GHAPP

Gastroenterology & Hepatology
Advanced Practice Providers

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Annenberg Center For Health Sciences at Eisenhower
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Opioid-Induced Constipation

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Disclosures

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Disclosures

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

HGB: 9.7	K: 3.2	ALT: 52	CA19-9: 1034
HCT: 28.2	Na: 135	AlkP: 160	Amylase: 80
WBC: 10.1	Creat: 1.1	TBili: 1.2	Lipase: 40
PLTS: 280	AST: 68	TSH: 2.3	

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
- Ogilivie Syndrome

What management options are available for this patient?

Case Study #1

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 ($5HT_4$ 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

HGB: 13.2	K: 4.7	ALT: 54
HCT: 35.7	Na: 136	AlkP: 200
WBC: 8.0	Creat: 0.8	TBili: 0.4
PLTS: 260	AST: 48	

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)
- Polyethylene glycol 3350 (osmotic)
- Lactulose (osmotic)
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Patient follow-up?

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References by request