Starship

Parent Advice Sheet

Constipation

What is Constipation?

- **Constipation means passing hard poos, less often than normal, with difficulty.**
- It is very common and affects 30% of children at some point in their lives.
- Some children poo once in 2-3 days. Breastfed babies can poo once in 7-10 days. This can be normal.
- Xrays are not usually needed.
- Treatment of constipation needs good toileting habits.
- You also need to watch what children eat and they may need some medicine to help.

Call an ambulance if your child has any of the following:

- Has a hard tummy and can't stop vomiting
- Is pale, or is cool to touch
- Is difficult to wake

RED
Call 111 for an ambulance
Your child needs urgent help

See a doctor today if your child has any of the following:

- Does not walk by themselves and wants to lie still
- Is taking less than half usual feeds
- Is very distressed with the pain
- Any splits in the skin around the anus (anal fissures)
- Has problems passing urine (wee)
- Seems to be getting worse or if you are worried

ORANGE
Your child needs to be seen by a doctor today

If none of the features above are present

- If in doubt or you need further advice call your GP
- or Healthline (0800611 116)

GREEN
Your child can be cared for at home

More advice on the following pages:

- Care at home advice and what to expect
- Understanding why constipation happens
- Constipation action plan

Some useful websites:

www.kidshealth.org.nz/constipation
www.kidshealth.org.nz/soiling-encopresis
www.kidshealth.org.nz/laxatives

Care at home: What you can do to help

DIET AND HYDRATION

- Eat foods with lots of fibre.
  - At least 3 servings of fruit and vegetables each day (best with peel left on).
  - Cereals like bran, oatmeal or whole grain cereals are good.
- Drink lots of water – a glass of water with each meal.
- If your child is over 18 months of age, limit cow's milk to a maximum of 500mls per day.

MEDICINE

- Medicines to make the poo softer and easier to come out are called laxatives.
- They can be used to treat impaction (see below) and as maintenance (ongoing) treatment.
- There are lots of different types of laxatives that your doctor may prescribe. This will depend on how bad constipation is, the child's age and how well the medicine works.

TOILETING

- **Regular toileting**:
  - Sit on the toilet for 5-10minutes after meals 2-3 times per day.
  - (A *bowel reflex makes it more likely for people to poo after eating*).
  - Remind them; as some kids are too busy to remember to go to the toilet!
  - Reward the child with a star on a star chart if they sit, even if they don't poo; eventually they will!
- **Position**: Sit with knees above hip level
  - Use a foot stool and child seat insert if needed
- **Fear**: Make sure your child is not scared to poo or sit on toilet
  - eg falling in, pain.
- **Keep a diary** of when your child goes to the toilet and how much poo comes out.

What to expect over the coming days and weeks.

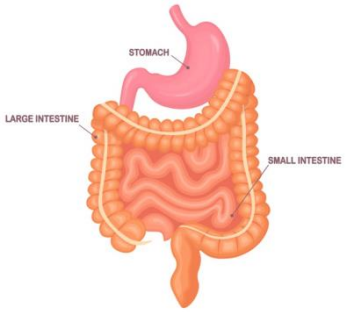
THE ILLNESS

- Your child may:
  - have stomach cramps, be less hungry or be irritable.
  - have pain or cry when passing bowel motions.
  - have hard pebble-like poos.
  - strain and go red in the face.
  - get streaks of blood on the poo or toilet paper.
  - cross legs or squat, or refuse to sit on toilet.
- When constipation is really bad, your child may:
  - have diarrhoea sometimes as well. This is because a big lump of poo is blocking the passage and little bits of runny poo come out around it.
  - be completely blocked up with poo. This is called constipation with **impaction**. Sometimes this needs an enema (medicine in the bottom) to help clear the blockage.
- If your child has been constipated for a long time it can lead to your child's bottom (rectum) becoming stretched. If the rectum is stretched then they can't feel when they need to do a poo and poo builds up, leading to more constipation. To break the cycle your child will need to continue treatment for at least 3 months, often even longer.

COMMON LAXATIVES

- **Prune juice and kiwifruit** are mild natural laxatives and can be made into ice blocks.
- **Lactulose** is a sweet tasting liquid to soften the poo and stimulate the bowel. It can cause smelly wind. Lactulose can take a few days to work and your doctor may need to help adjust the dose so your child doesn't develop diarrhoea. It is important that your child brushes their teeth after having lactulose.
- **Movicol** comes in sachets and needs to be dissolved in water. It works by softening the poo and can sometimes cause cramps or diarrhoea
- **Coloxyl** (Polaxamer) can be used in very young children work by softening the poo
- **Washout.** Occasionally children need to have their bowel flushed out which involves giving a powerful laxative solution. Because of the volumes necessary for some of these treatments, they may need to be admitted to hospital for this.

