTIs)
- Some medicines.



What are the causes of this bladder incontinence? The problems getting to your toilet, other health problems, urinary tract infections and sometimes some medicines can create this urinary incontinence.

(Refer Slide Time: 04:55)

Problems getting to a toilet

- People living with a terminal illness may not be physically strong enough to get to the toilet without help. Or they may have problems removing their clothes quickly enough.
- Some people may be confused or have problems communicating, so they find it difficult to let others know they need to empty their bladder.
- Delays in getting help can mean that someone isn't able to get to a toilet or commode in time to avoid leaks or incontinence.

The problems getting to your toilet, we discuss on this. People living with a terminal illness may not be physically strong enough to get to the toilet without help or they may have problems removing their clothes quickly enough. Some people may be confused or have problems communicating, so they find it difficult to let others know they need to empty their bladder. Delays in getting help can mean that someone is not able to get to your toilet or come out in time to avoid leaks or incontinence. So these are all the problems where they can pass, but they are not able to reach the toilet because of other physical or communicative problems.

(Refer Slide Time: 05:40)

Other health problems

- Neurological diseases, such as Stroke, Multiple Sclerosis, Spina bifida and Parkinson's disease – these can damage the nerves, which means the bladder can't function properly
- Obesity – This puts pressure on the bladder, weakening the muscles and nerves
- Constipation – A full bowel can press on the bladder making a person feel they need to pass urine more often and urgently; straining to open the bowels can weaken the pelvic floor muscles
- Cancer – The tumour may press on the bladder; spinal cord compression is an emergency and can damage the nerves that control the bladder.
- Prostate problems in men – enlargement or cancer of the prostate can cause the urethra to narrow
- In women, damage to the pelvic floor muscles caused by childbirth and the menopause.

The other health problems would be neurological diseases such as stroke, multiple sclerosis, spina bifida and Parkinson's disease. These can damage the nerves which means the bladder cannot function properly. Next is obesity. This puts pressure on the bladder weakening the muscles and the nerves. Next is constipation. A full bubble can press on the bladder making a person feel they need to pass urine more often and urgently.

Straining to open the bubbles can weaken the pelvic floor muscles. The next problem would be cancer. The tumor may press on the bladder, spinal cord compression is an emergency and can damage the nerves that control the bladder. The next problem would be especially in men, prostate problems. Enlargement or cancer of the prostate can cause the urethra to narrow. In women, damage to the pelvic floor muscles caused by childbirth and the menopause would be the main reasons for bladder incontinence.

(Refer Slide Time: 06:40)

Urinary tract infections

- Any part of the urinary tract can become infected – the urethra, the bladder and the kidneys – causing urinary problems. Women are more likely to get urinary tract infections (UTIs) than men because the urethra is shorter and bacteria can reach the bladder or kidneys more easily.
- Most symptoms are mild and pass within a few days, but others may need treatment with antibiotics. Signs and symptoms may include a high temperature, feeling unwell or confused, strong smelling or cloudy urine and pain in the lower abdomen or back.

Next cause would be urinary tract infections. Any part of the urinary tract can become infected. The urethra, the bladder and the kidneys causing urinary problems. Men are more likely to get urinary tract infections than men because the urethra is shorter and the bacteria can reach the bladder or kidneys more easily.

Most symptoms are mild and pass within a few days, but others may need treatment with antibiotics. Signs and symptoms may include a high temperature, feeling unwell or confused, strong smelling or cloudy urine and pain in the lower abdomen or back.

(Refer Slide Time: 07:20)

Medicines

- Some medicines, such as opioids and sedatives, may cause bladder incontinence.
- Opioid analgesics, of which diamorphine is the most commonly used, may cause urinary retention and incontinence.
- Sedatives and anticonvulsants, such as midazolam, can lead to retention and incontinence.
- Hyoscine, which is used to reduce respiratory secretions and sedation, has antimuscarinic properties and may lead to urinary retention.
- Diuretics, such as furosemide, will exacerbate frequency and incontinence.
- But there's little evidence that stopping the medicine will improve someone's continence. This is because people often have other health problems and risk factors that may be causing their symptoms.

