



Oxford University Hospitals  
NHS Foundation Trust

Oxford Kidney Unit

# Maintaining a healthy bowel when on Peritoneal Dialysis (PD)

Information for patients



This leaflet has been written for people on peritoneal dialysis (PD). It will give you information on maintaining a healthy bowel habit. This is important to help prevent complications.

Constipation is a common condition that affects people of all ages; it is especially common in people on PD. It is really important that you have a bowel motion at least once a day.

## What will my PD nurse do?

Your PD nurse will ask you lots of questions about your bowel habit. Do not feel embarrassed about discussing this with them, as it is important you get the right advice. They will use the Bristol stool chart (see next page) to discuss the type of stool you are passing.








# What are the symptoms of constipation?

## You may experience:

- difficulty in passing bowel motions, which may be abnormally large or small in size.
- a feeling that you have not completely emptied your bowel
- excess wind, bloating or abdominal cramps
- opening your bowels less than 3 times a week
- feeling sick or vomiting and a loss of appetite
- a horrible taste in your mouth
- watery diarrhoea (in severe constipation).

Although you may open your bowels daily, you might only be emptying the lower half of your bowel. The upper part of your bowel might still be full.

## Bristol stool chart

TYPE 1		Separate hard lumps, like nuts (hard to pass)	Type 1 and 2 are constipated stools
TYPE 2		Sausage-shaped but lumpy	
TYPE 3		Like a sausage but with cracks on its surface	Type 4 is a normal stool
TYPE 4		Like a sausage or snake, smooth and soft	
TYPE 5		Soft blobs with clear cut edges (passed easily)	
TYPE 6		Fluffy pieces with ragged edges, a mushy stool	Type 7 may be overflow stool or a side effect of too many laxatives or certain medicines
TYPE 7		Watery, no solid pieces <b>Entirely Liquid</b>	

## How does constipation affect my peritoneal dialysis?

When your bowel becomes full, it can squash your PD catheter, making it difficult to drain the PD fluid out of your abdomen.

If you don't drain the fluid out of your abdomen you may experience lots of low drain alarms on your overnight machine (APD).

- If you are on the Homechoice machine it will alarm "**low drain volume**" and at the end of your treatment you will have a **lost dwell** (this is because it has taken longer to drain the fluid from your abdomen). The Homechoice does this automatically.
- If you are on the Sleepsafe machine you may experience an **A08 alarm** and your % will be in the **70s or 80s** rather than the 90s.
- If you are on CAPD, you may find that you are taking a lot longer to drain the fluid out of your abdomen and you need to stand and wriggle about.

## Why is constipation a problem?

Severe constipation can cause your PD catheter to move out of your pelvis, to the upper part of the left or right side of your abdomen. This is known as migration or malpositioning of the PD catheter. In severe cases of constipation it may also cause PD peritonitis (an infection of your abdomen that needs treating with antibiotics).

## What causes constipation?

### **Constipation can be caused by:**

- a restricted, low fibre diet or a very small diet (not eating enough)
- a lack of exercise
- the side effects of some medications (such as phosphate binders, strong painkillers and iron)
- medical problems, such as high calcium levels, diabetes mellitus, depression or anxiety
- a restriction on how much fluid you can drink.

PD may also lead to constipation by drying out your stool.

## How can I avoid constipation?

- Eat a high fibre diet. High fibre foods include wholegrain foods, such as wholemeal rice or pasta and cereals such as bran flakes, shredded wheat and porridge oats. If you are increasing your fibre intake, it is important to increase it gradually, as a sudden increase may make you feel bloated, windy and give you abdominal cramps.
- Eat plenty of vegetables and fruits, as advised by your dietitian (some fruits and vegetables have a high amount of potassium).
- Exercise (within your physical limits) can also improve bowel regularity. Something like a daily walk can help.
- Don't ignore the urge to open your bowels.
- When you use the toilet try sitting in a squatting position and leaning forward, so that you are relaxed.

## How do I maintain a healthy bowel habit when on PD?

You should have your bowels open at least once a day, sometimes we may suggest twice a day.

Most people on PD need to take laxatives. These help to soften your stool and move it along the bowel.

Your PD nurse will make sure you are prescribed laxatives and will adjust the dose or change them if they are not effective. You may need to take 2 or 3 different laxatives. They are more effective if taken regularly, rather than when you think you need them.

## Laxatives prescribed for people on peritoneal dialysis

### **Docusate sodium**

Docusate sodium works by making the bowel muscles contract more often and with more force. This increased muscle action moves bowel contents to the rectum. It also has a softening action and allows water to penetrate dry and hard stools. This softens the stool and makes it easier to pass.

### **How do I take docusate sodium?**

You will need to take one 100mg tablet, three times a day.

Your PD nurse or kidney doctor may suggest increasing the dose to 200mg in the morning, 100mg at lunchtime and 200mg in the evening or bedtime, if you are still experiencing problems.

### **Will I experience any side effects?**

You may experience some abdominal cramps, feel sick, and have diarrhoea. Skin rashes and allergic reactions are rare.

## **Laxido**

Laxido helps to soften stools by absorbing water. This makes passing the stool more comfortable.

### **How do I take Laxido?**

You need to take one sachet, 1- 3 times every day. Mix the sachet with 125ml of water. It can be mixed with squash.

### **Will I experience any side effects?**

You may get some abdominal bloating, cramps, feel sick and have wind (flatulence).

