

Constipation overview

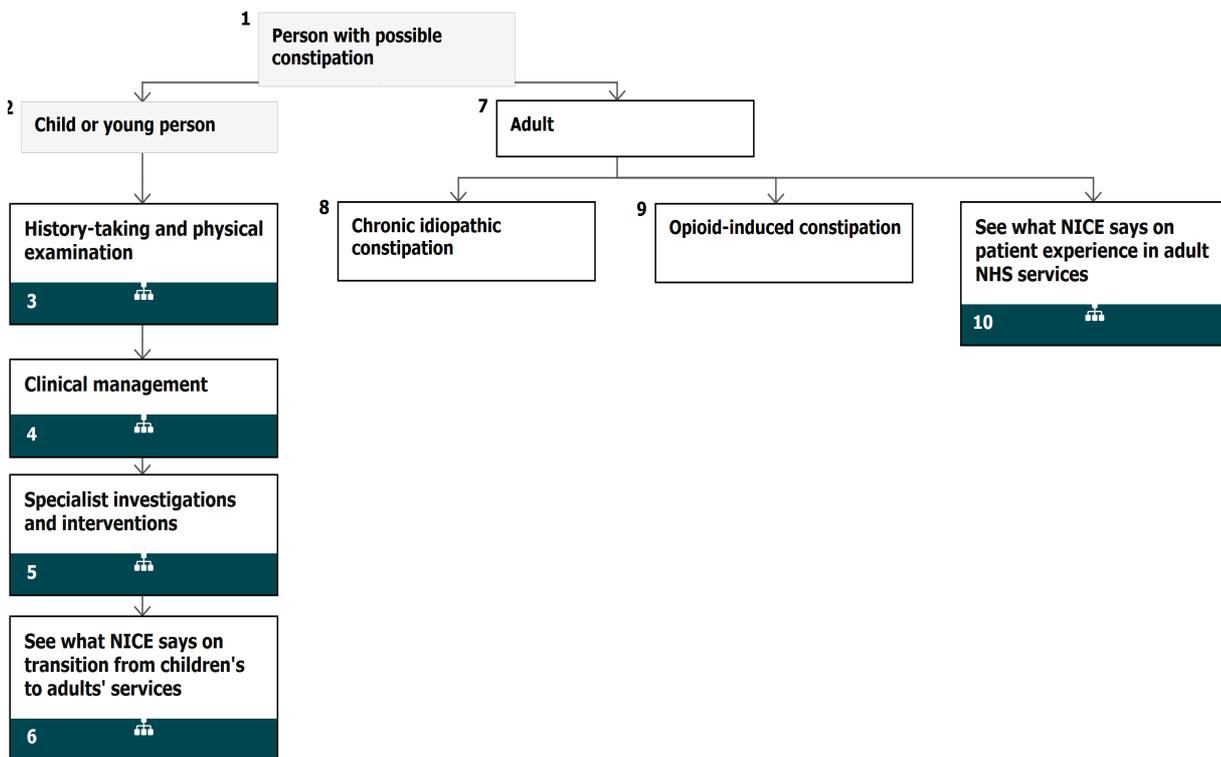
NICE Pathways bring together everything NICE says on a topic in an interactive flowchart. NICE Pathways are interactive and designed to be used online.

They are updated regularly as new NICE guidance is published. To view the latest version of this NICE Pathway see:

<http://pathways.nice.org.uk/pathways/constipation>

NICE Pathway last updated: 22 February 2018

This document contains a single flowchart and uses numbering to link the boxes to the associated recommendations.



1 Person with possible constipation

No additional information

2 Child or young person

No additional information

3 History-taking and physical examination

[See Constipation / History-taking and physical examination in children and young people with possible constipation](#)

4 Clinical management

[See Constipation / Clinical management of idiopathic constipation in children and young people](#)

5 Specialist investigations and interventions

[See Constipation / Specialist investigations and interventions for intractable constipation in children and young people](#)

6 See what NICE says on transition from children's to adults' services

[See Transition from children's to adults' services](#)

7 Adult

NICE has published a clinical knowledge summary on [constipation](#) in adults. This practical resource is for primary care professionals (it is not formal NICE guidance).

8 Chronic idiopathic constipation

Possible treatments

Lubiprostone

The following recommendation is from NICE technology appraisal guidance on [lubiprostone for treating chronic idiopathic constipation](#).

Lubiprostone is recommended as an option for treating chronic idiopathic constipation, that is, for adults in whom treatment with at least 2 laxatives from different classes, at the highest tolerated recommended doses for at least 6 months, has failed to provide adequate relief and for whom invasive treatment for constipation is being considered.

If treatment with lubiprostone is not effective after 2 weeks, the person should be re-examined and the benefit of continuing treatment reconsidered.

Lubiprostone should only be prescribed by a clinician with experience of treating chronic idiopathic constipation, who has carefully reviewed the person's previous courses of laxative treatments specified above.

NICE has written information for the public on [lubiprostone](#).

Prucalopride for chronic constipation in women

The following recommendation is from NICE technology appraisal guidance on [prucalopride for the treatment of chronic constipation in women](#).