The next cause would be some of the medicines. Some medicines such as opioids and sedatives can cause bladder incontinence. Opioid analgesics of which diamorphin is the most commonly used may cause urinary retention and incontinence.

Sedatives and anticonvulsants such as midazolam can lead to retention and incontinence. Hyoscine which is used to reduce respiratory secretions and sedation has antimuscarinic properties and may lead to urinary retention. Next is diuretics such as furosemide will exacerbate frequency and incontinence, but there is little evidence that stopping the medicine will improve someone's incontinence. This is because people often have other health problems and risk factors that may be causing their symptoms.

(Refer Slide Time: 08:10)

Radiotherapy

- Radiotherapy can cause irritation of the bladder leading to urinary difficulties associated with inflammation and scarring
- People who have undergone radiotherapy to the pelvic area may develop a small and less compliant bladder. They may experience pain, frequency, urgency and possibly incontinence, especially if they cannot reach the toilet in time.

The next cause would be radiotherapy. Radiotherapy can cause irritation of the bladder leading to urinary difficulties associated with inflammation and scarring. People who have undergone radiotherapy to the pelvic area may develop a small and less compliant bladder. They may experience pain, frequency, urgency and possibly incontinence especially if they cannot reach the toilet on time.

(Refer Slide Time: 08:40)

Assessment of Urinary Incontinence

- Urinary incontinence can be dehumanising and deeply degrading.
- Its assessment and symptomatic management should be as important as that of all other end-of-life symptoms.
- Often continence care is not assessed until problems occur and the result is a poorly considered and rushed plan of care that denies the patient any chance to express their wishes.

Assessment of this urinary incontinence. Urinary incontinence can be dehumanizing and deeply degrading. Its assessment and symptomatic management should be as important as that of all other end of life symptoms. Often continence care is not assessed until problems occur and the result is a poorly considered and rushed plan of care that denies the patient any chance to express their wishes.

(Refer Slide Time: 09:05)

Assessment of Urinary Incontinence

- The patient's underlying disease, pain and functional and cognitive status will be the starting point for the clinical assessment.
- An accurate assessment of the patient's urinary symptoms, together with an understanding of the underlying disease and its complications, will prevent unnecessary interventions and reduce any potential suffering

The patient's underlying disease, pain and functional and cognitive status will be the starting point for the clinical assessment. An accurate assessment of the patient's urinary symptoms together with an understanding of the underlying disease and its complication will prevent unnecessary interventions and reduce any potential suffering.

(Refer Slide Time: 09:25)

MANAGING URINARY INCONTINENCE

- Symptoms of urinary incontinence can be improved with basic nursing interventions in up to 70% of patients.

How do you manage this urinary incontinence? The symptoms of urinary incontinence can be improved with basic nursing interventions and up to 70 percent of the patients.

(Refer Slide Time: 09:35)

MANAGING URINARY INCONTINENCE

- Disposable absorbent pads worn inside the underwear.
- Using the toilet at planned times.
- Ensuring a person has a regular toilet or pad regimen will help to promote comfort and dignity.
- A commode near the bed or the use of a bedpan or urinal can mean that a person can remain continent until very close to the end of their life.
- In men, penile sheaths (external catheters or condom drainage devices) - these are similar to condoms and drain urine through a tube into a collection device or bag.



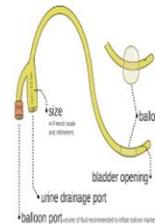
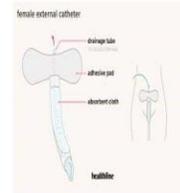
How do we manage this? Disposable absorbent pads worn inside the underwear. Using the toilet at planned times. Ensuring a person has a regular toilet or pad regimen will help to promote comfort and dignity. A commode near the bed or the use of a bedpan or urinal can mean that a person can remain continent until very close to the end of their life. In

men, penile sheaths that is external catheters or condom drainage devices can be used. These are similar to condoms and drain urine through a tube into your collecting device or back.

