

Constipation








Constipation is a common problem in childhood. The problem often comes on slowly over time and may be difficult to recognize. We emphasize to kids that this problem is not their fault and that we can work together as a team to overcome it.

What are the signs and symptoms of constipation?

- Abdominal pain
- Large, hard, painful stools
- Blood in the stool or on the toilet paper
- Stool accidents or soiling in the under wear
- Loose, sludgy stool that is difficult to control

How can I tell if my child's stool is abnormal?

We use the following chart to help describe what the stools are like.

THE BRISTOL STOOL FORM SCALE (for children)		
choose your POO!		
type 1		looks like: rabbit droppings Separate hard lumps, like nuts (hard to pass)
type 2		looks like: bunch of grapes Sausage-shaped but lumpy
type 3		looks like: corn on cob Like a sausage but with cracks on its surface
type 4		looks like: sausage Like a sausage or snake, smooth and soft
type 5		looks like: chicken nuggets Soft blobs with clear-cut edges (passed easily)
type 6		looks like: porridge Fluffy pieces with ragged edges, a mushy stool
type 7		looks like: gravy Watery, no solid pieces ENTIRELY LIQUID

What causes constipation?

- Diet
- Hydration
- Stool holding
- Bathroom avoidance

Watch this video for a better understanding of how constipation happens and how we can solve this problem.

<https://www.youtube.com/watch?v=pNagQup0Upg>

How do we treat constipation?

Since constipation often comes on over many months and years, the problem is not solved overnight.

Your treatment plan

Phase 1: CLEAN OUT

This phase is essential. If your child does not start with a “clean slate”, the constipation will not improve. Think of a bowel clean out as if for a colonoscopy prep. Your child needs to continue the clean out until there is clear liquid stool. Be prepared to have your child stay home for several days to accomplish this phase.

Phase 2: MAINTENANCE

This phase is ongoing for life, but particularly for the first 6 months. During maintenance, the goal is to keep the colon empty by having daily bowel movements. Your child cannot sense the need to have a stool until the colon has a chance to shrink back to normal size. If you do not follow the maintenance instructions, you will find yourself repeating phase 1. The components of maintenance are as follows:

- Miralax daily
- Toilet sitting for 2-3 minutes after EVERY meal
- Dietary interventions
 - Insure adequate hydration
 - Reduce constipating foods (applesauce, pouched foods, bananas, cheese, excess dairy, low fiber carbohydrates like rice, white bread, noodles)
 - Encourage foods that are high in fiber (whole grains, vegetables and fruits other than those mentioned above).
 - Fiber intake is AGE + 5 up to 25 grams. It is best to get fiber from dietary sources. Supplements can help with picky eaters. Metamucil cookies or Benefiber are options.
- Exercise

Phase 3: SET BACKS

Setbacks are expected. This process is often not a straightforward and steady one. Keep it positive! Look at progress, not perfection. Encourage your child and avoid any negativity toward stool accidents or set backs. Just get back on track.

Setbacks are managed with increasing Miralax and adding laxatives.

Medications used to treat constipation:

Osmotic laxatives:

Miralax works by increasing stool water content through osmosis. This type of laxative does not cause dependency or malabsorption of vitamins. It is safe to use long term. Your child may resist taking it. It can be dissolved in any type of beverage of choice. It works best if given along with a cup of liquids.

Lactulose is a prescription that works similarly to Miralax, but is often used in younger children who cannot drink enough liquid to give Miralax.

Stool Softener/Lubricant laxatives:

Mineral oil or Kondremul OTC and works by lubricating stool so it can pass more easily with less pain. This treatment is usually given for several days in a row until the large, hard stool passes.

Docusate (Colace, Pedialax liquid) OTC stool softener that can be used in place of Miralax for maintenance or for quick relief in the “set back” phase.

Magnesium hydroxide (Pedialax) chewable tablet stool softener that can be used for maintenance.

Stimulant laxatives:

Senna (ExLax, Sennakot) OTC medication available in tablet, chocolate flavored chewable and liquid that increases intestinal motility. It is safe for short term use as in set backs, but should not be used long term as it creates dependency – the bowel does not move as well when the medication is stopped.

Bisacodyl (Dulcolax) works as above. It comes in swallowable and chewable tablet form.

Enemas/Suppositories

These give immediate relief and may be used as part of initial clean out phase. Types of enemas include

- Normal saline

- Mineral oil
- Sodium phosphate (Fleets or Pedi Fleets)

Suppositories:

Offer quick relief but should not be used long term due to creating dependency, negativity and weakening of the body's natural stool reflex. They are available unmedicated (glycerin) or medicated (bisacodyl).