

Introducing abdominal massage in palliative care for the relief of constipation

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Constipation and its associated problems affect approximately 50% of patients admitted to hospices in the United Kingdom. It is common practice in many hospices to offer a range of complementary therapies of which aromatherapy massage is one. Abdominal massage for the relief of constipation was once a commonly practised therapy but its use declined over time, like other complementary therapies there is now a rekindling of interest in the role that abdominal massage may play in relieving constipation. This paper will explain how a safe non-invasive easily learnt technique of abdominal massage was introduced in a palliative care setting to help relieve some of the problems associated with constipation. Despite the number of patients involved in this project being small, relief from some of the symptoms associated with constipation was experienced by some patients. A formal study of the benefits of abdominal massage in palliative care for the relief of constipation is needed. © 2002 Elsevier Science Ltd. All rights reserved.

INTRODUCTION

Constipation is a problem which the majority of the population will have experienced at some time in their lives. It is often regarded as a taboo subject; surrounded by social sensitivities. For patients with life-threatening illnesses, particularly those in the advanced and terminal stages of cancer, constipation is often a frequent, distressing and underestimated problem. It has been reported that 50% of patients admitted to hospices will complain of constipation and 80% of patients will need laxative therapy (Fallon & O'Neill 1997). Constipation if left untreated can result in patients suffering from a range of problems including abdominal pain and distension, flatulence, retention of urine, incontinence, faecal overflow or possibly diarrhoea. Constipation is therefore a problem which will often have a profound effect on the patients well being and quality of life. Fifield (1991) suggests that the management and treatment of constipation is a good place to start when caring for patients with life-threatening disease as constipation and pain are two of the most major problems encountered in this group of patients.

Massage as a therapy has a long and ancient history within medicine and its use reached a

peak during the latter part of the 19th century and first quarter of the 20th century. The popularity of massage as a therapy disappeared entirely by 1950. Massage and aromatherapy along with other complementary therapies have recently undergone a revival especially within palliative care and the hospice movement. An unpublished study (Wilkes 1992) found that 70% of hospices were offering aromatherapy massage or massage therapies to their patients. Several other studies (Corner et al. 1995, Wilkinson 1995) suggest that aromatherapy massage or massage therapy has a role to play in reducing anxiety, psychological distress and helping with symptom control in patients who are in the advanced or terminal stage of a life-threatening disease. The use of abdominal massage to help relieve constipation has been an effective therapy for several hundred years and like traditional massage interest in its use has faded over time followed again by a recent resurgence in its popularity.

This paper will describe the process involved in the introduction to a palliative care setting of a programme of abdominal massage for the relief of constipation. It will also discuss some of the outcomes for patients involved in the implementation of this programme.

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LITERATURE SEARCH

During the 1870s abdominal massage using a leather-coated ball or shot bag weighing between three to four pounds was advocated for men with sluggish colons (Kellogg 1990). A systematic review of several controlled clinical trials (Ernst 1999) suggested that none of these trials was free from methodological flaws but acknowledged that abdominal massage is a promising but unproven treatment option for chronic constipation and further investigations are needed.

A further study (Emly 1993) supported the use of abdominal massage for the relief of constipation in a patient with cerebral palsy. The case study highlighted the benefit of abdominal massage in aiding peristalsis and improving the patients self esteem. Abdominal massage was performed three times a week which resulted in a spontaneous bowel action from the patient and this continued for a month, during which time the patient did not require any enemas. The study was terminated because the patient was admitted to hospital with problems not related to constipation.

The effect of a 20 minute abdominal massage on stool frequency and colonic transit time was measured in nine patients with chronic constipation and seven healthy volunteers (Klauser et al. 1992). The results of this study were not statistically significant and the authors concluded that abdominal massage did not alter colonic function in patients with constipation nor healthy volunteers.

Richards (1998) introduced a programme of abdominal massage for patients with a variety of illnesses and disabilities but all had a history of chronic constipation. The sample size in the study was small and it was difficult to draw any firm conclusions but a trend towards an increase in bowel movements and a reduction or discontinuation in the use of medication was demonstrated. As part of this study a programme aimed at training informal carers in the community to administer a safe, non-invasive abdominal massage for patients with constipation was developed. Once the carer was proficient in the abdominal massage technique there was no need for further input from the trainer except to leave a contact phone number with the carer. This reduced the need for frequent visits from the community nursing team to administer enemas or carry out manual evacuation.

