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Jointly provided by the Annenberg Center for Health Sciences at Eisenhower and Gastroenterology and Hepatology Advanced Practice Providers.
Opioid-Induced Constipation

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Disclosures

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C. Shane Smith, PA-C

Speakers Bureau: AbbVie, Clinical Area- Hepatitis C
Speakers Bureau: Gilead, Clinical Area- Hepatitis C
Case Study #1

46 y/o male with advanced pancreatic cancer receiving morphine for pain. Last BM 5 days ago. Patient complaining of diffuse ABD pain and bloating.

What tests and/or labs should be offered?
Case Study #1

Imaging
- **AAS** – Fecal stasis, no transition zone
- **ABD U/S** – No gallstones, CBD 6mm, fullness panc head
- **CT ABD/Pelvis** – Pancreatic head mass, mult liver lesions, dilated colon with fecal stasis
- **MRI** – Same as CT results

Lab Results

<table>
<thead>
<tr>
<th>Test</th>
<th>Result</th>
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<tr>
<td>HGB</td>
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<td>K</td>
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<tr>
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<tr>
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<tr>
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<tr>
<td>Lipase</td>
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<tr>
<td>PLTS</td>
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<tr>
<td>AST</td>
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<td>TSH</td>
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Any other tests that should be ordered?
Case Study #1

**Differential Diagnoses**

- OIC (Opioid-induced constipation)
- Developing bowel obstruction secondary to tumor / PSBO
- Irritable Bowel Syndrome
- Crohn’s disease
- Ileus
- Diverticulitis
- Ogilvie Syndrome

What management options are available for this patient?
Treatment Options:

- Increase fluid intake and dietary fiber
- Correction of any electrolyte imbalances
- Physical exercise, if possible
- Senna/Bisacodyl (stimulant laxatives)
- Magnesium citrate (osmotic)
- Polyethylene glycol 3350 (osmotic)
- Lactulose (osmotic)
- Mineral oil (lubricant)
- Prucalopride (5HT₄ agonist) – indicated for CIC
Case Study #1

**OIC Approved Treatment Options:**

**PAMORA** Peripherally Acting Mu-opioid Receptor Antagonists

1. Methylnaltrexone: cancer and non-cancer patients
2. Naldemedine: non-cancer patients
3. Naloxegol: non-cancer patients

**LUBIPROSTONE** (intestinal secretory agent) activates CIC-2 chloride channels, cancer and non-cancer patients

Patient follow-up?
Case Study #2

78 y/o homebound female with end-stage COPD receiving oxycodone for persistent LBP due to compression fractures. Referral for management of constipation, which has failed to respond to psyllium and PEG.

What tests and/or labs should be offered?
Case Study #2

Imaging
• AAS – dilated colon
• ABD U/S – Gallstones, no GB thickening, CBD 4mm, fatty liver
• CT ABD/Pelvis – Fatty liver, dilated colon, no obstruction, no bowel wall thickening, no fluid collection, previous partial hysterectomy, appendectomy

Lab Results

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<tr>
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Any other tests that should be ordered?
Case Study #2

Differential Diagnoses

• OIC (Opioid-induced constipation)
• Developing bowel obstruction secondary to tumor / PSBO
• Irritable Bowel Syndrome
• Constipation secondary to adhesions
• Ileus
• Neurogenic bowel

What management options are available for this patient?
Case Study #2

**Treatment Options:**

- Increase fluid intake and dietary fiber
- Correction of any electrolyte imbalances
- Physical exercise, if possible
- Senna/Bisacodyl (stimulant laxatives)
- Magnesium citrate (osmotic)
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Patient follow-up?
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References by request