(Refer Slide Time: 10:15)

MANAGING URINARY INCONTINENCE

- In women, external catheters use suction to draw urine away from the body and into a collection device
- Pelvic Floor Exercises
- Medication
- Intermittent catheterization catheters.
- Indwelling catheters are a suitable option in managing urinary incontinence, to improve skin care where incontinence could or has caused a problem or to reduce movement and suffering.
- The choice of catheter will be based on the estimated time it will be in place and any known allergies.

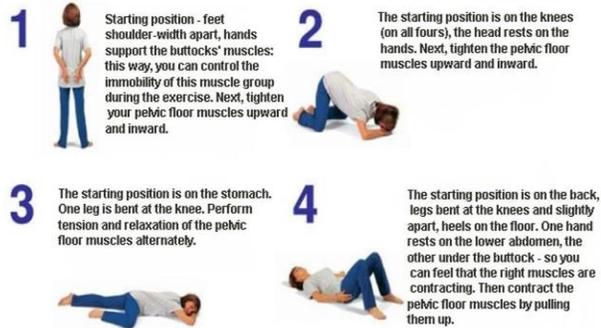


In women, external catheters use suction to draw urine away from the body and into a collection device. Pelvic floor exercises will enable them to improvise this condition. Medications are there. Intermittent catheterization catheters are available.

Indwelling catheters are a suitable option in managing urinary incontinence to improve skin care where incontinence could or has caused a problem or to reduce movement and suffering. The choice of catheter will be based on the estimated time it will be in place and any known allergies.

(Refer Slide Time: 10:50)

Pelvic Floor Exercises (Kegel Exercises)



Here is given the pelvic floor exercises an example which is otherwise called as Kegel exercises. So, the steps are being explained here. The first step, starting position where the feet shoulder width are apart, hands support the buttocks muscles.

This way you can control the immobility of this muscle group during the exercise. Next tighten your pelvic floor muscles upward and inward. The second step stands like this. The starting position is on the knees on all fours, the head rests on the hands. Next tighten the pelvic floor muscles upward and inward.

The third step is the starting position is on the stomach. One leg is bent at the knee, perform tension and relaxation of the pelvic floor muscles alternately. The fourth one, the starting position is on the back, legs bent at the knees and slightly apart, heels on the floor, one hand rests on the lower abdomen, the other under the buttock. So, you can feel that the right muscles are contracting, then contract the pelvic floor muscles by pulling them up.

(Refer Slide Time: 12:00)

Supportive care

- Adequate hydration may reduce bladder symptoms associated with dehydration, UTI or post-radiotherapy irritation.
- Fluid advice should be individualized and symptoms such as pain or nausea might need to be relieved before hydration can be addressed.

What are all the supportive care we can provide for bladder incontinence? Adequate hydration may reduce bladder symptoms associated with dehydration, urinary tract infection or post radiotherapy irritation. Fluid advice should be individualized and symptoms such as pain or nausea might need to be relieved before hydration can be addressed.

(Refer Slide Time: 12:25)

BOWEL INCONTINENCE

- Bowel incontinence is the loss of bowel control, causing to pass stool unexpectedly.
- This can range from sometimes leaking a small amount of stool and passing gas, to not being able to control bowel movements.

Next coming on to bowel incontinence. Bowel incontinence is the loss of bowel control causing to pass stool unexpectedly. This can range from sometimes leaking a small amount of stool and passing gas to not being able to control bowel movements.

