

# Constipation

## Information for parents and/or caregivers

Welcome to the Southern Adelaide Local Health Network. This information sheet aims to answer any questions you may have about your child having constipation.

### What is constipation?

Constipation is when a child has a hard poo (faeces or bowel movement) or does not go to the toilet regularly. Constipation is a common problem in children, particularly around the time of toilet training or after a painful or frightening bowel movement.

A 'normal' poo can range widely in firmness and frequency of action. For example, breast fed babies may have a poo following each feed or only every 7-10 days. Bottle fed babies and older children will usually have a poo at least every 2 –3 days.

You only need to worry about the firmness or frequency of your child's poos if it seems to be causing a problem.

Constipation can cause:

- Stomach cramps (pain comes and goes)
- Your child to feel less hungry than usual
- Irritable behaviour
- Anal fissures (small splits of the skin at the anus/ bottom) - which cause pain and bleeding at the anus (bottom) when passing poo. Straining (pushing hard) to pass a large, hard poo can cause anal fissures.
- Holding-on behaviour to avoid doing a painful poo, such as squatting, crossing legs or refusing to sit on the toilet.
- Hard lumps of poo might be felt when pressing the abdomen

### Long-term constipation can cause:

Soiling in pants - your child's rectum (bottom) may be full of poo for a long time and this makes it become stretched. Your child may not get the urge to go to the toilet because the rectum always feels stretched. The poo can then pass into your child's pants, without them feeling it. The medical term for soiling is encopresis or faecal incontinence.

### Causes

**Natural tendency** - some children have slow gut movement which causes constipation. Most children with constipation have no serious cause found.

**Bowel habits** - such as ignoring the urge to have a poo. Many young children are too busy playing and put off going to the toilet. The poo then becomes harder and larger. 'Toilet' time should be set aside to allow for regular, undisturbed visits to the toilet.

**Holding-on behaviour** - after a painful or frightening experience, such as passage of a hard and painful bowel movement. Holding-on further hardens the poo and makes the next bowel movement even more painful.

**Change in toilet environment** such as new or undesirable school toilets, or being told to hold-on when they feel the urge to go (typically at school).

**Diet** - Many children who are constipated have an adequate diet and increasing children's fibre and water intake may not fix constipation.

However, some children who have a natural tendency to get constipated might be aggravated by a very fibre-poor diet. Children who drink several bottles of cow's milk per day may also become constipated.

**Anal Fissures** - are painful and may cause your child to resist going to the toilet (or holding on). A vicious cycle can then set up with holding on making constipation worse and subsequent bowel movements more painful to pass.

**Disease** - In a very small number of children, constipation may be the result of a physical disease. Diseases such as the absence of normal nerve endings in parts of the bowel, defects of the spinal cord, thyroid deficiency and certain other metabolic disorders can cause constipation.

## Treatment

Treatment should continue for enough time to allow the bowel size and sensation to return to normal. Treatment should include:

## Healthy bowel habits

It is important for constipated children to develop the habit of sitting on the toilet regularly.

This should be for 3-5 minutes after breakfast, lunch and dinner. They should sit on the toilet even if they do not feel the urge to go. They should stay on for 3-5 minutes, even if they have done some poo before then.

Providing a book and a footstool (so they feel secure) can be helpful. Using a kitchen timer can avoid arguments about how long they have been sitting.

Reinforce the good behaviours (sitting and pooing in the toilet) with encouragement and age-appropriate sticker or reward charts or other creative options.

Children should learn to respond to their body's urge to poo.

## Remove frightening or painful associations

Many young children are worried that they may fall into the toilet. A foot stool or rails can help.

You may want to find out if your child is worried about using the school or kinder toilets and see if anything can be done to help.

If your child is holding onto bowel motions after a painful experience, it can be helpful to use laxatives (oral medicines) to keep the poo soft for several weeks. This will allow easy passage of poo and give time for anal fissures to heal.

## A healthy diet

Giving your child adequate fibre in their diet might help prevent constipation. To add more fibre to your child's diet, you can give your child:

- At least 2 servings of fruit each day. Fruits with the peel left on, such as plums, prunes, raisins, apricots, and peaches, have a lot of fibre.
- At least 3 servings of vegetables each day.
- Less processed cereals, such as bran cereals, shredded wheat, whole grain cereals or oatmeal. Avoid refined cereals, such as corn flakes and rice bubbles.
- Wholemeal bread instead of white bread

- Reduce cow's milk intake to a maximum of 500ml per day (for children over the age of 18 months) and avoid sweet drinks before meals, to improve your child's appetite at meal times.

## Infants

If you think your baby (less than 12 months of age) is constipated you should consult your family doctor or maternal and child health nurse. Some babies might need their formula changed. For infants over six months of age, increased fruit and vegetables in the diet might help. You can give your baby strained, stewed prunes or apricots - up to 3 tablespoons three times each week or prune juice diluted with water.

## Laxatives

You may need to give your child a laxative if they are constipated. If you find this does not work, or you need to give it more than a few times in a year, then you should see your doctor.

Children who have been constipated for many months are likely to need laxative medications for several months, as well as encouraging healthy bowel habits.

**Prune Juice** - this is a mild natural laxative that works in some children. Prune juice may taste better if mixed with another juice, such as apple, apricot, or cranberry juice. You can freeze prune juice to make icypoles.

**Liquid paraffin mixtures** (eg. Agarol™, Parachoc™) - comes as a flavoured liquid, and works by softening and lubricating the poo to make it easier to pass.

**Macrogol 3350** (eg. Movicol™) - comes in a sachet to mix with water and works by softening the poo.

**Lactulose** (eg. Duphalac™) - comes as a sweet-tasting liquid, and works by softening the poo and stimulating the bowel to empty. It may taste better mixed with juice or milk. It can cause smelly wind.

**Docosate / poloxalkol** (eg. Coloxyl™) - comes as a tablet or drops (which are most suitable for children under 3 years of age) and works by softening the poo.

**Senna** (eg. Senokot™) - comes as a tablet or granules, and works by stimulating the bowel to empty. The granules can be mixed with food, such as apple sauce or ice cream. Your child may have diarrhoea or stomach cramps if the dose is too high. Giving Senokot at night may reduce tummy cramping.

**Bisacodyl** (eg. Duro lax™) - comes as a tablet and works by stimulating the bowel to empty. It can cause tummy cramps.

**Psyllium husk fibre** (eg. Metamucil™) - this natural fibre supplement helps soften the poo and is a mild laxative. It comes unflavoured or in an orange flavour.

**Suppositories and mini-enemas** (eg. Glycerine, Duralax™ and Microlax™) – these are small tablets or liquid that is placed into your child's bottom (rectum). They stimulate the rectum to empty. They do not soften the poo in the upper bowel.

They are sometimes recommended for severe constipation but oral laxatives are more effective and less distressing for most children. Glycerine suppositories may be used for severe constipation in infants.

Never give an enema to your child unless your child's doctor has told you to.

### **Bowel irrigation**

A very small number of children get so severely constipated that they need admission to hospital for a bowel washout. This is usually done using several litres of 'bowel prep' fluid. The fluid can be given as a drink or put down a tube into the stomach (nasogastric tube).

### **Key points to remember**

There is a lot of difference in the firmness and frequency of poo in normal children.

You only need to worry about the firmness or frequency of your child's poo if it seems to be causing a problem.

Constipation can cause stomach cramps, reduced appetite and irritability.

Constipation can usually be controlled with good bowel habits and medicines.

Diet is less important in treatment of constipation in children than it is in adults.

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## For more information

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