



Gastroenterology

# CONSTIPATION AND YOUR CHILD

## Functional Constipation

Constipation means different things to different people. It may mean infrequent, hard or painful stools. Constipation in childhood can result from a number of different causes, but the good news is that most of the time constipation in childhood is not serious. Most children have what is called “functional constipation” which occurs either from a change in diet or because of stool avoidance behavior.

The function of the colon (large intestine) is to store stool and remove water from it. The longer that stool remains in the rectum, the harder it becomes.

Constipation following dietary changes usually occurs during the first year or two of life. The most common times for this to occur are:

- The introduction of rice cereal or solid foods.
- The change from breast milk to formula or from formula to whole milk.

## Characteristics of Stool Avoidance Behavior

Some constipated children avoid having a bowel movement for as long as possible. Stool avoidance behavior (often called stool withholding) occurs because of either painful bowel movements or fear of having a bowel movement. Initially, the child is able to hold the stool in, but over time the stool becomes too large and must be passed. Occasionally the stool is so large that it causes small tears in the anus (called anal fissures) that result in blood on the toilet paper or in the toilet water after having a bowel movement. The passage of this large stool is painful which just perpetuates the cycle of pain leading to withholding, leading to pain and leading to withholding. Over time, the rectum becomes stretched and the child cannot feel the urge to have a bowel movement. The description of a child who becomes quiet and still, while assuming an unusual posture, is very characteristic of a child who is trying to withhold stool. Some children stand up, while straightening their legs and buttocks. Some children may simply go and hide so that others do not see their withholding behaviors. Infants and toddlers who are trying to withhold stool often cry while straightening their legs. These actions may be misinterpreted by parents as attempts to try to pass stool when, in fact, by straightening their legs and buttocks they are contracting their muscles in an attempt NOT to pass stool because of their fear of defecation. Usually after a few minutes, the urge to defecate passes and the child will resume their previous activity.

There are many factors that can lead to withholding behavior, the most common being pain with bowel movements or fear of having a painful bowel movement. A few other reasons why children may withhold stool are: fear of toilet training, avoiding use of a public restroom (such as at school), and postponing bowel movements because the child is “too busy” to go to the toilet.

## Fecal Soiling

After a while, some children with functional constipation begin to have accidents in their underwear. This is called fecal soiling or “encopresis”. Encopresis occurs when a large amount of stool in the rectum pushes down on the anal sphincter muscle, which can no longer hold in the stool. The rectum is stretched and doesn’t tell the child’s brain that it is time to have a bowel movement. Usually the child will have accidents in which liquid stool leaks around the large, hard mass of stool. The child usually doesn’t even realize that the stool has leaked out. Parents should not punish children with encopresis as this leakage of stool is NOT voluntary and will only subside when the constipation is adequately treated.

## Treatment

There are four equally important parts to treating children with functional constipation:

- **Clean-out:** If your child has a fecal impaction (meaning that there is a large amount of hard stool in the rectum), this stool must be removed before therapy can be successful. This is usually accomplished either with enemas or a high dose of oral medication. Your doctor will discuss whether this is necessary and which regimen will be used for your child.
- **Maintenance medication:** Once the rectum is cleared of stool, long-term therapy can be initiated. Stool softeners such as MiraLax, lactulose, Milk of Magnesia, or mineral oil are most often used for maintenance therapy. Occasionally, stimulant laxatives are used in addition to stool softeners. Maintenance medications must usually be continued for months.
- **Dietary modifications:** Increasing the fiber in the diet and drinking plenty of fluids may be beneficial in patients with constipation. Your doctor will give you a goal for daily fiber intake. If this goal cannot be met through the diet, it may be necessary to use fiber supplements.
- **Behavioral modifications:** This part of the treatment regimen is key. In order for the above treatment to work, withholding behavior must be avoided and a regular bowel habit must be established and maintained. In order to promote a regular bowel habit, children who are toilet trained (or in the process) should sit on the toilet for 5-10 minutes (depending on age) after completing the morning and evening meal. Meals are often followed by contractions in the colon which are meant to rid the colon of stool (the gastrocolic reflex). Sitting on the toilet after meals takes advantage of this natural reflex. Children who are old enough to understand the concept of withholding must be instructed that any time they feel the urge to pass stool, they **MUST** stop what they are doing and sit on the toilet.

**The specific treatment regimen for your child will be given to you.**

## Warning Signals for Other Causes

Some of the more common warning signals which require further evaluation are:

- Constipation that began in the first few days of life.
- Abdominal distension, especially in infants.
- Poor growth.
- Persistence of symptoms despite an **adequate** treatment regimen.

## TREATMENT PLAN FOR \_\_\_\_\_

### Clean out (if necessary)

- \_\_\_\_\_ Enemas: Give 1 (Pediatric/Adult) Fleet Enema \_\_\_ time per day for \_\_\_ days.  
(Never allow child to hold enema in rectum for greater than 1 hour since dangerously high blood phosphate levels can occur. If you can't get your child to release the enema fluid in greater than 1 hour, call our emergency number).
- \_\_\_\_\_ MiraLax: Give \_\_\_\_\_ capful in 8 oz. clear liquid \_\_\_\_\_ times per day for \_\_\_\_\_ days.
- \_\_\_\_\_ Other: \_\_\_\_\_

### Maintenance Therapy\*

- \_\_\_\_\_ MiraLax: Give \_\_\_\_\_ capful in \_\_\_\_\_ oz. clear liquid \_\_\_\_\_ times per day by mouth
- \_\_\_\_\_ Lactulose: Give \_\_\_\_\_ teaspoon \_\_\_\_\_ times per day  
Give \_\_\_\_\_ tablespoon \_\_\_\_\_ times per day
- \_\_\_\_\_ Milk of Magnesia: Give \_\_\_\_\_ tablespoon \_\_\_\_\_ times per day
- \_\_\_\_\_ Mineral Oil: Give \_\_\_\_\_ tablespoon \_\_\_\_\_ times per day
- \_\_\_\_\_ Other: \_\_\_\_\_

**\*Do not stop or adjust the medication unless instructed by your doctor or nurse practitioner.**

### Dietary Modifications

- Recommended daily fiber intake: \_\_\_\_\_ grams per day (see attached sheet).
- Increase water and other fluids in the diet.

### Behavioral Modifications

- Sit on the toilet for 5-10 minutes after breakfast and dinner. You may do this either immediately after the meal or wait about 15 minutes after the meal is completed. Your child's feet need to be flat on the floor or a footstool.
- To help your child learn to push correctly, have him/her make the "grrr" sound while pushing, or have him/her blow up a balloon.
- Sit on the toilet any time the urge to have a bowel movement arises.
- A calendar with stickers can be used as a reward system (particularly for young children) for sitting on the toilet and for having bowel movements in the toilet.

### Reasons to Call

- Clean-out doesn't produce a bowel movement.
- Bowel movements less than 3 times per week or if stools continue to be hard.
- Bowel movements more than 3 times per day or excessively loose stools.
- Any other questions.