(Refer Slide Time: 12:40)

TYPES OF BOWEL INCONTINENCE

- Urge incontinence – Urge to empty their bowels but with little warning.
- Wind (flatus) incontinence – Not able to tell whether they need to pass wind or stool.
- Passive incontinence – The person doesn't know when they need to empty their bowel or that they have emptied their bowel.
- Anal and rectal incontinence – when the muscles or nerves in the rectum and anus are damaged, causing leaks.
- Overflow incontinence – if someone is constipated and the bowel is blocked with hard stool, watery stool can leak around the blockage. It is often mistaken as diarrhoea.

The types of bowel incontinence, the urge incontinence, urge to empty the bowels but with little warning.

Wind or flatus incontinence, not able to tell whether they need to pass wind or stool. Substantive incontinence, the person does not know when they need to empty their bowel or that they have emptied their bowel. Anal and rectal incontinence, when the muscles or nerves in the rectum and anus are damaged causing leaks. Overflow incontinence, if someone is constipated and the bowel is blocked with hard stool, watery stool can leak around the blockage, it is often mistaken as diarrhea.

(Refer Slide Time: 13:20)

CAUSES

- Problems getting to a toilet
- Other health problems
- Some medicines.

What would be the causes? Again, there is a problem getting to your toilet, there would be other health problems and sometimes medicines cause this condition.

(Refer Slide Time: 13:30)

Problems getting to a toilet

- When someone has a disability or isn't strong enough to use the toilet without help, they may not get there in time.
- Communication and sensory problems can also make it difficult for people to ask for help in time to avoid leaks or incontinence.

First, we will see the problems getting to your toilet, like what we saw in the bladder incontinence, when someone has a disability or is not strong enough to use the toilet

without help, they may not get there on time. Communication and sensory problems can also make it difficult for people to ask for help in time to avoid leaks or incontinence.

(Refer Slide Time: 13:55)

Other health problems

- Damage to the muscles in the anus or rectum – someone may have been born with this or they may have damaged the muscles, for example during childbirth
- Neurological diseases, such as Stroke, Multiple Sclerosis, Spina bifida or Parkinson's disease – these can damage the nerves controlling the bowel
- Spinal cord compression – this is an emergency and can affect the nerves that control the bowel.
- Long-term constipation causing overflow incontinence.
- Stool changes, such as diarrhea caused by infection or inflammatory bowel disease.

Other health problems, the damage to the muscles in the anus or rectum, someone may have been born with this or they may have damaged the muscles, for example, during childbirth. Neurological diseases such as stroke, multiple sclerosis, spina bifida or Parkinson's disease, these can damage the nerves controlling the bowel. Bowel cord compression, this is an emergency and can affect the nerves that control the bowel.

Long term constipation causing overflow incontinence. Stool changes such as diarrhea caused by infection or inflammatory bowel diseases.

(Refer Slide Time: 14:30)

Medicines

- Overuse of laxatives, this can cause bowel incontinence or make it worse.

Medicines overuse of laxatives, this can cause bowel incontinence or make it worse.

(Refer Slide Time: 14:40)

MANAGING BOWEL INCONTINENCE

- Disposable absorbent pads worn inside underwear
- Disposable bed pads
- Anal plugs – these help prevent leaks and can be kept in place for up to 12 hours, but some people find them uncomfortable.
- A temporary collection device inserted into the rectum or attached to the skin around the anus
- Medicines, such as loperamide to treat diarrhoea or laxatives to treat constipation.



Managing bowel incontinence, again we have disposable absorbent pads worn inside underwear, disposable bedpads, anal plugs, these help prevent leaks and can be kept in place for up to 12 hours, but some people find them uncomfortable. A temporary collection device inserted into the rectum or attached to the skin around the anus. There are medicines such as loperamide to treat diarrhea or laxatives to treat constipation.

(Refer Slide Time: 15:10)

Person-Centered care

- Involving the person in their care can help them feel more in control.
- Help them keep their independence by encouraging them to do as much as they can themselves.
- Remember that someone may feel too embarrassed to ask for help when they need it.
- Treating the person with compassion and respect can help them keep their dignity.
- If someone has communication problems, they may find it hard to let anyone know they need to use the toilet and they may become agitated or restless. Getting to know the person well can help to recognise the non-verbal signs that they need help to empty their bladder or bowel.

