

Wejdan Othman Younes* and Loai Issa Tawalbeh

Clinical Nursing Department, University of Jordan, Amman, Jordan

***Correspondence author:** Wejdan Othman Younes, Clinical Nursing Department, University of Jordan, Amman, Jordan, Tel: 00962-0790971182; E-mail: w_younes@ju.edu.jo

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Abstract

Constipation has a negative effect on patients with cancer and their families. It negatively affects the quality of life terms of physical, social, psychological, and spiritual dimensions. The aim of this paper was to review the studies that addressed constipation among patients with cancer and to explore its influence on the quality of life and well-being for patients and their families. Completed studies were identified through systematic search using Cumulative index for Nursing and Applied Health Literature, EBSCO Host, Ovid Journal and PubMed. This search located the studies that were published between 1989 and 2015 about constipation effect, pathophysiology, assessment and management. The review identified 44 studies and indicated that constipation has negative effect on QOL among patient with cancer and their families. Various assessment and management constipation tools and strategies were used according to patient's health condition. Pharmacological and non-pharmacological methodologies were used to manage constipation. Appropriate assessment a a MamM nstipation usebMha Ånd pcol

An extensive search of the literature using Xj YfYbh data bases including Cumulative Index of Nursing and Applied Health Literature (CINAHL), EBSCO Host, Ovid Journal and PubMed was undertaken.

lg search was performed to locate the studies published between 1989 and 2015 that addressed constipation among patients with cancer. Keywords used included "Constipation", "Cancer", "Quality of Life" "Constipation Assessment", "Constipation Management", "Practice Policy" and "Jordan". Eighty articles were [Xbh] YZ of which 44 deemed relevant and analyzed in terms of constipation consequences, pathophysiology, constipation assessment and management.

Inclusion criteria for the present review included studies that (a) were published in a peer-reviewed medical and nursing journal, (b) used a research-based approach, (c) written in English, (d) were published between 1980 and 2016 and (e) addressed constipation among patients with cancer. Potential bias in the chosen studies was avoided by incorporating all appropriate retrieved studies and comparing the results of Xj YfYbh studies.

Forty-four research studies were [Xbh] YX and analyzed in terms of constipation consequences and pathophysiology, opioid induced constipation, constipation assessment and management.

Constipation has a negative impact on all dimensions of the quality of life, even they with or without chronic disease and whatever the underlying cause of constipation. Yg dimensions included physical, social, psychological, and spiritual [7]. Constipation does not U YMi patients with cancer only, but also patients with other health problems. A prospective longitudinal study conducted in Germany, Canada, United States and United Kingdom and aimed to provide comprehensive view about experience and symptom burden over time to among chronic non-cancer patients complaining of pain and used opioid to treat this pain as result of opioid consumption, constipation is occur. Y bXj b[g revealed that constipation persists despite g Vbhlaxative use and with little symptoms improvement, activity impairment, and negatively impact on health-related QOL [14].

Constipation not only impaired the patient's QOL, but also U YMiX families' and considered as burden on health-care resources. YQOL of patients with cancer and their care-givers that were U YMiX by constipation may include social background, economic condition, environmental situation, family, psychological, and spiritual living aspects [15]. A prospective, cross-sectional study aimed to assess symptoms and health-related QOL for patients with cancer. One hundred twenty-four patients were analyzed within two

Pharmacological management for opioid related constipation is

environment for defecation, are considered as non-pharmacological measures. Stimulant laxative and stool softeners are used as pharmacologic measures.

Nurses performed XJ YfYbhole, one of them is educator. Based on guideline for the prevention and management of constipation in opioid- caused bowel dysfunction (OBD), nurses are educating each other and their patients related to medication side effects including the signs and symptoms of OBD. Successful usage of this guideline in developed prevention and management strategy help diminish the risk of complication development. Nurses should utilize evidence-based guidelines to maximize pain management, prevent complication development, decrease the severity and frequency of constipation, and improve QOL to patients and their families with advanced cancer.

Y review recommended to apply the suggested practice policy in

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