The purpose of the policy is to ensure patient safety when applying non-invasive abdominal massage therapy technique for relief or reduction of symptoms associated with constipation.

**DEFINITIONS**

LMT Licensed Massage Therapist

**PRETREATMENT ASSESSMENT**

Patient should be assessed by nursing or medical staff prior to referral for abdominal massage, to establish the presence of constipation, the patients normal bowel function, identify other symptoms associated with constipation the patient may be experiencing, possible causes of constipation, and to give advice if relevant. Nurse/Med staff will determine if the patient has been prescribed any medication for constipation and are they taking it correctly, and if there is anything else that the patient is doing to treat or ease their constipation and its associated symptoms.

When the assessment is completed and the patient meets the criteria, the LMT may proceed with abdominal massage.

**EXCLUSION CRITERIA FOR REFERRAL**

1. Karnofsky scores less than 40
2. Local tumor or open wound at proposed massage area
3. Radiation Therapy
   a. Currently receiving radiotherapy to the abdomen,
   b. Status post radiotherapy to the abdomen in the six weeks prior to massage treatment
4. Recent abdominal surgery
5. Acute surgical abdominal conditions, such as, but not limited to:
   a. Known or suspected intestinal obstruction,
   b. Peritonitis,
   c. Perforated bowels,
   d. Peptic ulcer,
   e. Gastrointestinal bleeding,
   f. Abdominal hernia,
   g. Acute inflammation of the surrounding organs
6. Presence of colostomy
7. Presence of medical device within the region of proposed massage
8. Immediately after a meal
9. Not recommended by the medical or nursing staff
10. Not wanted by the patient
11. Patients unable to give informed consent
12. Other general contraindications for massage therapy

PROCEDURE

1.0 For patients with referral for abdominal massage for relief or reduction of symptoms associated with constipation, the LMT will follow these guidelines, in addition to all Oncology Massage Guidelines.

1. Lubricants
   a. Inpatients
      i. Therapy Lotion
   b. Outpatients – Identify patient’s preference for lotion or oil
      i. Therapy Lotion
      ii. Non scented Therapy Oil

1. Essential oils
   a. A qualified aroma therapist should assess the patient individually, including their health history and current physical condition,
   b. Bitter orange, black pepper, rosemary, sweet marjoram, sweet fennel, patchouli, roman chamomile and peppermint
      i. Black pepper stimulates peristalsis
      ii. The most effective oils to use are sweet fennel, sweet marjoram and rosemary, together or singularly
      iii. All essential oils should be used with the base oil with correct percentage
      iv. Never use essential oil without dilution
   c. Avoid use of certain essential oils which contraindicate to patients.

2. Supportive environment
   a. Secluded room,
   b. Participant is placed in the supine position on treatment table or bed,
      i. Support the patient’s knees with a bolster or pillow placed beneath the knees’
   c. Soft music, specifically suited for relaxation,
   d. Blankets available

3. Method
   a. Begin session with participant taking a deep breath to enhance relaxation
   b. Massage using very gentle strokes with light pressure, using a systematic movement pattern to stimulate tactile receptors in the skin
      i. The systematic movement pattern is important as the recognition contributes to a feeling of safety to enhance relaxation
   c. Hand Massage
      i. First, massage the back of the hand, fingers, and palm with strokes and circular movements
   d. Abdomen Massage
      i. Standing on the right side of the patient
1. Apply lubricant to the entire abdomen with both hands, using gentle & slow effleurage,

2. Massage the abdomen with longitudinal and transverse strokes, and circular movements in the direction of the colon - in a clockwise direction

ii. Circles with Two Hands

1. Continue circling the abdomen with palms of both hands in clockwise direction: with LMT's left palm, make complete circles, keeping contact with patient’s body the whole time, passing below the ribs, down the side of the abdomen just inside the hip, across above the pelvic bone and up to other side,

2. As the therapist’s left hand is moving on the upper part of the abdomen, place the right hand by the patient’s hip and let this hand follow the other smoothly round the lower abdomen.
   a. The second hand will not be able to make complete circles. Lift it off and replace as the other hand moves round.
   b. Try to co-ordinate the movements of the 2 hands to produce a smooth and continuous movement.

iii. Diamond Trace

1. Now place the outer edge of one hand just below the breast bone and slide gently but firmly down below the ribs towards the left side, then downwards just inside the left hip-bone, across the base of the abdomen just above the pubic bone, up inside the hip-bone on the right side and below the ribs back to the starting point again
   a. Repeat twice more (3 times in all) using a little more pressure. Keep hand flat on the abdomen – pressure is down and outwards.

iv. Molding

1. Apply pulling strike strokes to low back
   a. Place both hands under low back, on either side of the participant’s spine
   b. Apply repetitive pulling strokes, pulling hands out from under patient, and contouring up over the lateral body toward the anterior

2. End treatment with several long effleurage strokes, beginning at the hips, up the sides of the body to return the hands to the top of the chest.

4. Dose
   a. 20 minutes
      i. Hand massage – 8 minutes
      ii. Abdomen massage - 7 minutes
   b. Apply treatment daily for 5 consecutive days.

REFERENCES

- Institutional Policy –XXX
• Institutional Policy – XXX