Constipation

When your bowels move less often than normal or when your stool becomes hard and is difficult to pass, it is called constipation. This can cause discomfort.

You might become constipated because there is not enough fluid in your digestive system or not enough movement in your intestine (bowel or colon) where stool is formed and pushed through to be passed from the body. Certain people with cancer might have an increased risk for constipation if they have a tumor in the belly or pelvis or get certain types of cancer treatment. Lack of activity, changes in food intake, or poor fluid intake add to the problem. And people who take certain kinds of pain medicine, especially opioids, are more at risk of constipation.

What to look for

- Small, hard bowel movements (sometimes described as "pellets")
- Leakage of soft, liquid stool that looks like diarrhea
- Stomachache or cramps
- Passing a lot of gas or frequent belching
- Belly looks blown up or puffy
- Not having regular bowel movements within the past 3 days (or some period of time your cancer care team might talk about before treatment starts)
- Vomiting or nausea

What the patient can do

- Ask your cancer care team to help you set up a daily bowel care plan. They might suggest over-the-counter products such as stool softeners or fiber supplements.
• Try to eat at the same times each day. If possible, try to move your bowels at the same time every day.
• Keep track of bowel movements so that problems can be noticed quickly.
• If it's ok with your cancer care team, eat more high-fiber foods every day, such as whole-grain breads and cereals; fresh raw fruits with skins and seeds; fresh raw vegetables; fruit juices; and dates, apricots, raisins, prunes, prune juice, and nuts.
• Drink more fluids. Pasteurized fruit juices and warm or hot fluids in the morning may be helpful.
• Get as much exercise as possible.
• Go to the bathroom as soon there is an urge.
• Avoid foods and drinks that cause gas, such as apples, avocados, beans and peas, cabbage, broccoli, milk, and fizzy drinks, until the constipation is gone.
• Avoid chewing gum and using straws to drink. Using them can also cause gas.
• Avoid or cut back on any foods that may cause constipation, such as cheese or eggs.
• Do not use enemas or suppositories. Always ask your cancer team before using stool softeners or laxatives.
• If your cancer care team gives you a prescription medicine, follow the directions carefully.

What caregivers can do

• Encourage extra fluids: offer prune juice, hot water with lemon, coffee, or tea to help make bowels move.
• Help keep a record of bowel movements.
• Encourage the patients to be more active, even in small ways. Go with them on walks or to do other exercise.

Call the cancer care team if the patient

• Has not had a bowel movement in 3 days (or a certain period of time your cancer care team might talk about before treatment starts).
• Has blood in or around the anal area or blood in the stool.
• Hasn't moved bowels in 1 or 2 days after taking a softener or laxative.
• Has belly cramps or vomiting that doesn't stop.
• Develops loose or watery stools.

Hyperlinks


References


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