Person centered care, involving the person in their care can help them feel more in control, help them keep their independence by encouraging them to do as much as they can themselves. Remember that someone may feel too embarrassed to ask for help when they need it. Treating the person with compassion and respect can help them keep their dignity. If someone has communication problems, they may find it hard to let anyone know they need to use the toilet and they may become agitated or restless. Getting to know the person well can help to recognize the non-verbal signs and they need help to empty their bladder or bowel.

(Refer Slide Time: 15:50)

Person-Centered care

- Some people may need equipment to help them use the toilet, for example if they have pain, mobility problems or confusion.
- Correct advice on assistive equipment at home, such as handrails, commodes, grab bars in toilet etc .
- Making sure the person is wearing clothes that are easy to remove, can also help.

Some people may need equipment to help them use the toilet, for example, if they have pain, mobility problems or confusion. Correct advice on assistive equipment at home such as handrails, commodes, grab bars in the toilets will enable them to be comfortable. Making sure the person is wearing clothes that are easy to remove can also help to overcome this condition.

(Refer Slide Time: 16:15)

Protecting the skin

- Keeping the skin clean and dry is important for comfort and to prevent further problems, such as pain, skin irritation or infection.
- Avoid skin soreness and other problems by keeping the skin clean and dry. Barrier creams or films may also help. Soap and water can break down the skin's protective layer so use pH-balanced cleansers that won't damage the skin.

Protecting the skin, keeping the skin clean and dry is important for comfort and to prevent further problems such as pain, skin irritation or infection.

Avoid skin soreness and other problems by keeping the skin clean and dry. Barrier creams or films may also help. Soap and water can break down the skin's protective layer to use pH balanced cleansers that won't damage the skin.

(Refer Slide Time: 16:40)

Supporting family and friends

- Help family and carers feel more prepared by talking about any practical issues. For example, they may need to change and wash bed sheets more often. Explain that the person will gradually drink less in the last few days of life, so their urine may be dark in color and have a strong smell. This is nothing to worry about.

Supporting the family and friends, help family and caregivers feel more prepared by talking about any practical issues. For example, they may need to change and wash bed sheets more often.

Explain that the person will gradually drink less in the last few days of life so their urine may be dark in color and have a strong smell. This is nothing to worry about.

(Refer Slide Time: 17:05)

Constipation in people with Terminal illness

- Constipation can be complex.
- It can be physically uncomfortable and emotionally distressing for patients.
- Constipation means different things to different people, so it's important to find out what's normal for the patient and find out what they or their carers mean by constipation.

Constipation in people with terminal illness. Constipation can be complex, it can be physically uncomfortable and emotionally distressing for the patients. Constipation means different things to different people. So it is important to find out what is normal for the patient and find out what they are or their caregivers mean by constipation.

(Refer Slide Time: 17:25)

Signs of Constipation

- Opening the bowels less frequently than usual
- Passing hard stools
- Having to strain when passing stools
- Feeling like if haven't completely emptied the bowel.



Signs of constipation. Opening the bowels less frequently than usual. Passing hard stools, having to strain when they passing stools, feeling like if you haven't completely emptied the bowel.

(Refer Slide Time: 17:40)

Constipation can lead to other symptoms or issues, including:

- Nausea and vomiting
- Abdominal pain and bloating
- Overflow diarrhoea
- Faecal impaction (build-up of faeces in the rectum leading to blockage)
- Bowel obstruction
- Urinary retention
- Embarrassment and anxiety
- Confusion
- Restlessness and agitation

The constipation can lead to other symptoms or issues which includes nausea and vomiting, abdominal pain and bloating, overflow, diarrhea, fecal impaction, it is buildup of faeces in the rectum leading to the blockage, bowel obstruction, urinary retention, embarrassment and anxiety, confusion, restlessness and agitation.