The combined use of essential oils and abdominal massage is not well documented in the literature. In a prospective randomized study of newly referred patients with a diagnosis of Irritable Bowel Syndrome (IBS) patients received either aromatherapy or placebo aromatherapy. The treatment group had a statistically signifi-

cant decrease in abdominal pain, stress and in the number of days that symptoms were present. The patients were evaluated using a questionnaire designed to evaluate abdominal pain and quality of life (Scott & James 1999). A critical review and meta-analysis of eight randomized control trials into the use of peppermint oil (*Mentha X piperita* L.) as a symptomatic treatment for IBS was conducted in 1998 (Pittler & Ernst 1998). The paper concluded that the role of peppermint oil in relief of symptoms associated with IBS was not established and that further studies were necessary.

Clearly there are many conflicting pieces of evidence about the effectiveness of abdominal massage for the relief of constipation. The use of abdominal massage does not appear to have been used as a viable method to aid the relief of constipation in patients in the advanced or terminal phase of a life-threatening disease.

BACKGROUND TO PROJECT

Despite the inconclusive nature of the literature search it was decided to proceed with the development of a programme to introduce abdominal massage to help relieve constipation and its associated symptoms. The plan was to introduce a safe, non-invasive, easy to learn technique of abdominal massage that could be taught to patients and carers. Members of the nursing staff as well as the massage therapists working at the hospice would also be given the opportunity to learn the massage technique so they could teach patients and carers.

The hospice where this project was introduced has offered aromatherapy massage or massage therapy to patients and their carers for a number of years. Patients attending the day-care centre have the opportunity to receive aromatherapy massage on a weekly basis; a similar service is available to patients and carers in their own homes and to those patients who are in the in-patient unit. The service is an accepted part of patients' care with approximately 90% of day-care patients receiving a weekly treatment and all in-patients having the opportunity, if appropriate, to have an aromatherapy massage at least five times a week.

The day care leader reported that several patients were experiencing problems associated with constipation and asked if there was any form of massage that could be helpful in relieving some of these symptoms. My experience of the use of abdominal massage for constipation was limited to private practice clients who had been treated with some success. The style of abdominal massage used on these clients was not appropriate for use in the palliative care setting,

where a more gentle form of massage is usually practised. After some discussion with colleagues it was agreed that the possibility of introducing a programme of abdominal massage for the relief of constipation in patients in the palliative phase of their illness would be investigated.

DEVELOPING THE PROGRAMME

As part of the development of the programme to introduce abdominal massage for the relief of constipation it was important to establish a definition of constipation. Twycross and Wilcock (2001) refer to constipation as difficulty in defaecation and Fallon and O'Neill (1997) define constipation as the passing of small hard faeces infrequently and with difficulty. It is perhaps more important to recognize that the frequency of bowel emptying will vary amongst individuals as does their perception of constipation and that there are many factors to be taken into consideration when defining constipation. Lack of understanding amongst patients and health professionals concerning constipation can sometimes exist. In an audit on the prevention and management of constipation (Maestri-Banks 1998) 52% of male patients and 47% of female patients considered themselves to be constipated when they were not. These patients assessed their patterns of defaecation against what they thought was normal rather than what was normal for them. The above definitions can serve as a guide and can be of use when conducting the patient assessment prior to a possible referral for abdominal massage.

AIMS OF ABDOMINAL MASSAGE PROGRAMME

The aims for the programme of abdominal massage for the relief of constipation were:

- to introduce a safe, non-invasive technique of abdominal massage which could be used by patients, carers, trained nursing staff and complementary therapists;
- to help to relieve or reduce symptoms associated with constipation which will assist the patient to achieve normal bowel function;
- to make patients and carers aware of the causative factors of constipation and identify ways in which these problems may be solved;
- to monitor and evaluate the effectiveness of abdominal massage for the relief of constipation on a regular basis.

Contra-indications for referral for abdominal massage:

- Patients with known or suspected abdominal obstruction.
- Patients with a large abdominal mass unless permission has been given by the medical staff.
- Patients who were receiving radiotherapy to their abdomen or had received radiotherapy to their abdomen in the six weeks before referral.
- Patients who have had recent abdominal surgery.
- Not recommended by the medical or nursing staff.
- Not wanted by the patient.

ASSESSMENT FOR ABDOMINAL MASSAGE

This was done by the referring nurse and if she was in any doubt about the suitability of the patient for referral for abdominal massage or unclear if the patient was constipated then she would consult either a senior colleague, a member of the medical team or the complementary therapies co-ordinator.

1) Establish the presence of constipation by:

- identifying what is normal bowel function for the patient asking the patient when their last bowel action was.
- Identifying what other symptoms associated with constipation the patient may be experiencing.