## **Linseed or flaxseed (golden or brown)**

This can be bought from any supermarket. Do not take linseed oil, as this doesn't work in the same way.

### **How do I take linseed?**

Start with 1 teaspoon, twice a day, and gradually increase to 1 tablespoon twice a day (take each tablespoon with 150mls water). You can also mix it with foods, such as yogurt or porridge.

### **Will I experience any side effects?**

Adding linseed to your diet might increase the number of bowel movements you have each day. It may also cause side effects, such as bloating, wind, abdominal pain, constipation, diarrhoea, and feeling sick.

## **Optifibre**

This is a food for special medical purposes. It is a granulated powder that can be added to liquids or food and doesn't affect the flavour or texture. It contains partially hydrolysed guar gum and is suitable for people with coeliac disease or an allergy to lactose.

### **How do I take Optifibre?**

The dose needs to be increased slowly, until you reach 8 scoops per day. Your PD nurse will give you a leaflet specifically about Optifibre.

### **Will I experience any side effects?**

You may experience stomach cramping or wind.

## **Senna tablets**

Senna contains sennosides, which work by making bowel muscles contract more often and with more force. This increased muscle action moves bowel contents to the rectum.

This medicine usually takes between 8-12 hours to have an effect. Senna is not recommended for long-term use, as it can cause the bowel to become lazy.

### **How do I take senna tablets?**

You will need to take 2 tablets at bed time. Your PD nurse or kidney doctor may suggest 2 tablets in the morning and 2 tablets at bed time.

### **Will I experience any side effects?**

You may notice that your stool or urine is red or yellow in colour. You may experience abdominal or cramp-like pains.

## Severe constipation treatment

### **Citramag and senna**

If you still remain constipated after trying the routine treatments, or you are having problems with your PD, your PD nurse will recommend a single treatment of Citramag and senna. Citramag is a very powerful bowel cleansing agent.

### **How do I take the senna?**

Your PD nurse will give you 10 senna tablets (or 75mg). You need to take these all in one go. You then need to take the Citramag 2 hours later.

### **How do I take Citramag?**

You should not take any medications for 1 hour before and 1 hour after taking the Citrimag, as this may affect the absorption of the medications.

Citramag comes as a powder and needs to be made up to a solution. Pour 200mls of hot water into a large cup or jug and



slowly add the contents of the sachet, stirring until it is fully dissolved. Leave it to cool completely (about 30 minutes), then drink the solution.

You may need to take two sachets, but leave at least 6 hours between the first and second sachet. You may need to take one sachet on the first day and the second sachet the next day, if you do not have enough time in the day.

Do not take it later than 4.00pm, as you will be up most of the night going to the toilet.

### **After taking the senna and Citramag:**

- Stay near a toilet! You may get diarrhoea within an hour of taking the senna, although this may not happen until you have taken the sachet of Citramag (this is what should happen). The diarrhoea will last for about 4 hours.
- Stop your usual laxatives for the days you are taking the severe constipation treatment and restart them the following day.

### **Will I experience any side effects?**

You may experience some sickness or bloating and abdominal pain (usually short lasting). Less frequent side effects include headache, dizziness and dehydration. Please contact your PD nurse if you think you may be dehydrated.

### **Is there anything else I need to know when I am taking Citramag and senna?**

Your PD nurse will need to see you in the hospital after you have used the senna and Citramag, so they can make sure your dialysis treatment is working well. If you continue to have problems with your PD, your nurse will talk to you about the next options. If your PD still isn't working well, you will need an abdominal X-ray to check the position of your PD catheter.

If your PD catheter is not in the correct position or not working well after taking the severe constipation treatment, you will probably need an operation to move it back into the correct position.

## How to contact us

If you would like further information or advice, please contact your PD nurse or dietitian.

### **Oxford Peritoneal Dialysis Unit**

Tel: **01865 225 792**

(8.30am to 6.00pm, Monday to Friday)  
(answerphone available)

### **Swindon PD Unit**

Tel: **01793 605 288**

(answerphone available)

### **Wycombe PD Unit**

Tel: **01494 426 349**

(answerphone available)

### **Milton Keynes PD Unit**

Tel: **01908 996 495**

(answerphone available)

### **Renal Ward (Out of hours)**

Tel: **01865 225 780**

### **Renal Dietitian**

Tel: **01865 225 061**

(answerphone available)

## Further information

### **Oxford Kidney Unit**

Website: [www.ouh.nhs.uk/oku/](http://www.ouh.nhs.uk/oku/)

The OKU website has lots more information for patients, relatives and friends.

### **NHS Choices**

Website: [www.nhs.uk/Conditions/Constipation](http://www.nhs.uk/Conditions/Constipation)

This provides a lot of useful information about constipation. Remember to seek advice from your PD nurse or kidney doctor before trying anything new.

### **PatientView**

Website: [www.patientview.org](http://www.patientview.org)

This shows your latest blood results, letters and medicines.

## 100,000 Genomes Project

World class research is carried out at Oxford University Hospitals. We are also a Genomics Medicine Centre and you may be eligible to take part in the 100,000 Genomes project. During your visit you may be approached about clinical research studies and the Genomes project. If you would like further information, please ask your healthcare professional or visit the website: [www.ouh.nhs.uk/research/projects/genomes.aspx](http://www.ouh.nhs.uk/research/projects/genomes.aspx)

If you have a specific requirement, need an interpreter, a document in Easy Read, another language, large print, Braille or audio version, please call **01865 221 473** or email **PALS@ouh.nhs.uk**

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