Journal Watch

Prepared by: Sharon Watanabe, MD

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Abstract: None.

Strengths/uniqueness: This commentary highlights the potential nephrotoxic effects of oral sodium phosphate (i.e. oral Fleet). Ingestion of this preparation results in a large phosphate load that can lead to nephrocalcinosis. Current product labeling advises caution with using this product in elderly patients and those with impaired renal function, heart disease, ascites, dehydration and electrolyte disturbance. However, evidence is accumulating that oral sodium phosphate, when used for colonoscopy preparation, can result in irreversible loss of renal function in otherwise healthy individuals. The risk appears to be related to repeated dosing over a short period of time, due to the ensuing down-regulation of sodium phosphate co-transporters in the proximal tubule. The author’s opinion is that if a second dose of a cleansing agent is required, then a different preparation should be used.

Weaknesses: The data on which the author bases his conclusions, although compelling, are retrospective. As the studies were performed in the setting of colonoscopy preparation, the results are not necessarily generalizable to constipation in palliative care patients.

Relevance to Palliative Care: Constipation is a frequent source of distress for palliative care patients. Oral sodium phosphate is often used in the acute management of constipation. This agent should be avoided in patients with renal insufficiency or dehydration. Although it otherwise appears to be safe, evidence suggests that repeated doses should not be given over a short period of time. Alternatives include sodium picosulfate (the available preparation includes magnesium citrate, which may lead to hypermagnesemia in patients with renal failure), polyethylene glycol (a large volume must be ingested), or methylnaltrexone (cost may be a concern).