



Constipation in Children

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CONSTIPATION - WHAT IS IT?

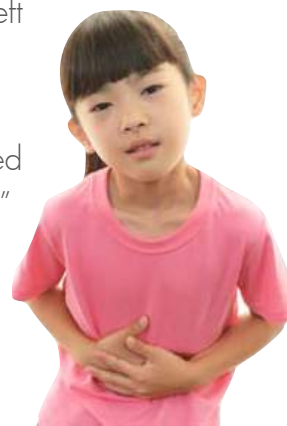
The average child has a bowel movement every 1 to 2 days, but this can vary and still be normal. Simply having infrequent stools that are soft and painless, without other symptoms, is probably not a medical problem.

Constipation means passing bowel movements that are large, usually hard, and often painful to pass. Constipation is very common - [about one quarter to one third of children will have some difficulties with constipation](#). This handout is aimed at a smaller group of children who have problems that are both significant and longstanding.

SIGNS OF CONSTIPATION IN CHILDREN

OUCH

- * When a child does not have a bowel movement for a long time (can be as much as 14 days or longer)
- * If the child's stool is hard and either very large or very small
- * May go many days (or even weeks or months) without passing an actual bowel movement
- * Abdominal pain or discomfort (usually a dull pain felt below the belly button or in the left lower abdomen)
- * Weight loss, poor appetite
- * May wet the bed at night or even wet clothing during the daytime. This wetting is called "enuresis". These children may have urinary tract infections, or an "overactive bladder" because stool masses press on the bladder.



CAUSES OF CONSTIPATION

- * **Holding bowel movements.** This can be due to previously painful stools, discomfort using toilets outside the home (e.g., at daycare, school, summer camp), difficulty discontinuing an enjoyable activity to have a bowel movement.
- * **Low-fibre diets** along with non-nutritional snacks or large consumption of sugar.
- * A number of **medical conditions** can also cause chronic constipation such as: Down Syndrome, Hirschsprung disease, Diabetes, Hypothyroidism, Electrolyte imbalances, Cystic Fibrosis, Cerebral Palsy, and Neurological Diseases. Medications such as narcotics (like codeine), anti-epileptic's, anti-depressants, and antacids.

IF THE CHILD HAS SIGNIFICANT ABDOMINAL PAIN, NAUSEA, VOMITING, DECREASED APPETITE, FEVER, OR BLOODY DIARRHEA CONTACT A PHYSICIAN IMMEDIATELY



LAXATIVES: A PARENT'S GUIDE

1. **Bulking agents.** Fibre is the best example of a bulking agent. It can hold on to water and maintain a softer and larger stool that is easier to pass. Bulking agents, such as **Metamucil**, are generally safe for use in children.
2. **Lubricating agents.** Lubricating agents are based on mineral oil and are generally safe as long as administered in small doses. High doses will lead to very loose stool. Fish/flax seed oil can also act as lubricating agents. **Colace** is a commonly used lubricating agent.
3. **Osmotic laxatives.** An osmotic laxative is one that promotes the accumulation of water in the intestinal tract, thus preventing drying of the stool, promoting a more rapid transit. The most commonly used laxatives in this category are **Milk of Magnesia**, **MiraLax**, and **PEG**, which is a favourite among pediatricians.
4. **Stimulant laxatives.** They work by causing the muscles and nerves of the intestine to contract and expel its content. Stimulant laxatives, like **Correctol**, **Dulcolax**, work fast but produce cramps; they are generally not indicated for use in children.

PREVENTING CONSTIPATION

- * **Drink lots of fluids** (water, milk, 100% fruit juice, soup) watch milk intake as too much milk can cause constipation.
- * **Physical activity.** Exercise, especially running or jumping, helps food and stool move through the digestive tract. Abdominal crunches can also help.
- * **Never ignore the urge** to have a bowel movement.
- * Follow a **high-fibre diet** that includes whole grains.
- * **Be aware of medications.** Be careful when using laxatives and stool softeners. Your child's digestive system can become dependent on them. See Parent's Guide below.

MANAGING CONSTIPATION

- * **Parental education** and understanding of the factors at play.
- * **Maintenance** of soft and well lubricated stools.
- * **Avoidance of the pain** associated with the passage of stool by good care of the perianal skin.
- * Establishment of **normal toileting routines**.

ENCOPRESIS – WHAT IS IT?

Encopresis is involuntary bowel movements in inappropriate places (**soiling**). It can develop after severe and ongoing constipation in children four years and older. Encopresis is directly related to withholding bowel movements.



THE ENCOPRESIS CYCLE



TREATMENT

While management of constipation can often be done without the help of a medical professional, treatment of encopresis often requires guidance and intervention. Treatment consists of the following:

- 1. Education.** Educate your child on risks withholding bowel movements can have on their bodies. Call episodes of incontinence “accidents” and make it easy for your child to clean up.
- 2. Medication.** PEG should be given daily to ensure that stool is soft enough to pass and to encourage the bowel to gradually regain its proper shape and function. It is usually best if the child has 1 to 2 mushy stools per day. The stools should be like yogurt or toothpaste in consistency. If there is a large amount of hardened stool in the lower bowel, your child will require a **“clean out”**. A clean out is when larger amounts of medication are consumed in order to “clean out” the bowel. Use the **“Choose Your Poo”** chart on the next page to help your child describe their bowel movements.
- 3. Toilet sits.** Children who have encopresis often do not have the sensation to have a bowel movement. They should not wait for the “urge to go” before trying to use the toilet. Children should sit on the toilet regularly, 15 to 30 minutes after every meal, and again at bed time, for about five minutes. Later, it may be possible to reduce toileting to 2 times a day – pick the times when the child has most often had success. S/he should stay sitting on the toilet for five minutes each time.
- 4. Rewards!** Whenever your child is successful with a bowel movement in the toilet, s/he should have a reward. Different rewards work for different children. Many children like having a small sticker chart or reward system. The more you praise your child when things are done well, the quicker the road to recovery. Don’t say or do anything negative if your child has an accident – remember that these accidents are due to loss of normal sensation because of the stretched bowel.

CHOOSE YOUR POO

TYPE 1

Rabbit droppings

Looks like separate hard lumps, like nuts (hard to pass)

**WAY TOO DRY****TYPE 2**

A bunch of grapes

Looks like a sausage-shape but lumpy

**TOO DRY****TYPE 3 ✓**

Corn on cob

Looks like a sausage but with cracks on its surface

**NOT BAD****TYPE 4 ✓**

Sausage

Looks smooth and soft like a sausage

**FANTASTIC****TYPE 5**

Chicken nuggets

Looks like soft blobs with clear cut edges (passed easily)

**A LITTLE TOO MUSHY****TYPE 6**

Porridge

Looks like fluffy pieces with ragged edges, a mushy stool

**TOO SPONGY****TYPE 7**

Gravy

Looks watery, no solid pieces (entirely liquid)

**WAY TOO WATERY**