

Laxative Use While On Chronic Opioids for Chronic Pain

If you have been prescribed opiates (narcotics) to be taken daily by Dr. Work, then you ***must read this paper carefully***. One of the most consistent side effects of chronic opiate use is constipation. This constipation is different than what you have probably had in the past. The difference is that this constipation cannot be treated by eating or taking extra fiber (like Metamucil®) or by taking a stool softener (like Colace®). The reason why this is so is that the medication you are now taking ***paralyzes*** your bowels. So while Colace® may soften your stool quite well, it will not cause your bowels to empty.

Therefore, you must take what is known as an “active” laxative on a daily basis to make sure that you have a bowel movement ***every day***. You may not have been regular in the past, but ***you must be regular now***.

The three active over-the-counter laxatives that Dr. Work recommends are (in no particular order):

1. Milk of Magnesia®

Take 2 tablespoons of this every night before going to bed. If you do not have a bowel movement the following morning, then you are to take another 2 tablespoons that morning. This is to be followed that evening by 2 more tablespoons.

2. Dulcolax®

Take one capsule at night before going to bed. If you do not have a bowel movement the following morning, then you are to take another one that morning. This is to be followed by another capsule that night.

3. Sennakot® (or senna) – best option

Take 2 capsules at night before going to bed. If you do not have a bowel movement the following morning, then you are to take another two capsules that morning. This is to be followed by another two capsules that night. If still no response, increase it to four capsules in the morning and four in the evening.

There is also a fruit recipe for a “natural fruit laxative spread.” It is as follows:

1 pound of prunes

1 pound of raisins

1 pound of figs

4 oz senna tea (get it at a health food store...it looks like a bunch of leaves)

1 cup brown sugar

1 cup lemon juice

1. Prepare the tea...use about 2-½ cups boiled water added to the tea and **steep for 5 minutes**.
2. Strain the tea to remove tea leaves and add only 1 pint of tea to a large pot, then add fruit.
3. Boil fruit and tea for 5 minutes.
4. Remove from heat and add sugar and lemon juice. Allow to cool.
5. Use mixer, blender, or food processor to blend fruit mixture into a smooth paste.
6. Place in plastic container and place in freezer. (Paste will not freeze but will keep forever in the freezer.)

Spoon out what you require each day (approximately 1 to 2 tablespoons). Enjoy eating it straight off the spoon, or spread it on toast or add hot water and

make a drink. If the fruit paste is not working for you, then you need to increase the amount that you consume. On the other hand, if it is working too well, cut back on the amount that you take – even to the point of taking it every other day, if necessary.

If you ever “get behind” on your bowel movements (common during the first month of therapy as you get used to the medications and the active bowel regimen), then you should not “wait it out” and hope for the best. Drastic measures are needed to clean your bowels out and to then “start over.” This can be accomplished by using magnesium citrate. This is sold over the counter at any pharmacy, in the laxative section, in a green glass bottle. This is a very powerful active laxative, aka “purgative,” and should be taken in the following manner. Drink the entire bottle in one sitting. Just pour it into a cup and drink it. It may taste better if it is served chilled. It tastes like lemon-lime soda with a salty flavor. Once you have drank it, it will take anywhere from 1 hour to 12 hours to work. As it moves through your bowels, your abdomen will gurgle and you will feel and hear a lot of movement. This is normal and to be expected. Please do yourself (and your loved ones around you) a favor and do not go anywhere away from a nearby toilet until after the purgative has emptied your bowels. Once that is done, restart your previous, preferred laxative from the choices I had listed above. If you have had to do this twice, strongly consider changing your laxative choice to a different one.

We joke about this all of the time, but it is no laughing matter to be constipated with a condition known as Opioid Bowel Syndrome and needing to be digitally disimpacted by a nurse. So

please take this as seriously as you do your pain relievers, unless you want to end up in the Emergency Room in severe pain and a nurse approaching you with thick, rubber gloves and a gallon bucket of lubricant. I think you get the picture...

I want you to also be aware of another condition that confuses many people. It is called obstipation. Unlike constipation, obstipation sneaks up on the unsuspecting chronic opioid patient. How is it different? With obstipation, you have a bowel movement each day...but it is only a small amount when compared to the amount of food that you eat each day. Since the remaining stool has not been magically transported to the land of poop fairies, it is still sitting in your bowel fermenting (think about that for awhile). This is why it is important for you to make sure that you poop out about the same volume as what you eat each day (don't measure it!). Take the activating laxative regimen each day and you will not have this problem period.

There are a few medications that are prescription that can be used if necessary to aid with your bowels. These include Amitizia® as well as some very new ones that are currently not covered for opioid bowels. Try the OTC laxatives and recipe before we move on to the “big guns.”