(Refer Slide Time: 18:05)

Causes of Constipation

Different things can cause constipation and patients may have more than one factor:

- Lifestyle factors include:
 - low-fibre diet
 - low fluid intake
 - low physical activity, which leads to reduced muscle activity in the abdomen and reduced bowel activity.

- Environment - for instance, if patients don't have easy access to a toilet or they need support getting to the toilet.

Causes of constipation. Different things can cause constipation and patients have more than one factor. Mainly the lifestyle factors which includes low fiber diet, low fluid intake, low physical activity which leads to reduced muscle activity in the abdomen and reduced bowel activity. The environment for instance if patients do not have easy access to your toilet or they need support getting to the toilet.

(Refer Slide Time: 18:35)

Causes of Constipation

Types of medication can contribute to constipation. Some of the most common are:

- Opioids
- Ondansetron
- Iron supplements
- Antacids etc.

Types of medications contribute to constipation. Some of the most common are opioids, ondansetron, iron supplements, antacids, etcetera.

(Refer Slide Time: 18:45)

Causes of Constipation

- Cancer, especially bowel and ovarian cancer, can lead to constipation as a result of: external compression or internal obstruction of the bowel by a tumour
- Raised level of calcium in the blood (hypercalcaemia), leading to dehydration
- Bowel surgery.
- Other illnesses can contribute to constipation, including:
 - Neurological disease including spinal cord compression
 - Diabetes
 - Hypothyroidism
 - Diverticular disease
 - Haemorrhoids.

Cancer especially bowel and ovarian cancer can lead to constipation as a result of external compression or internal obstruction of the bowel by a tumor. Raised level of calcium in the blood that is hypercalcemia leading to dehydration, bowel surgery, other illness can contribute to constipation which includes neurological disease including spinal cord compression, diabetes, hypothyroidism, diverticular diseases, hemorrhoids.

(Refer Slide Time: 19:15)

Talking to a patient about constipation

Constipation can be a sensitive and embarrassing issue for some people. If the patient can talk about their constipation, consider the following things before speaking to them:

- Think about their privacy and dignity. Ask them if they'd prefer to talk to you alone or with someone else, such as a family member or carer.
- Use clear, plain language and avoid slang words or medical jargon.
- Some patients may be more comfortable talking about their constipation than others. Be aware that this may not be an easy conversation for them, and try to talk about it in a way which feels comfortable for them.

Talking to your patient about constipation. How do you do that? Constipation can be sensitive and embarrassing issue for some people. If the patient can talk about their constipation consider the following things before speaking to them.

Think about the privacy and dignity as them if they would prefer to talk to you alone or with someone else such as a family member or a caregiver. Use clear, plain, simple language and avoid slang words or medical jargon. Some patients may be more comfortable talking about their constipation than others. Be aware that this may not be an easy conversation for them and try to talk about it in a way which feels comfortable for them.

(Refer Slide Time: 20:00)

Assessment for Constipation

- Check the patient's care plan and take a history. Assess their symptoms and identify reversible causes with these causes:
- What's your normal bowel habit, and what's it like now? Have you noticed any changes in your bowel habit?
- Do you have any tummy pain or discomfort when you're passing stool?
- Are you having to strain to pass stools?
- Do you have any other symptoms such as nausea and vomiting? Severe vomiting and abdominal swelling are red flag symptoms that should make you think of bowel obstruction.
- Do you have new back pain or leg weakness? These are red flag symptoms of spinal cord compression

How do you assess the constipation? Check the patient's care plan and take a history, assess their symptoms and identify reversible causes with these causes.

What is your normal bowel habit and what is it like now? Have you noticed any changes in your bowel habit? Do you have any tummy pain or discomfort when you are passing stool? Are you having to strain to pass stools? Do you have any other symptoms such as nausea and vomiting, severe vomiting and abdominal swelling or red flag symptoms that should make you think of bowel obstruction? Do you have new back pain or leg weakness? These are red flag symptoms of spinal cord compression.

