EFFECTIVENESS AND SAFETY OF THE ADMINISTRATION OF MURPHY’S ENEMA FOR THE TREATMENT OF REFRACTORY CONSTIPATION IN A TERTIARY HOSPITAL

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Background

Constipation is a common complication during hospitalization due to the presence of risk factors such as bed rest, diseases causing reduced bowel motility or administration of medications (opioids, anticholinergic drugs…). The standard therapy is laxative drugs.

Murphy’s enema (ME) is used for the treatment of constipation and fecal impaction when patients do not respond to laxatives. It consists of administering an evacuating solution through a rectal probe during 6 hours (53 drops/min), leading to a softening of the stool and osmotic evacuation.

Objective

To assess the effectiveness and safety of ME for the treatment of constipation and fecal impaction.

Methods

DATA ANALYSIS

Descriptive, retrospective study
Effectiveness and safety of Murphy’s enema
Received ME from June 2020 to August 2022
- Comorbidities
- Defecation achievement
- Indication
- Adverse events

Results

N = 33

- 15 men
- 18 women

Mean age: 76 years old

MOST COMMON COMORBIDITIES

- Kidney failure: 12.10%
- Cognitive impairment: 12.10%
- Dyslipidemia: 12.10%
- Atrial fibrillation: 18.10%
- Heart failure: 18.10%
- Diabetes II: 21.20%

EFFECTIVENESS

- 64.20% Effective
- 35.80% Not effective

INDICATION

- Constipation: 67.50%
- Fecal impaction: 27.20%
- Paralytic ileum: 5.40%

ADVERSE EVENTS

- 1 case of hypotension
- 1 case of nausea
- 1 case of abdominal pain

Conclusion

ME constitutes a safe and effective alternative for patients with constipation and fecal impaction not responding to the usual therapies. There is no published evidence regarding this practice, so this study may constitute a starting point for the development of further studies with larger sample sizes.

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