Beyond constipation: massive fecal impaction in the setting of illicit fentanyl use

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Patient

OUD and **illicit fentanyl use**

- **30-year-old** male patient
- **Abdominal pain** after **two months without regular bowel movements** despite laxative use.
- Intermittent **nausea** was present, with oral intake preserved.

Clinical context

- Opioid-induced bowel dysfunction (**OIBD**) can progress from **constipation** to severe gastrointestinal complications.
- In patients with opioid use disorder (**OUD**), these effects may **coexist** with tolerance, dependence, acute pain, and withdrawal.

Findings

39.2 × 12.8 cm

CT-measured stool burden





Intervention

20 lb of impacted stool removed

- General anesthesia.
- Manual **disimpactation** and **flexible signoidoscopy**.
- Mucosal injury 6cm from the rectum, without hemorrhage.

Postoperative Pain and Withdrawal

- The **Inpatient Pain Service** was consulted for postoperative abdominal **pain** with impending **opioid withdrawal**.
- Addiction Psychology consultation and short term oxycodone 5/10mg q4h for moderate/severe pain PRN
- **On POD 3**, the patient reported ongoing withdrawal symptoms and chose to **leave against medical advice** after discussion of the risks

Take-home Messages

- **OIBD can progress far beyond constipation** to massive fecal impaction, colonic dilation, mass effect and mucosal injury.
- **Pain + withdrawal make management of OUD complex.**