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Excellence in rural healthcare

NHS
United Lincolnshire Hospitals
NHS Trust

Constipation in children

Advice for parents

Rainforest Ward & Safari Day Unit
Lincoln County Hospital
Safari Day Unit: 01522 573172
Rainforest Ward: 01522 573786
www.ulh.nhs.uk

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What is constipation?

Constipation is infrequent or difficulty in passing poos. Poos may be hard but this is not always the case.

What is soiling?

Some children with long term constipation can develop soiling. This is caused by overflow of fluid or soft poos around a bunged up large bowel. The child is unaware of the overflow.

What is encopresis?

Passage of normal poos in inappropriate places is called encopresis.

Why do children get constipation?

Constipation is a very common problem in children. It usually occurs between 1 to 5 years of age but it can arise from a much earlier age.

It is thought that regular soiling accidents occur in about:
1 in 30 children between the ages of 4-5 years
1 in 50 children between the ages of 5-6 years
1 in 75 children between the ages of 6-10 years
1 in 100 children between the ages of 10-12 years and older

Doley et al 1981

Constipation is associated with the following factors:

- Inadequate fluid intake
- Fear of passing hard poos which can hurt
- Low fibre diet especially in older children

Helpline for children/parents

Enuresis Resource & Information Centre (ERIC)
34 Old School House, Britannia Road,
Kingswood, Bristol BS15 8DB
Tel: 0117 960 3060 **Fax:** 0117 960 0401
Website: www.enuresis.org.uk

This booklet is aimed at parents and carers to enable them to understand the possible factors, mechanism and management of constipation/soiling in children.

We will give you our theory of why the problem is there and suggest the best way of solving it.

If you have any questions please feel free to ask your doctor.

Warning signs: delay in passing meconium, abdominal distension, vomiting, failure to thrive, alternating constipation and diarrhoea, explosive poos, family history (3% recurrence in siblings).

It is diagnosed by a Rectal Biopsy which will show absence of nerve cells. The treatment is surgery.

References:

1 Childhood Constipation – a guide for Parents ERIC, Bristol

2 Guideline for Management of Childhood Constipation - Julia Muir, Oxford

3 Chronic Constipation in Children – Clayden, London.

4. NICE Guidelines—Childhood Constipation— CG99– May 2010

Other useful reading:

For Children:

- Ross T (1992) "I want my potty" Harper Collins, London
- Gilham B (1992) "All by Myself. The Toilet Training Book"- Little Mammoth, London.

For Parents:

- Welford H (1993). "Sucessful Potty Training" Thorsons Childcare series, London. Available from ERIC
- Green C (1992) "Toddler taming" Ebury Press, London

- Psychological influences e.g. concern about using school toilet, too busy to go to toilet, sitting on toilet for a few seconds before rushing out
- Excess milk intake
- Difficulty during toilet training
- Family history
- Rarely, due to physical/neurological conditions *(Hypothyroidism, High Calcium, Hirschsprungs Disease etc)*

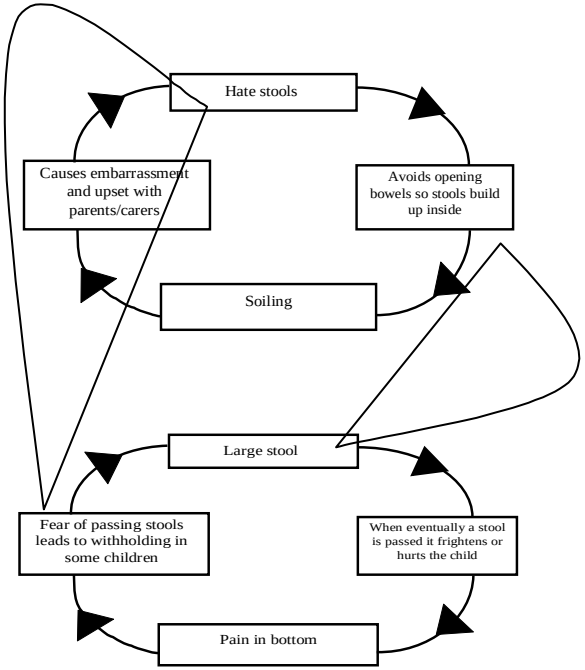
What are the signs and symptoms of constipation?

The child may have one or more of the following:

- Infrequent opening of bowel
- Passing occasional enormous poos
- Pain or excessive cry during defaecation
- Passing blood while opening the bowel
- Abdominal pain
- Soiling
- Withholding or straining to stop passing poos
- Foul smelling wind and poos
- Poor appetite, lack of energy, irritable

The vicious circles

Constipation can be caused by a number of interlinking problems which can turn into a vicious circle.



Diet and fluids

It is important to ensure that the child gets adequate fluids (water is preferable). Avoid fizzy drinks.

It is also important to encourage a balanced diet containing vegetables, fruits and cereals daily.

Behaviour modification

- Keeping a diary of opening of bowel, soiling
- Promote regular toilet habit
- Unhurried time on toilet after meal is recommended

This can be combined with reward system e.g. child can use a calendar with stickers to record each poo passed in the toilet. This can act as a positive reinforcement.

If motivation or behavioural problems interfere with successful treatment then psychological referral may be helpful.

If children hide soiled pants they should not be punished (asking them to wash the pants etc). They need support and encouragement. Agreement with children should be made. They should be encouraged to throw the soiled pants in a bucket kept outside i.e. utility room or any other appropriate place.

This issue should not become a dispute nor should they be criticised. If they place them in the bucket they should be rewarded.

Hirschsprung Disease

Incidence 1 in 5000 live births.

It is a condition usually present at birth in which a variable length of bowel has failed to develop a normal nerve network.

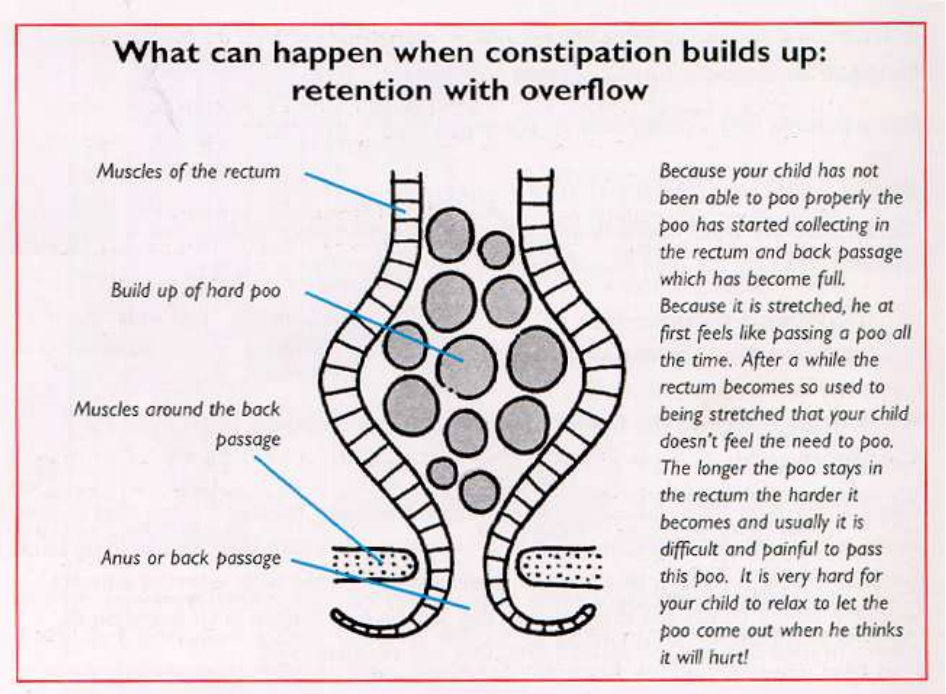
4 Bowel training

Together with laxatives it is important to ensure proper toilet training.

- Opening the bowel regularly helps the bowel to return to its original shape. Once this occurs the bowels will function well.
- Children should be requested to sit on the toilet for 5 to10 minutes after breakfast and after tea daily. Staying too long would become boring.
- Children should be supervised/reminded to go to the toilet for at least a few weeks. Children should be encouraged to push. This could be encouraged by asking the child to blow a balloon or blow a whistle!
- Children should always wash their hands after the toilet.
- Children should never be punished but praised when he/ she does a poo or even if he/she only sits on the toilet!
- **Children should have a comfortable toilet seat. In young children it is advisable to get a baby seat which can be put over the toilet. It is important that the child's legs are rested on a footstool so that he/ she is in a comfortable position to push.**
- Children who have a fear of taking off the nappy and sitting on the toilet can be encouraged by cutting a hole in the nappy and leaving the nappy on while sitting on the toilet.
- School teachers should be made aware of the child's problem so that he/she is allowed to use the toilet during lessons.
- Sometimes it is helpful to inspect the toilet at school to ensure that there is privacy (no broken doors/bolts) and that toilet rolls are available. This will encourage children to use the toilet at school rather than suppressing the urge.

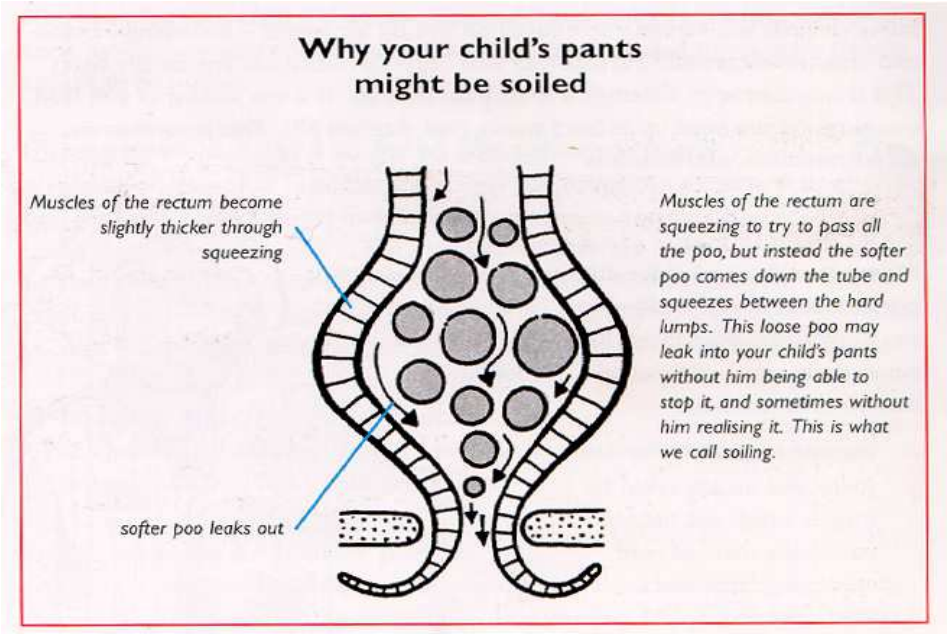
What happens if constipation continues for several months?

"Megacolon"



Why does my child soil?

When poos accumulate in the bowel it stretches the bowel wall making it floppy and dilated. The new poo leaks around the hard poos and seeps into the underpants. Your child does not feel it leaking and therefore cannot control it. He/she does not do it deliberately.



3 Maintenance therapy

Once disimpaction has been achieved, it is important to keep the poos soft so that it is easy for the child to go to the toilet. To help the child open its bowels frequently it is useful to add a stimulant laxative.

Softeners: Movicol, Lactulose, Liquid Paraffin and Docussate
Stimulant: Senna, Picosulphate

During the treatment period one may need to adjust the dosage of medicines.

If poos get watery, the softener can be reduced slightly or if the poos get harder then it can be increased gradually. **One should aim to keep the poos soft and not runny or hard.**

DO NOT STOP MEDICATIONS WITHOUT CONSULTING YOUR DOCTOR.

Treatment period is at least 6 months to 1-2 years. If your child is getting better then it can be gradually weaned rather than abruptly stopped.

2 Disimpaction

Before starting regular laxatives it is necessary to disimpact the bowels. When the bowels are blocked up the usual laxatives do not work effectively unless blockage is removed.

Bowels can be cleared out either by the oral route or rectal route.

It is preferable to use the oral route as it is not invasive but taking the medicines can be a problem.

All efforts should be made to avoid the rectal route especially in children who are already experiencing painful defaecation.

If it is considered necessary then it should be done under sedation so that it does not distress the child.

Agents that are used are:

Oral agents

- Picolax sachet
- Picosulphate liquid
- Bisacodyl tablets
- Klean Prep Solution

Rectal agents

- Phosphate enema
- Microlax enema (infants only)
- Glycerine suppositories (infants only)

Assessment

Medical history questions documenting constipation may include:

- Delayed passage of meconium (black poos which a baby passes) at birth?
- Age of onset/duration of the problem
- Bowel pattern: poo consistency, frequency of bowel movement, painful defaecation, any blood seen in the poos, sits on toilet briefly before rushing out
- Soiling (encopresis)
- Any precipitating factors (illnesses, family/school/deaths etc)
- Was toilet training stressful?
- Dietary habits (fluids/cereals/vegetables)
- Family history (constipation/inflammatory bowel disease)
- Previous medications (oral/enema/suppository)

Physical examination will include:

- Examination of abdomen including inspecting anal region
- Examination of neurology and spine

Investigations

Good clinical examination and a thorough history make investigations unnecessary. If it is felt necessary, the doctor may consider one or more of the following tests:

1 Abdominal x-ray
In some children it is difficult to feel the poos through abdominal examination. Some children may not give a history of constipation (abdominal pain, spurious diarrhoea). In these situations it may be useful to know the degree of constipation.

2 Rectal biopsy
This is not done routinely.
It is used to diagnose Hirschsprungs Disease. It is an invasive test and not needed in all children with constipation.

Indications:
1. constipation starting early in life (less than 1 month of age)
2. delay in passing meconium at birth (more than 48 hours after birth)
3. constipation starting early in life and associated with poor growth/abdominal distension

3 Anal manometry
It is an invasive test.
Not done routinely in all children. Useful only in older children who can co-operate for the test.
Indication: This may be considered in older children who are compliant with medications, showing poor response to maximum medical therapy despite being on them for a prolonged period.
(***These children may have ultra-short segment - Hirschsprungs Disease)***

Treatment

This involves 4 steps:

1 Education/demystification
Constipation can cause poor self-esteem, depression, missing school often, risk of being bullied and also causes social/ emotional disturbances to the child and entire family.

- It is important to note that treatment of constipation is for at least 6 months/1 year and maybe for a longer period
- Children do not become dependent on laxatives unlike in old adults

Constipation can turn into a long standing problem and difficult to manage if:

- inadequate dose of laxatives is taken
- medications are taken only for short time
- laxatives are given in ad hoc manner or if given only when child gets into difficulty
- medicines are not taken, especially in older children. They need to be supervised/reminded to take medicines

"Do not get disappointed if bowels get blocked up again even after bowel clearout had taken place a few months ago. If this occurs your child will need a further clearout. Over a period this will become a rarity."