BOWEL REGIMEN DRUGS

I. Oral agents (from above)
   a. Stool softeners: affect stool only, no affect on colonic activity
      i. Psyllium: soluble fiber, bulkens and softens stool
         1. Bulkens diarrhea, softens constipation; ideal for regulation in IBS
      ii. Docusate: detergent (micelles), softens/liquefies stool
   b. Stimulants: increase colonic motility, no affect on stool; best if scheduled
      i. Bisacodyl: neurogenic stimulant and contact irritant, increases colonic activity
      ii. Sennosides: neurogenic stimulant, increases colonic activity
         1. Dose can be up-titrated fairly safely; good for opiate-induced ileus
   c. Osmotics: pull fluid into lumen; most often used PRN
      i. Gentle but reliable (trucks)
         1. Magnesium hydroxide (MoM): common OTC; avoid if ESRD
         2. Polyethylene glycol (PEG): synthetic non-soluble fiber
      ii. Non-gentle and potentially a bit messy (plows)
         1. Magnesium citrate: rapid-acting; avoid if ESRD
      iii. Aggressive (bulldozers)
         1. High-volume PEG (golytely): non-digestible
         2. Lactulose: digestible by colonic bacteria, can cause painful gas
         3. Sodium polystyrene (kayexalate): theoretically absorbs potassium

II. Suppositories (pills from below)
   a. Effects localized to rectum, useful only when soft stool in vault
      i. Docusate: detergent, placement causes irritation
      ii. Bisacodyl: stimulant, placement causes irritation

III. Enemas (liquids from below)
   a. Affect rectum and above depending on volume, useful when hard or no stool in vault
   b. Low volume: reach into rectum and sigmoid colon
      i. Sodium phosphate (fleets); avoid if ESRD
      ii. Mineral oil
   c. High volume: reach above sigmoid colon
      i. Tap water: safe, fairly gentle, risk of hyponatremia
      ii. Soap suds: safe, lower risk hyponatremia, more cumbersome to administer

IV. Ideal prophylactic regimen
   a. Useful if opiates, anticholinergics, elderly, fluid restricted
   b. Something schedule (hold if diarrhea): sennosides, bisacodyl
      i. Optional docusate (possibly less effective to contract against liquid)
   c. Something PRN: MoM, PEG

V. Ideal treatment regimen
   a. Useful if already constipated (no BM in >48 hrs) or impacted (rocks in rectum)
   b. Aggressive schedule (until BM): sennosides or bisacodyl –AND- MoM or PEG daily
   c. Daily enemas: tap water or soap suds daily if no BM in >24 hrs
   d. High-volume PEG (bulldozer) if no BM in >48 hrs despite above

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