



Variability in Constipation Management in Specialist Palliative Care: Findings from a Multi-site Retrospective Case Note Review

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Variability in constipation management in specialist palliative care: Findings from a multi-site retrospective case note review

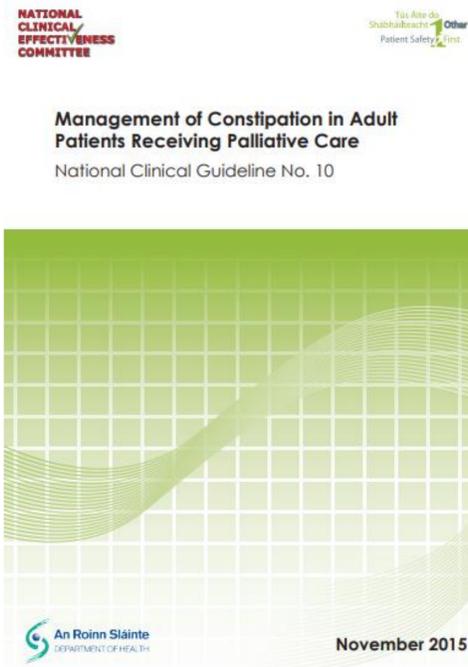
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1. Introduction

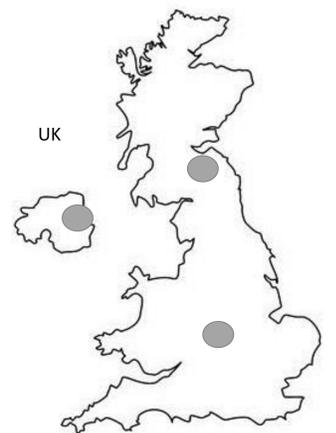
Constipation is one of the most common symptoms in patients receiving specialist palliative care (SPC), contributing to considerable physical and psychological suffering for patients. Whilst clinical guidelines are available on the management of constipation for people with advanced cancer in specialist palliative care (SPC) settings, the implementation of these guidelines in clinical practice is unclear.

Aim: To examine current clinical management of constipation for patients with advanced cancer in SPC settings



2. Methods

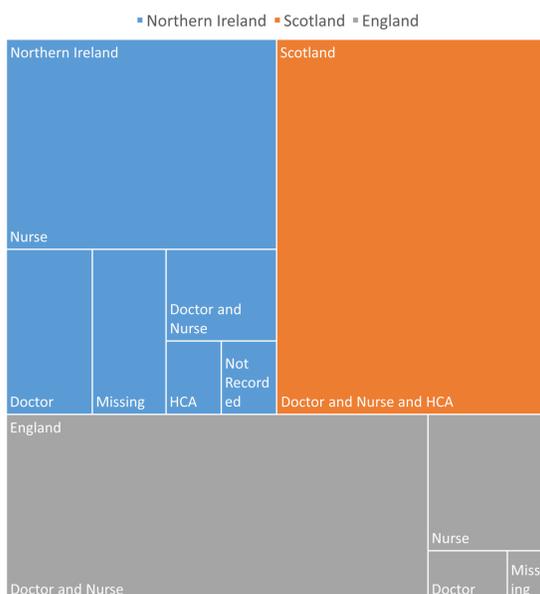
A multi-site retrospective case-note review was undertaken, consisting of 150 patient case-notes from three SPC units across the United Kingdom between August 2016 and May 2017. Descriptive statistics were used to compare clinical practices across three SPC sites.



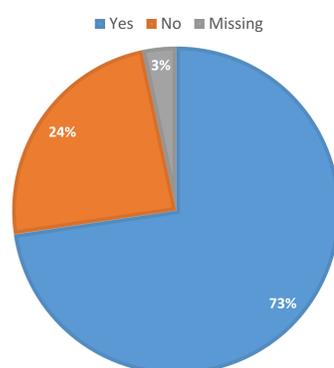
3. Results

A physical exam and bowel history was recorded for 109 patients (73%). Site variations were most evident in multidisciplinary team level of involvement in assessment, patient education on preventative measures, non-pharmacological strategies, and management strategies for opioid induced constipation and bowel obstruction. Sodium docusate and Senna were the preferred laxatives across all sites.

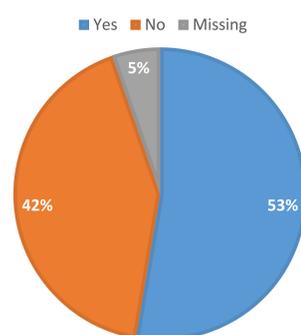
Who conducted the assessment?



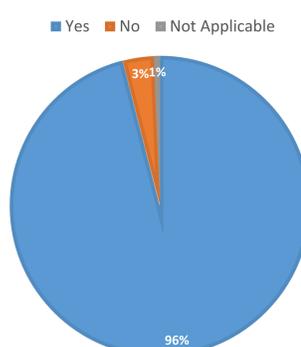
COMPREHENSIVE ASSESSMENT CONDUCTED?



USE OF NON-PHARMACOLOGICAL STRATEGIES?



USE OF LAXATIVES?



4. Discussion

- Variations in assessment and management strategies were evident within and across sites.
- Pharmacological management strategies are the dominating approach, with limited reference to lifestyle modifications, despite clinical guidelines weighting them as equally important.
- The nurse plays a coordinating in the majority of constipation assessments within specialist palliative care.
- Poor recording of clinical practices present challenges in reporting good or poor practice.
- Further education is needed to equip HCPs with the necessary knowledge and skills to assess and manage constipation.