(Refer Slide Time: 20:45)

Assessment for Constipation

- What is your diet like?
- How much fluid do you drink each day?
- Have you started any new medications?
- Have you been prescribed any laxatives and are you taking them regularly?
- Have you been taking any over the counter medication?
- Do you have access to a toilet whenever you need it?
- A rectal examination should be carried out by someone who is qualified, if appropriate and if the patient gives consent. This will help to identify faecal impaction, haemorrhoids, or any skin problems around the anus. If the patient has a stoma, someone qualified should examine the stoma to assess for faecal impaction.

What is your diet like? How much fluid do you drink each day? Have you started any new medications? Have you been prescribed any laxatives and are you taking them regularly? Have you been taking any over-the-counter medication? Do you have access to your toilet whenever you need it? A rectal examination should be carried out by someone who is qualified if appropriate and if the patient gives consent. This will help to identify fecal impaction, hemorrhoids or any skin problems around the anus. If the patient has a stoma, someone qualified should examine the stoma to assess for fecal impaction.

(Refer Slide Time: 21:25)

Managing Constipation

- Patients who are prescribed opioids will commonly be prescribed laxatives at the same time. There are many different types of laxatives (also called aperients). The patient may require more than one type. It can take a while for them to work so reassure the patient during this time.
- Monitor the patient's bowel habit carefully if they're taking laxatives as too high a dose can cause diarrhoea.
- Suppositories and enemas may be given for severe constipation, especially if the patient is unable to take laxatives orally.
- If someone has faecal impaction, a combination of laxatives, suppositories and enemas may be needed.

How do we manage constipation? Patients who are prescribed opioids will commonly be prescribed laxatives at the same time.

There are many different types of laxatives also called as aperients. The patient may require more than one type. It can take a while for them to work, so reassure the patient during this time. Monitor the patient's bowel habit carefully if they are taking laxatives as too high a dose can cause diarrhea. Suppositories and enemas may be given for severe constipation, especially if the patient is unable to take laxatives orally. If someone has fecal impaction, a combination of laxatives, suppositories and enemas may be needed.

(Refer Slide Time: 22:05)

Managing Constipation

- If a patient's constipation is caused by opioids, they might not respond to normal laxatives. If their constipation is not improving, a palliative care team may prescribe medicines which reverse opioids, like methylnaltrexone or naloxegol. This may affect how well the patient's pain is controlled, so can only be given by specialists who will be able to manage the person's pain.
- If the patient is nearing the end of life and is agitated, assess their bowels and address any issues that can help them have a more comfortable and peaceful death. If the cause of their constipation is reversible, it's important to identify it so it can be treated.

If a patient's constipation is caused by opioids, they might not respond to normal laxatives. If their constipation is not improving, a palliative care team may prescribe medicines which reverse opioids like methylnaltrexone or naloxegol. This may affect how well the patient's pain is controlled, so can only be given by specialists who will be able to manage the person's pain. If the patient is nearing the end of life and is agitated, assess their bowels and address any issues that can help them have a more comfortable and peaceful death.

If the cause of their constipation is reversible, it is important to identify it, so it can be treated.

(Refer Slide Time: 22:55)

Conclusion

Empathetic care, counseling, and non-invasive methods are ideal for improving excretion issues in patients requiring Palliative care.

Coming to the conclusion, we have discussed about bowel and bladder incontinence along with constipation. I hope it is really a detailed explanation given here and we see that empathetic care counseling and non-invasive methods are ideal for improving excretion issues in patients requiring palliative care. As a normal individual, we also face this problem, but think about patients who have chronic health conditions. We as palliative care team members will extend our hands to help these individuals to have a quality of life by just having a good excretion on day to day life.

Thank you so much for joining this session. Any doubts, please get back to me. Thank you.