Bowel Regimen Recommendations for Functioning Gastrointestinal Tract:

Pharmacologic Classes:
- Miralax: Osmotic laxative
- Senna/docusate: Stimulant laxative with stool softener
- Milk of Magnesia: Osmotic laxative
- Biscodyl suppository: Stimulant laxative
- Magnesium citrate: Saline laxative
- Lactulose: Osmotic laxative

All patients on admission**:
START Senna/docusate 2 tablets BID
AND
Miralax 17 g daily

No BM within 48 hours of starting bowel regimen

Normal Renal Function
ADD Milk of magnesia 15 mL PO TID
INCCREASE Milk of magnesia 30 mL PO TID
ADD magnesium citrate 300 mL PO x1
AND/OR
ADD SMOG enema 120 mL PR x 1
AND
CONSIDER KUB

Impaired Renal Function
ADD lactulose 20 g PO TID
ADD Bisacodyl suppository 10 mg PR x 1
ADD SMOG enema 120 mL PR x 1
AND
CONSIDER KUB

No BM within 72 hours of starting bowel regimen
No BM within 96 hours of starting bowel regimen
MONITOR PHYSICAL EXAM:
Obtain KUB to assess for ileus or obstruction if patient has the following symptoms in addition to constipation:
- Increased abdominal distention/discomfort/firmness
- Decreased or minimal flatus
- Increased belching or hiccupping
- Nausea or vomiting

Bowel Regimen Recommendations for a Non-Functioning Gastrointestinal Tract
If an ileus is present based on clinical presentation or imaging:
- Place NG tube to low wall suction and monitor NG tube output
- Make patient NPO
- Initiate maintenance IV fluids while NPO
- Monitor electrolytes prn while NPO
- Continue per rectal bowel regimen
- Encourage ambulation if appropriate
- KUB prn to monitor bowel gas pattern
- Discontinue or limit offending medications (e.g. opioids, anticholinergics, dopamine agonists, anti-serotonergics)
- Consider neostigmine if Ogilvie’s Syndrome on imaging (can only be administered on 10N) USE CAUTION IN PATIENTS WITH AN ANASTOMOSIS
- Although no current RCTs, one may consider the use of methylnaltrexone 12mg SQ x 1 dose for postoperative ileus if no obstruction confirmed on imaging (may give one additional dose 24h after 1st dose if no resolution)- DISCUSS WITH ATTENDING PHYSICIAN BEFORE ORDERING
  - Single center, retrospective cohort study was conducted at Vanderbilt looking at the efficacy and safety of methylnaltrexone for the treatment of post-operative ileus (dosing extrapolated from trial using for treatment of opioid-induced constipation
    - Did not show difference in efficacy compared to those who did not receive therapy
    - Did not show difference in safety - USE CAUTION IN PATIENTS WITH AN ANASTOMOSIS

References:

