

The effects of Stopping Enemas in Disabled Elderly Patients Suffering from Constipation in Nursing Departments

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Purpose :

In many disabled patients in nursing departments (ND) constipation can be relieved only by enemas. In September 2004, supply of Fleet enemas (FE, Sodiumbiphosphate 16g/ Sodiumphosphate 6g/ 10cc,) to our center was unexpectedly stopped and we had to use our reserve or give lactulose instead. The influence of discontinuation of enemas (DoE) in ND patients was evaluated.

Methods:

270 disabled patients in 10 ND were evaluated. Beginning September 1, in all patients treated with FE, an attempt of DoE was made and they were all given lactulose. Using medical and nursing follow up notes, several parameters were compared in all patients between July-August and October-November of 2004 (before and after DoE, respectively).

Results:

16 patients (6%) received no treatment for constipation, 60 (22%) lactulose and 194 (72%) FE. Within two weeks of DoE despite the use of lactulose, unbearable symptoms requiring readministration of enemas developed in 120 (62%). These, with 76 patients who were not treated by FE (196 controls) were compared to 74 patients in whom DoE was successfully accomplished. This DoE group showed a significantly increased number of physical examinations by the physician (123 before 226 after DoE, no significant change in the controls, $P < 0.01$), and a higher prevalence of increase in body weight (35% compared to 15% in the controls, $p < 0.0001$). There was no change in urinary symptoms, sleep, appetite, irritability, urinary or respiratory infections, number of sedatives/tranquilizers prescribed or referrals to hospitals before and after DoE. Findings of rectal examination in November 2004 were comparable in DoE and control groups. The average cost per patient of FE was much higher than that of lactulose.

Conclusions:

In most disabled ND patients, stopping enemas is impractical and has no clinical or financial benefits.