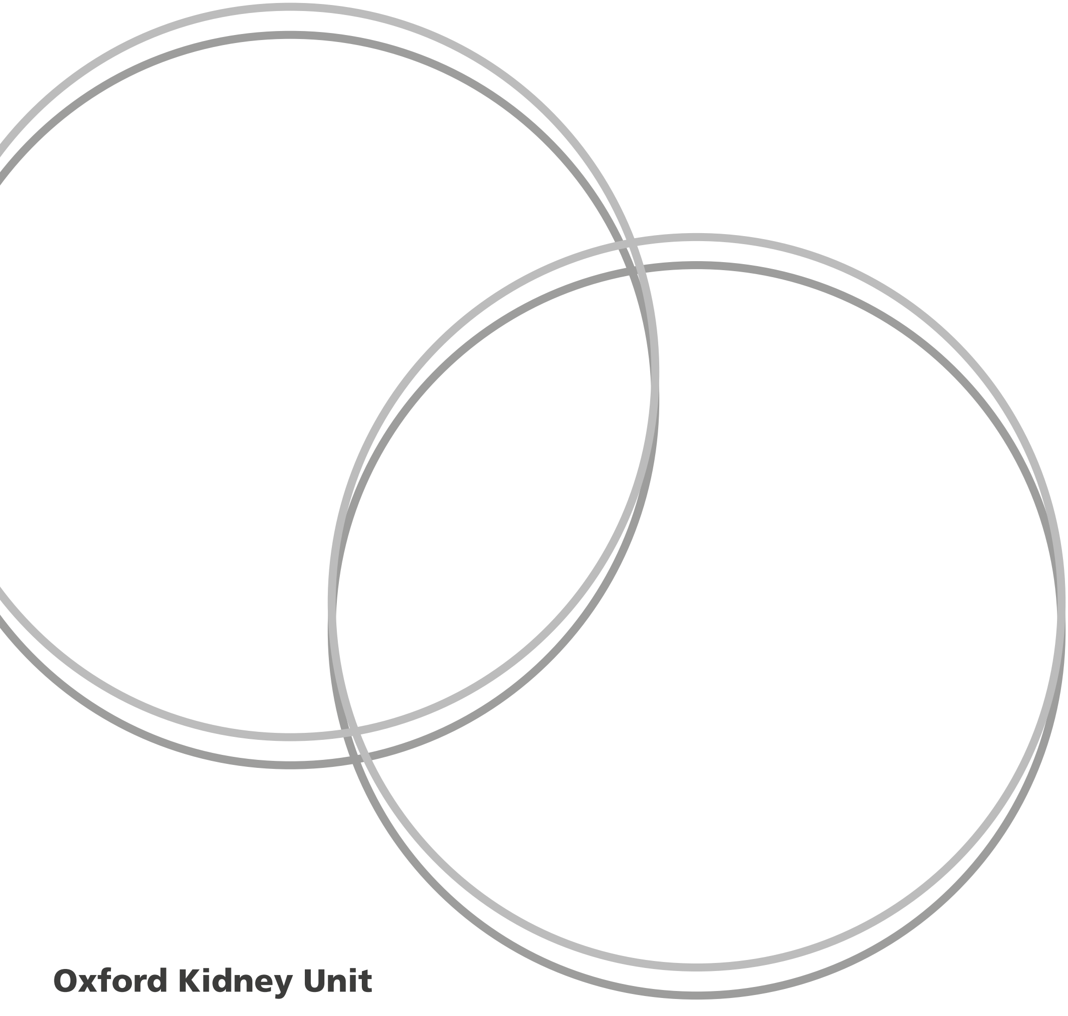
NHS
Oxford University Hospitals
NHS Foundation Trust

# Maintaining a Healthy Bowel When on Peritoneal Dialysis (PD)



**Oxford Kidney Unit**

This leaflet has been written for people on peritoneal dialysis (PD). It should provide you with useful information to prevent complications that constipation or a poor bowel habit can lead to when on PD.

Constipation is a common condition that affects people of all ages; it is especially common in people on PD. People on PD need to have a bowel motion at least twice a day.

## What will my PD nurse do?

A PD nurse will ask you lots of questions about your bowel habit. Do not feel embarrassed about this, 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. Your stools should be smooth and soft, like a sausage.

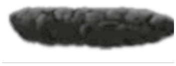
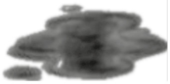
# What is constipation?

