CONSTIPATION

Constipation is when bowel movements are less frequent and/or more difficult to pass than usual.

Constipation can cause pain, bloating, gas, nausea, and decreased appetite. The longer it stays in the bowels, the harder it becomes and more difficult it is to pass. If left untreated it can lead to stool impaction or intestinal blockage in severe cases.

Being less active, eating or drinking less, eating too little fiber, or taking certain medications can cause constipation.

Constipation is a very common side effect for bowel cancers, large abdominal tumors, and narcotic pain medications

It can also occur with certain chemotherapies, anti-nausea medications, some antidepressants,
and overuse of antidiarrheals.

Ways to Help Prevent and Manage Mild Constipation

- Eat at regular times each day
- **Drink at least 64 fluid ounces each day.** Staying well hydrated allows water to remain in the stool, keeping it soft. Water is the best source of hydration. **Drinking warm/hot beverages** can help stimulate the gut to move, also. Avoid excessive amounts of caffeinated beverages.
    - **Be physically active**. Help increase your bowel's activity by moving your body more. Aim for 30+ minutes of activity daily.
    - **Include high fiber foods in your diet.** (See below)
    - **Have awareness of what medications may be causing constipation.** Knowing the cause of constipation may help you to manage it.
    - **Inform your healthcare team what you are experiencing**. Your healthcare team is here to support and educate you on management for constipation.

Tips for Adding Fiber to your Diet

- Fiber in food is helpful to stop constipation by adding bulk, pushing foods through the intestines quicker, and holding onto the fluids in the stool. Foods that include high fiber are:
    - Fruits & Vegetables. Give preference to those that are raw, dried, or cooked with skin/seeds.
    - Beans, nuts, legumes, and popcorn.
    - Wheat bran, whole-grain breads and cereals. Not all varieties are created equal. Compare food labels.
- Food labels list fiber content as "dietary fiber". A food that is considered high in fiber has 20% DV or more per serving.
- The average adult should eat 25-35 grams of fiber per day.
- Consider use of fiber supplements. **(see back of handout).**

Dealing with Problematic Abdominal Gas

- **Limit swallowing air.** Don't talk while eating, do not use a straw, choose only non-carbonated beverages, do not chew gum or suck on hard candies.
- **Avoid gas producing products.** Eat less broccoli, cabbage, cauliflower, cucumbers, dried beans, peas, and onions.
- **Bean-O use**. if you DO choose gassy foods, take this enzyme supplement at mealtime to decrease gas that is made.
- **Simethicone (Gas-X) use**. This over the counter medication can decrease the size of painful gas bubbles.

CONSTIPATION

If you are experiencing significant constipation (lack of stooling for 3 days or more), it is very important to produce a bowel movement.

After initial relief of a bout of constipation, it is just as important to avoid it from returning.

For some people, this could mean more regular use of over the counter (OTC) supplements or medications to help you achieve regularity.

KEEP IN MIND: Every person is different. It may take some "trial and error" to find the best way to manage your constipation. Work with your dietitians, nurses, and doctors to help guide you.

Frequently used OTC Product Overview and examples of common brands:

Fiber: Supplements are insoluble fiber that add bulk and absorb fluid into stool to maintain soft texture.

- Psyllium (Metamucil)
- Calcium Carbophil (FIberCon)
- Methylcellulose (Citrucel)
- Wheat Dextrin (Benefiber)

Osmotic Laxatives: Brings fluid from the body into the intestines to soften stool and help flush it out.

- Propylene Glycol (Miralax)
- Milk of Magnesia (Phillips)
- Magnesium Citrate

Stool Softeners: Gently allow water to penetrate the stools for softening.

- Docusate Sodium (Colace)
- Docusate Calcium (Surfak)
- Mineral Oil

Stimulating Laxatives: Causes increased movement and contraction of the intestines to push out stool.

- Bisacodyl (Dulcolax)
- Sennosides (Senokat, Ex-La)
- Castor Oil

Combinations: Some OTC products contain both a stool softener and a stiumulant laxative.

- Docusate Soduim + Sennosides (Pericolace, Senokot S)

Protocol for Constipation Treatment

For Mild Constipation:

- Make sure to drink enough fluids, at LEAST 64 ounces.
- Start by using 1-2 capsules of stool softeners per day.
- Consider Fiber Supplements of 1-3 servings daily.
- Consider periodic use of Miralax as needed (every 2-3 days)

For Acute/ Severe Constipation:

- Use **Senokot-S, 2 Tablets** at bedtime.
- If no BM the next day: Take **2 Senokot-S tablets** after breakfast
- If no BM by evening: Take **3 Senokot-S tablets** at bedtime
- If no BM by the third day: **Dulcolax, 10mg** at bedtime or **Milk of Magnesia, 1-2 oz** at bedtime.
- If no BM has occured in 4-5 days: **Call your Nurse or Doctor**

After Episode of Severe Constipation:

To avoid future struggles you may need daily use of stool softeners and/or laxatives. Increase and decrease doses gradually as needed for regular BM. You may need to spread out doses to twice daily.

Choosing Wisely®

An initiative of the ABIM Foundation

Society of Gynecologic Oncology

Society of Gynecologic Oncology

Five Things Physicians and Patients Should Question

1

Don't screen low risk women with CA-125 or ultrasound for ovarian cancer.

Screening CA-125 and ultrasound in low risk, asymptomatic women have not led to a diagnosis of ovarian cancer in earlier stages of disease or reduced ovarian cancer mortality. False positive results of either test can lead to unnecessary procedures, which have risks of morbidity.

2

Don't perform Pap tests for surveillance of women with a history of endometrial cancer.