2) Identify the possible causes of constipation and give advice if relevant.

- Poor fluid and dietary intake, especially a diet low in fibre.
- Prescribed medication, e.g. opioid and anticholinergic drugs.
- Decrease in mobility; unable to reach toilet.
- Lack of privacy.
- Concurrent disorders.
- Effects of cancer.

3) Has the patient been prescribed any medication for constipation and are they taking it correctly?

4) Is there anything else that the patient is doing to treat or ease their constipation and its associated symptoms?

When the assessment was completed and the patient met the agreed criteria then abdominal massage could proceed. The massage was performed by the nursing staff or any of the complementary therapists who had received

training from the complementary therapies coordinator. The technique of abdominal massage consists of two specific strokes which are each repeated six times and continues for 10 minutes or less if the masseur's, nurses', patients' or carers' hands got tired (Chiarelli & Markwell 1995). All patients and their carers were, if they wished, shown the technique so that they could continue with the procedure at home. To make the massage strokes more comfortable a massage lotion is used. This consisted of a non-perfumed white lotion to which the following essential oils have been added at a dilution of 1%. The oils used were Black Pepper (*Piper nigrum*), Roman Chamomile (*Anthemis nobilis*) and Peppermint (*Mentha piperita*). Those patients and carers who were trained in the massage technique were given an instruction sheet and a supply of massage lotion which was replenished when necessary.

FOLLOW UP

Because the majority of patients who were taught abdominal massage attended the day care centre follow-up was conducted during their weekly visit to day care. Follow-up was done on a weekly basis for approximately six weeks and then once a month for as long as the patient was using abdominal massage or attending the day-care unit. The patients were asked if they were continuing to use abdominal massage; what, if any, changes had occurred relating to the problem of constipation and were they still experiencing any unpleasant symptoms related to constipation. The massage therapists were not involved in making changes to any medication for the relief of constipation that was prescribed to patients; this being done if necessary by the patient's nurse or G.P.

THE RESULTS

A total of 15 patients attending the day-care centre were referred for abdominal massage; all of whom were taught the technique to use at home. All of the patients experienced a decline in abdominal distension and flatulence after one week of regular abdominal massage. A return to a more normal bowel function (what was considered normal by the patient) was achieved after four weeks of regular abdominal massage for five patients and after six weeks for a further three patients. Of the remaining seven patients four were no longer attending day-care therefore follow up of these patients was not possible. The remaining three patients, whilst experiencing less severe symptoms associated with constipation, still felt that they were constipated but continued to use abdominal massage. For many of the

above patients it would appear that using abdominal massage led to a decline in the uncomfortable symptoms associated with constipation which helped improve their quality of life as outlined by some of their comments below.

Patient W. 'I use the massage twice a day and it has meant that I no longer get tummy cramps and awful wind. I am able to go to the toilet once a day instead of feeling that I need to go several times a day.'

Patient G. 'Using abdominal has meant that I no longer need to take my opening medicine. When I feel that my colostomy is not working properly I massage myself and it works every time.'

Patient X. 'When I do abdominal massage I feel that I am doing something to help myself and I don't have to ask anyone else to do it for me. I like the soothing feeling that the massage gives as well as the nice smell of the lotion.'

CONCLUSION

Constipation, and its associated symptoms, is a frequently occurring problem in patients with advanced cancer and other life-threatening illnesses. It often causes distress, embarrassment and can often affect the patients feeling of well being. The introduction of a safe, easily learnt technique of abdominal massage has helped a small number of patients gain relief from some of the painful, distressing effects of constipation and in some cases has enhanced their feelings of well being. It is recognized that to validate the information gained in this project further work is needed, but in response to a plea to find a way of helping patients who are coming towards the end of their lives gain some relief from the upsetting problems associated with constipation it represents a start.

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The Cosmos was only discovered yesterday. For a million years it was clear to everyone that there were no other places than the Earth. Then in the last ten per cent of the lifetime of our species, in the instant between Aristarchus and ourselves, we reluctantly noticed that we were not the center and purpose of the Universe, but rather lived on a tiny and fragile world lost in immensity and eternity, drifting in a great cosmic ocean dotted here and there with a hundred billion galaxies and a trillion, trillion stars. We have bravely tested the waters and have found the ocean to our liking, resonant with our nature. Something in us recognizes the Cosmos as home. We are made of stellar ash. Our origin and evolution have been tied to distant cosmic events. The exploration of the Cosmos is a voyage of self-discovery ... Travel is broadening. *(Taken from Cosmos by Carl Sagan 1980. Book Club Associates. P. 318)*