Understanding why constipation happens

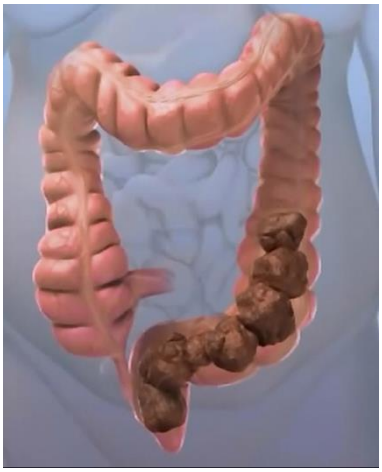


NORMAL BOWEL FUNCTION:

1.	Stomach	Stores the food and starts digestions
2.	Small intestines (small bowel)	Digests food and absorbs nutrients Contents are very liquid
3.	Large intestine (colon)	Absorbs water (salts and some nutrients) to make a formed poo. Muscles line the colon's walls and squeeze its contents along.
4.	Rectum	Stores the poo until you are ready to go to the toilet. When nerves in the rectal wall are stretched by poo, it sends a message to your brain that you need to go to the toilet.
5.	Anus	Muscles around the anus (anal sphincter) keep anus shut and prevent leakage

CONSTIPATION

Constipation is usually mild when it starts. There are many possible causes.
It may be diet or fluid intake related.
Or may occur because they passed a large poo which hurt, are toilet trained too early, or don't like using toilets at school or kindy.
But once constipated, it can become an ongoing, worsening problem over time:



Child holds in poo

Rectum fills up and gets stretched

- Large, hard poo fills up rectum
- These are difficult (and sometime painful) to pass
- Stretched muscles don't work well
- Stretched nerves mean your child can't feel when they need to poo
- Runny poo may move around hard poo and leak out into pants

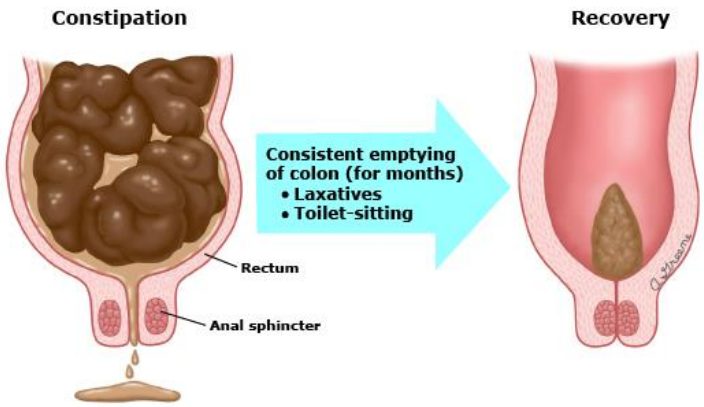
Poo backs up in colon

- Backed up poo keeps getting harder as more water is absorbed
- Colon gets stretched and muscles can't squeeze very well
- Colon can't push poo forward
- This stretches colon even more (megacolon)
- Runny poo can leak past, causing accidents or "overflow diarrhoea"

RECOVERY CAN TAKE MONTHS

When your child is doing regular, soft, formed poo:

- The rectum and colon can shrink back to usual size
  - (this can take 3 – 6 months).
- Muscles in colon get thicker and stronger
  - so work better to move poo along.
- Nerves can sense when need to go
- Sphincters are able to prevent leaking



Child Constipation Action Plan

Aim: For your child to pass at least 3 soft, not painful bowel motions per week (refer to Bristol stool chart- Type 4).

Important Points

- It will take as long to resolve the problem fully as it did to get constipated (usually 6-12 months).
- Increase child's dietary fibre. Aim for 3 servings of both fruit and vegetables every day.
- Limit milk to 1-2 cups a day over 12 months.
- Increase water intake glass every meal and more if hot.
- Encourage regular exercise.
- Correct positioning for toileting, knees above hip level using a stool and child seat insert if required.
- Regular toileting 5-10 minutes on the toilet after meals 2-3 times a day.
- Keep diary of bowel motions

Disimpaction

If your child has been constipated for a while and/or they are leaking poo, it is very important to clear the hard poo first. This is called disimpaction.

Lax-sachets (macrogol) taken as a drink help to move and breakdown hard poo. Continue treatment until your child has passed large amounts of clear or liquid poo, then stop disimpaction and start maintenance medication the same day.

Each sachet should be mixed with 125mls water (or juice if child does not like the taste). Keep it in the fridge for up to 24 hrs after which it should be discarded.

AGE (years)	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
2-5	1 sachet	2 sachets	2	3	3	4	4
6-11	2 sachets	3	4	5	6	6	6
12-18	8 sachets	8	8	8	-	-	-

Regular maintenance medication

Give your child medication **every day** for at least 3 months to allow the bowel to shrink back to normal size and regain normal sensation. If poos are still too hard or too soft talk with your nurse or doctor about changing the dose. It is very **important not to stop the medication** early—see your child's doctor or nurse before stopping.

Lactulose _____mls once/twice daily

Macrogol (Lax-sachet) _____ sachet/s daily.

Other medications: _____ Dose _____ Frequency _____

_____ Dose _____ Frequency _____

Notes:_____

Nurse contact details: Name _____Practice ph. _____

Please see your doctor urgently if your child has severe tummy pain, vomiting or swelling of face or tongue (a very rare side effect of the medication).