Pap test of the vaginal cuff (top of vagina) in women treated for endometrial cancer does not improve detection of recurrent cancer. False positive Pap tests in this group can lead to anxiety and unnecessary procedures such as colposcopy and biopsy.

3

Don't perform colposcopy in patients treated for cervical cancer with radiation unless high-grade changes are present

Colposcopy for low-grade abnormalities (e.g. positive high-risk HPV test or Pap showing low-grade squamous intraepithelial lesion) in patients treated with radiation for cervical cancer does not detect recurrence unless there is a visible lesion and is not cost effective.

4

Imaging for cancer surveillance in women with gynecologic cancer, specifically ovarian, endometrial, cervical, vulvar and vaginal cancer should be driven by symptoms/signs.

Avoid routine imaging for patients with a history of ovarian, endometrial, cervical, vulvar and vaginal cancer. Imaging in the absence of symptoms, abnormal physical exam findings and/or rising tumor markers for gynecologic cancers has shown low yield in detecting recurrence or impacting overall survival.

5

Don't delay the provision of palliative care for women with advanced or relapsed gynecologic cancer, including referral for specialty level palliative medicine.

There is an evidence-based consensus among physicians who care for cancer patients that palliative care improves symptom burden and quality of life. Palliative care empowers patients and physicians to work together to set appropriate goals for care and outcomes. Palliative care can and should be delivered in parallel with cancer directed therapies in appropriate patients.

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How This List Was Created

The Society of Gynecologic Oncology (SGO) created a "Cost of Care" workgroup in response to the ABIM Foundation's *Choosing Wisely®* campaign. Workgroup members are comprised of the Society's clinical practice committee that is made up of gynecologic oncologists, medical oncologists, nurse practitioners, pharmacists and other allied health providers. A literature review was conducted to identify areas of overutilization or unproven clinical benefit and areas of underutilization in the presence of evidence-based guidelines. The workgroup then evaluated these data and presented a list of five topics to the membership of the clinical practice committee and then to the SGO Board of Directors for approval. The five selected interventions were agreed upon as the most important components for women with gynecologic malignancies and their providers to consider.

SGO's disclosure and conflict of interest policy can be found at www.sgo.org.

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About the ABIM Foundation

The mission of the ABIM Foundation is to advance medical professionalism to improve the health care system. We achieve this by collaborating with physicians and physician leaders, medical trainees, health care delivery systems, payers, policymakers, consumer organizations and patients to foster a shared understanding of professionalism and how they can adopt the tenets of professionalism in practice.

To learn more about the ABIM Foundation, visit www.abimfoundation.org.

About the Society of Gynecologic Oncology

The Society of Gynecologic Oncology (SGO) is a 501(c) 6 national medical specialty organization of physicians and allied health care professionals who are trained in the comprehensive management of women with malignancies of the reproductive tract. The Society's membership, totaling more than 1,600, is primarily comprised of gynecologic oncologists, as well as other related medical specialists including medical oncologists, radiation oncologists, nurses, social workers and pathologists. SGO members provide multidisciplinary cancer treatment including chemotherapy, radiation therapy, surgery and supportive care.

For more information, please visit www.sgo.org.

About the Foundation for Gynecologic Oncology

The Foundation for Gynecologic Oncology is a 501(c) 3 organization that ensures that SGO meets the needs and provides the resources for members and the women's cancer care community.

For more information, please visit www.sgo.org/foundation.

For more information or to see other lists of Five Things Physicians and Patients Should Question, visit www.choosingwisely.org.

HUMAN PAPILLOMAVIRUS (HPV)

Is human papillomavirus (HPV) rare?

No, HPV is a very common virus. The HPV infection is present in 45 percent of men between the ages of 18 and 59, and 40 percent of women between the ages of 18 and 59. While an HPV infection can cause cervical cancer, most people with HPV will not get cervical cancer.

Is cervical cancer a big deal?

Yes. More than 13,240 women will be diagnosed, and 4,170 women will die from cervical cancer each year.

If you practice safe sex, will you get HPV?

The practice of safe sex will not necessarily protect someone from getting HPV since it can be spread through skin-to-skin contact. However, safe sex practices such as condom use are still encouraged.

I do not know anyone with HPV. Am I the only one?

No, you are not alone. The HPV infection is present in 45 percent of men between the ages of 18 and 59, and 40 percent of women between the ages of 18 and 59.

Should I get a Pap smear or HPV test?

Yes. Women should get a Pap smear and a frequent HPV test to screen for HPV and precancerous changes on the cervix and vagina. The frequency of the tests and types of tests will be determined by your age, special risks or circumstances, and are available in special guidelines that your provider will know.

If you get an abnormal Pap smear or test result, do you need to follow up with your doctor?

Yes. If you get an abnormal Pap smear or test result, you should follow up with your doctor promptly.

Does HPV cause any other cancers?

Yes. An HPV infection can cause vulvar, vaginal, penile, anal, mouth, and throat cancer.

Can HPV cause infertility?

No. The HPV infection and vaccine does not cause infertility. The treatment for cervical cancer can cause infertility.

Since schools do not require the HPV vaccine, is it still necessary for boys and girls to receive the vaccine?

Yes. The Centers for Disease Control and Prevention (CDC) recommends that girls and boys between 11 and 12 years of age should get two shots of the HPV vaccine six to 12 months apart.

The above information was composed by the members of the Society of Gynecologic Oncology (SGO). Sources include data from the American Cancer Society, the Centers for Disease Control website, and a report published by the National Center for Health Statistics titled, "Prevalence of HPV in Adults Aged 18-69: United States, 2011-2014."

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