You may experience:

- having difficulty or in pain when passing stools
- 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 or 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 |  | Like a sausage or snake, smooth and soft. | Type 4 is a normal stool. |
| Type 5 |  | Soft blobs with clear cut edges (passed easily). | |
| Type 6 |  | Fluffy pieces with ragged edges, a mushy stool. | |
| Type 7 |  | Watery, no solid pieces<br>**Entirely Liquid.** | Type 7 may be overflow stool, infection or a side effect of too many laxatives. |

# How does constipation affect my peritoneal dialysis?

The PD catheter is placed into the peritoneal cavity which is surrounded by the bowel.

If the bowel is full the PD catheter can be squashed causing PD fluid drainage problems.

This may give you abdominal pain and be uncomfortable.

- If you are on the Baxter APD machine it will alarm "**low drain volume or slow flow**" 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).
- If you are on the Fresenius APD machine you may experience an **A08 alarm.**
- If you are on CAPD, you may find that you are taking a lot longer to drain the fluid and you may need to stand and wriggle about. Your PD bags may not be as full as they usually are.

Always tell your PD nurse that you are having difficulty draining the PD fluid. Never ignore it.

If you continue to do your PD and are not removing all of the fluid excess fluid can accumulate. This could cause overfilling of your abdomen and can be dangerous to your health.

# Why is constipation a problem?

Severe constipation can cause your PD catheter to move out of your pelvis (the area between your abdomen and thighs), to the upper part of the left or right side of your abdomen. This is known as migration or malpositioning of the PD catheter. Severe constipation 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 that contain opioids and iron supplements). If this is happening please talk to a PD nurse/renal dietitian/ renal pharmacist, they should be able to offer an alternative medication. Do not stop your medication without seeking advice.
- 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 do I maintain a healthy bowel habit?

- Eat a high fibre diet. See the next section for fibre tips.
- Eat plenty of fruit and vegetables. Most people on peritoneal dialysis do not usually need to follow a low potassium diet. If a dietitian has advised you otherwise, choose low potassium fruit and vegetables.
- Exercise (within your physical limits) can also improve bowel regularity. Something like a daily walk or yoga.
- Don’t ignore the urge to open your bowels.
- Keep to a regular time and place and give yourself plenty of time to use the toilet.
- When you use the toilet try sitting in a squatting position and leaning forward, so that you are relaxed.
- Take your laxatives as prescribed. They work best if taken regularly. You may need a combination of two or three laxatives for them to be effective.
- Don’t restrict your fluid intake below your fluid allowance.

# Fibre

## Why is fibre important?

Fibre is important to prevent constipation and keep your bowels opening regularly and fully. Government guidelines suggest we should aim for 30mg a day.

## What is fibre?

Dietary fibre is the part of plants that you eat but which doesn't get digested.

## Which foods are high in fibre?

Foods high in fibre that are good for you to eat are:

- Wholemeal or granary bread.
- Whole wheat breakfast cereals such as Weetabix and Shredded Wheat.
- Brown rice and wholemeal pasta.
- Pulses such as lentils, chickpeas, beans.
- Fruit and vegetables, whole fruit is higher in fibre than juices, aim to have 5 portions daily.

## Linseeds (brown or golden)

Linseeds: start taking 1 teaspoon, twice a day, and gradually increase to having 1 tablespoon twice a day. Take 150ml water with each tablespoon.

## How can I increase the fibre in my diet?

- Swap white bread for wholemeal or granary.
- Swap to high fibre breakfast cereals such as porridge, Weetabix, Shredded Wheat or Bran flakes.
- Add extra vegetables into sauces such as bolognaise or curry.
- Try and include pulses in a meal once a week, such as adding to a chilli or casserole.
- Add fruit to breakfast cereal or have as a snack.
- Leave skin on fruit and vegetables.
- Keep a supply of frozen vegetables so you are never without.
- Swap to wholemeal pasta and brown rice rather than white.
- Add linseeds to cereals, salads or yogurt (take with water as above).

A PD nurse or renal dietitian will talk with you about a fibre supplement such as Optifibre or Hyfiber.

We will give you a separate information leaflet if you are given these.

# Laxatives

## Docusate sodium

### Brand names: Dulcoease or Dioctyl

Docusate sodium is a stool softener. It works by increasing the penetration of water and fats into dry and hard stools. It also helps to make the bowel muscles contract more often and with more force.