Prucalopride is recommended as an option for the treatment of chronic constipation only in women for whom treatment with at least two laxatives from different classes, at the highest tolerated recommended doses for at least 6 months, has failed to provide adequate relief and invasive treatment for constipation is being considered.

If treatment with prucalopride is not effective after 4 weeks, the woman should be re-examined and the benefit of continuing treatment reconsidered.

Prucalopride should only be prescribed by a clinician with experience of treating chronic constipation, who has carefully reviewed the woman's previous courses of laxative treatments specified above.

NICE has written information for the public on [prucalopride](#).

Peristeen transanal irrigation system for managing bowel dysfunction

The following recommendations are from NICE medical technologies guidance on [Peristeen transanal irrigation system for managing bowel dysfunction](#).

The case for adopting Peristeen for transanal irrigation in people with bowel dysfunction is supported by the evidence. Peristeen can reduce the severity of constipation and incontinence, improve quality of life and promote dignity and independence.

Peristeen may not be suitable for all people with bowel dysfunction. It may take several weeks before a person is comfortable with using Peristeen, and some people may choose to stop using it. Peristeen is therefore most effective when it is offered with specialist training for users, carers and NHS staff, and structured patient support.

Cost modelling for Peristeen is uncertain, but it is likely that Peristeen provides additional clinical benefits without costing more than standard bowel care.

Clinical investigation

Assessing motility of the gastrointestinal tract using a wireless capsule

NICE has published interventional procedures guidance on [assessing motility of the gastrointestinal tract using a wireless capsule](#) with **special arrangements** for clinical governance, consent and audit or research.

9 Opioid-induced constipation

Naloxegol

The following recommendation is from NICE technology appraisal guidance on [naloxegol for treating opioid-induced constipation](#).

Naloxegol is recommended, within its marketing authorisation, as an option for treating opioid-induced constipation in adults whose constipation has not adequately responded to laxatives.

- An inadequate response is defined as opioid-induced constipation symptoms of at least moderate severity in at least 1 of the 4 stool symptom domains (that is, incomplete bowel movement, hard stools, straining or false alarms) while taking at least 1 laxative class for at least 4 days during the prior 2 weeks.

NICE has written information for the public on [naloxegol](#).

Methylnaltrexone bromide

The NICE technology appraisal of [methylnaltrexone bromide for treating opioid-induced constipation](#) was terminated because no evidence submission was received from Swedish Orphan Biovitrum Ltd. The company has confirmed that it does not intend to make a submission. Therefore NICE **was unable to make a recommendation** about the use of this technology in the NHS, but will review this decision if the company decides that it wants to make an evidence submission.

10 See what NICE says on patient experience in adult NHS services

[See Patient experience in adult NHS services](#)

ACE

antegrade colonic enema

Sources

[Methylnaltrexone bromide for treating opioid-induced constipation \(terminated appraisal\) \(2017\)](#) NICE technology appraisal 468

[Naloxegol for treating opioid-induced constipation \(2015\)](#) NICE technology appraisal guidance 345

[Lubiprostone for treating chronic idiopathic constipation \(2014\)](#) NICE technology appraisal guidance 318

[Prucalopride for the treatment of chronic constipation in women \(2010\)](#) NICE technology appraisal guidance 211

[Peristeen transanal irrigation system for managing bowel dysfunction \(2018\)](#) NICE medical technologies guidance 36

Your responsibility**Guidelines**

The recommendations in this guideline represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, professionals and practitioners are expected to take this guideline fully into account, alongside the individual needs, preferences and values of their patients or the people using their service. It is not mandatory to apply the recommendations, and the guideline does not override the responsibility to make decisions appropriate to the circumstances of the individual, in consultation with them and their families and carers or guardian.

Local commissioners and providers of healthcare have a responsibility to enable the guideline to be applied when individual professionals and people using services wish to use it. They should do so in the context of local and national priorities for funding and developing services,

and in light of their duties to have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities. Nothing in this guideline should be interpreted in a way that would be inconsistent with complying with those duties.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.

Technology appraisals

The recommendations in this interactive flowchart represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, health professionals are expected to take these recommendations fully into account, alongside the individual needs, preferences and values of their patients. The application of the recommendations in this interactive flowchart is at the discretion of health professionals and their individual patients and do not override the responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or their carer or guardian.

Commissioners and/or providers have a responsibility to provide the funding required to enable the recommendations to be applied when individual health professionals and their patients wish to use it, in accordance with the NHS Constitution. They should do so in light of their duties to have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.

Medical technologies guidance, diagnostics guidance and interventional procedures guidance

The recommendations in this interactive flowchart represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, healthcare professionals are expected to take these recommendations fully into account. However, the interactive flowchart does not override the individual responsibility of healthcare professionals to

make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or guardian or carer.

Commissioners and/or providers have a responsibility to implement the recommendations, in their local context, in light of their duties to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity, and foster good relations. Nothing in this interactive flowchart should be interpreted in a way that would be inconsistent with compliance with those duties.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.