

## Managing Bowel Function When Taking Pain Medicine

### How does pain medicine affect bowel function?

Pain medicine will cause severe constipation if you do not take measures to prevent this problem. Constipation occurs because pain medicine:

- slows down movement of the stool in the intestine
- removes more water than normal from the colon.

### What can I do to prevent constipation?

If you are not constipated when you begin taking pain medicine, you can prevent constipation by using a stool softener and a stimulant laxative. These will counteract the effects of pain medicine in your bowel. The stool softener helps retain water in the colon. The stimulant laxative moves the stool down the intestines.

in generic form is one dose of senna (a stimulant laxative) and one dose of docusate sodium (a stool softener). Start with two doses per day. For example, you can take two Senokot-S (or the generic equivalent) at bedtime or take one Senokot-S® twice a day. Gradually increase the dosage until you have soft, formed stools on a regular basis. If your doctor increases the dosage of pain medicine, you may need to increase the dose of laxative. You can safely take up to eight Senokot-S® pills per day.

If this regimen is ineffective or if taking high doses of long acting pain medicines such as MS Contin or OxyContin, you may add or substitute [Miralax](#) (polyethylene glycol) which is now available over the counter. The starting dose is 17 grams of powder/1 tablespoon (1 capful or 1 packet) mixed in 8 ounces of water. This can be taken at bedtime and increased to twice a day as needed.

Other oral medications for constipation include Milk of Magnesia, Dulcolax, or Magnesium Citrate. These should not be used regularly and only for severe constipation.

Occasionally a lubricating suppository (glycerin), stimulating suppository e.g. Dulcolax (bisacodyl), or enema is required.

Additionally, drinking 8 glasses of water a day (no fluid restriction) and light activity can help with constipation.