

Laxatives

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Who benefits from laxatives?

- Idiopathic constipation
- Overflow pseudo-incontinence
- Patients who want to try stopping enemas
- Hirschsprung disease with intact anal canal
- Anorectal malformation laxative trial

Laxative Options

- Senna (Ex-lax)
- Miralax
- Lactulose
- Dulcolax



Which laxative is used most effectively in our bowel management program?

A. MiraLAX

B. Golytely

C. Senna / ExLAX

D. Colace



Starting Laxatives

- No one size fits all dosing
- Do not give to fecally impacted patient

Disimpaction Protocol

Three enemas a day for three days

- Normal saline
- Normal saline + glycerin
- Normal saline + castile soap

Abdominal X-ray

Admission

- NG tube for Golytely
- Three enemas a day for three days

Abdominal X-ray

Disimpaction under anesthesia



Case Study

- 8-year-old male
- Idiopathic constipation
- No significant medical history
 - Seen by Allergist
- Current treatment includes Miralax and Senna (15 mg)



Contrast Enema and Abdominal X-ray



Based on the contrast enema and X-ray what would be your first step before starting laxatives?

- A. Administer polyethylene glycol (Golytely) and enema for bowel clean out
- B. Give enema with normal saline + glycerin
- C. Start laxatives today
- D. Give Fleet enema



Prior To Starting Laxatives

- Rectal Enema to clean bowel
 - 450 ml normal saline + 35 ml glycerin
 - This volume is based on the finding from the contrast enema.



Day 1

- 75 mg Senna given at 7 pm
- One large, soft bowel movement the next morning at 8 am
- X-ray shows stool in rectum



What would the next step be?

- A. Increase senna to 100 mg
- B. Give a large volume enema
- C. Add miraLAX
- D. Increase senna to 150 mg



Day 2

- 100 mg Senna
- Woke up at 4 am with diarrhea and cramping
- Diarrhea continued all day
- X-ray shows stool in rectum and colon



What is the next plan of action

- A. Decrease senna back to 75mg
- B. Give a large volume enema
- C. Add MiraLAX
- D. Increase to 115 mg of senna and add 1 tablespoon of benefiber three times a day.



Day 3

- 115 mg Senna + benefiber TID
- 4 bowel movement between 8 pm-11 pm
- Cramping
- 1 bowel movement in the morning
- X-ray is clean

Plan:

- Continue 115 mg Senna + benefiber TID
- Cramping should decrease with clean X-ray



Day 4

- 115 mg Senna + benefiber TID
- Bowel Movement at 7 am- large, formed
- No cramping
- X-ray shows stool in rectum



Since patient still has stool in the rectum what are the next steps?

- A. Keep the senna at 115 mg and check an X-ray after a bowel movement.
- B. Give a large volume enema.
- C. Increase senna to 130 mg, get an X-ray after a bowel movement.
- D. Start miraLAX



Day 5

- 130 mg Senna + benefiber TID
- 1-2 soft bowel movements
- No cramping
- No accidents
- X-ray is clean

Plan:

- Continue 130 mg Senna + benefiber TID
- Add one new food back into diet every month and check abdominal X-ray.



Follow Up

- Patient having 2-3 bowel movements a day
- Continuing 130 mg Senna + benefiber TID



Reasons to give an enema

- Large volume enema are used for patients taking laxatives if they do not have a bowel movement within 24 hours.
- Continuing to give laxatives when a patient has not had a bowel movement leads to increased pain and cramping.



Considerations

- Always take laxative at same time everyday
- Requires patient report + abdominal X-ray to determine correct dose
- Patient must have bowel control if laxatives are being used in patient older than diapered age.

Senna Blisters

Must check diaper every hour and apply barrier cream to patient in diapers and unable to communicate when they have had a bowel movement.



Continual care

What is next?

- Once the laxatives trail is completed and the patient is successfully stooling every day with no accidents, they need to continue to take the same dose every day.
- If patient has accidents or no bowel movement in 24 hours an X-ray must be obtained to further evaluate the colon.
- Yearly follow up with abdominal X-rays are needed.



Questions



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