Docusate sodium takes one or two days to work.

### How do I take docusate sodium?

Take 200mg in the morning and evening, 100mg in the afternoon.

### Will I experience any side effects?

Abdominal cramps, feel sick, and have diarrhoea. Skin rashes and allergic reactions are rare.

## Macrogol

### Brand name: Movicol, Laxido, CosmoCol, Molaxole or Molative

Macrogol helps to soften stools by absorbing water. If you are on a fluid restriction you may find this treatment more difficult. Please talk to a PD nurse/dietitian/pharmacist if this is a problem.

Macrogol can take one to two days to work.

### How do I take macrogol?

**One sachet:** You need to take one sachet, one to three times every day. Mix the sachet with 125ml of water or squash.

### Will I experience any side effects?

Abdominal bloating, cramps, feel sick and have wind (flatulence).

## Senna

### Brand name: Senokot

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

Senna takes about 8 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 1 or 2 (7.5 or 15mg) tablets at bed time. A PD nurse or kidney doctor may suggest 2 tablets in the morning and 2 tablets at bed time.

### Will I experience any side effects?

Stool or urine is red-brown 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, a 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?

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

### How do I take Citramag?

**Do not take** any medications for 1 hour before and 1 hour after taking the Citramag, as this may affect the absorption of the medications.

Citramag is 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. Or you can take 1 sachet one day and then next the day after.

Do not take it later than 4.00pm, as you may have a restless night in 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 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 a PD nurse if you think you may be dehydrated.

## What happens after I have had the treatment?

A PD nurse will need to see you in the hospital so they can make sure your dialysis treatment is working. If your PD still isn’t working well, you will need an abdominal X-ray to check the position of your PD catheter.

# Contacts

## Oxford Peritoneal Dialysis Unit

Telephone: 01865 225 792
8.30am to 6.00pm, Monday to Friday
(answerphone available)

## Swindon PD Unit

Telephone: 01793 605 288
(answerphone available)

## Wycombe PD Unit

Telephone: 01494 426 349
(answerphone available)

## Milton Keynes PD Unit

Telephone: 01908 996 495
(answerphone available)

## Renal Ward
## Churchill Hospital

Telephone: 01865 225 780
24 hours, including weekends and bank holidays

## Renal Dietitian

Telephone: 01865 225 061
(answerphone available)

## Renal Pharmacists
## Churchill Hospital

Telephone: 01865 226 105

Email: oxfordrenalpharmacists@ouh.nhs.uk

9am to 5pm, Monday to Friday
(Please leave a message on the answerphone)

# Useful websites

## Oxford Kidney Unit

Lots of information about the Oxford Kidney Unit for patients and carers.

Website: www.ouh.nhs.uk/oku

## Kidney Patient Guide

Information for patients with kidney failure and those who care for them.

Website: www.kidneypatientguide.org.uk

## Kidney Care UK

A charity which has lots of practical support and information for people with kidney disease.

Website: www.kidneycareuk.org

## Six Counties Kidney Patients Association

The SCKPA is run for patients by patients or family members.

They offer support to people suffering from kidney disease or who are on dialysis. They work closely with the Oxford Kidney Unit and have branches in Oxfordshire, Northamptonshire, Buckinghamshire, and Milton Keynes, and parts of Wiltshire, Gloucestershire and Berkshire.

Website: www.sixcountieskpa.org.uk

## National Kidney Federation

A charity which has lots of practical support and information for people with kidney disease.

Website: www.kidney.org.uk

## OUH Patient Portal
## Health for Me

Please ask a member of the renal team to sign you up to the patient portal.

Website: www.ouh.nhs.uk/patient-guide/patient-portal

## NHS website

Website: 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.

## Further information

If you would like an interpreter, please speak to the department where you are being seen.

Please also tell them if you would like this information in another format, such as:

- Easy Read
- large print
- braille
- audio
- electronic
- another language.

We have tried to make the information in this leaflet meet your needs. If it does not meet your individual needs or situation, please speak to your healthcare team. They are happy to help.

Authors: Chen Tseng, Renal Pharmacist
Jayne Woodhouse, Advanced Nurse Practitioner – Peritoneal Dialysis
Renal Dietitian Team

July 2024
Review: July 2027
Oxford University Hospitals NHS Foundation Trust
www.ouh.nhs.uk/information

Leaflet reference number: OMI 103409