

Constipation: information and management plan

Your child has been diagnosed with constipation. This is a guide to help you manage your child's problem at home.

What causes constipation and how long is the treatment?

- Constipation in children does not usually mean that they have an underlying bowel problem. Your doctor will check when the constipation started and look for anything which might have started the problem.
- Usually no tests are needed.
- It is a long-term problem that may require treatment for many months or years.

What treatment is used for constipation in children?

Medication

- The medicines used are not addictive and will not cause the bowel to become lazy.
- We usually start with a disimpaction (emptying) medicine and then a regular medicine.
- The medicines work much better if used every day. Do not discontinue prescribed medication without consulting your doctor or nurse
- Your doctor or nurse specialist will advise what to do if the constipation gets worse. Extra doses of medication may be needed as well as the usual dose.

Emptying treatment (called evacuation or disimpaction)

- At the start of treatment, we use medicines to empty out all the old faeces (poo) as this makes the medicines work better.
- Usually the medications are given at high dose over a few days. Your child may need to use the toilet a lot so often we choose to do this over a holiday or weekend. We try to give enough medicine to make the poo very watery so that we know we have emptied it all out.
- You should continue the emptying medication until the poo has been watery for at least 24 hours.
- If your child has not passed a poo for a week or more, or had constipation for a long time, the emptying medication may need to be continued for 1-2 weeks to help get out all the old poo.
- Sometimes, we suggest using this emptying medicine at regular intervals if we think the poo has filled up the bowel again.

Regular treatment (called maintenance)

- You will be given some regular medicine to give your child.
- This medicine may be needed for several months or years.
- Try not to miss doses as it works better when taken every day.
- Usually, the dose is lowered very slowly once the constipation is better, as stopping or lowering the dose of medicine too soon often causes the constipation to get worse.

- We may suggest extra doses of medicine if the constipation gets worse.
- It is better to increase your child's regular treatment as soon as you notice the constipation is getting worse as this helps the constipation get better more quickly. Do not wait until the next clinical appointment.

How do I know if the constipation is getting worse?

- You may notice that your child is pooing less often.
- Leakage (soiling) may come back or get worse.
- They may show more 'holding on'.
- They may eat less as they are 'full of poo'.
- Tummy aches may get worse.
- You may notice they are still doing very big poos but not very often or pass very small hard poos a few times a day.

If you notice the constipation getting worse, your child will need to increase their medication for a short while or complete another emptying course.

Ask your doctor or nurse for a plan to take home of how to increase your child's regular medication if you notice the constipation is getting worse.

Things to look out for if your child has constipation

Leakage of poo and diarrhoea (called overflow or soiling)

- If the constipation has 'built up', watery or very soft poo can often leak out without your child being aware.
- Soiling (passing poo into the pants) is common and may be due to constipation, not the child being naughty.

Long term constipation

- Having constipation for a long time can stretch the bowel.
- If your child is still passing very large poos but not very often, this can be a sign that the bowel is still stretched and the poo can collect up in the lower end of the bowel. We call a stretched bowel a 'mega-rectum'.
- The bowel will become normal again over time but this is a sign that it is too soon to stop or lower the medicine.
- Old poo can be very hard and smelly and look like clay.
- Constipation can lead to day and night time wetting.

Bleeding

- Sometimes, passing a hard or large poo can cause a small tear (we call this an anal fissure). This happens just inside the bowel and can cause bright red bleeding. The tear will heal by itself but may be painful and using medicine to keep the poo very soft can be helpful.
- If your child has never had bleeding before, always discuss this with your doctor who can check that there is no other cause.

Holding onto poo (called stool withholding)

- Some children may try to 'hold onto their poo' due to fear of it hurting; often due to having had an anal fissure (see above). You may see them hiding, look sweaty, wriggling around or look like they are trying to push the poo out. Constipation medications can make the poo soft and encourage the bowel to push the poo out.

What else can I do to help?

Diet

- Check that your child is having a healthy amount of fibre, e.g. fruit, vegetables, brown bread.
- Check that your child is having regular drinks during the day.
- If your child is weaned and still drinking more than 1 pint of milk or formula a day, discuss reducing to a lower amount with your doctor.
- A small number of children have constipation due to intolerance to the protein in milk or sensitivity to gluten in flour (coeliac disease) – your doctor will advise you if your child needs a test for these conditions. We do not suggest any restrictions to your child's diet unless they have been diagnosed with a specific problem.

Going to the toilet

- This is very important – all weak muscles need exercising to build up strength. We advise asking your child to sit on the toilet for 5-10 minutes after at least two mealtimes as this is when the bowel is most active and likely to empty.
- Ensure the child does not hold onto the toilet seat and can put their feet on the floor or a small stool.
- Encourage blowing e.g. bubbles, a small balloon, whistle or musical instrument as this helps the child to learn to push effectively. A forwards and backwards rocking movement can also help.
- It can be helpful for all pre-school and infant age children and some older children to have an adult with them to encourage and reassure them.
- If they cannot open their bowels after 5-10 minutes they do not need to stay on the toilet.
- Using the toilet effectively should be celebrated and a small reward, e.g. star chart, could be considered.
- Encourage your child to take responsibility for wiping their bottom (with help if necessary) and washing their hands.
- It may be helpful to record the consistency and frequency of your child's bowel actions and soiling.








Contact us

If you need further advice, please contact the clinical nurse specialist, Julia Clasby, on 07867 780 398, the ward where your child was last cared for in hospital, or ask to speak to your child's paediatric consultant on 0118 322 7531.

Kempton Day Bed Unit: 0118 322 7512 / 8754 (Mon-Fri 7am-7pm)

Lion/Dolphin Wards: 0118 322 7519 / 8075 (outside of these hours)

Useful websites

Website	QR code
ERIC Children’s Bowel and Bladder Charity Podcast and information about DISIMPACTION https://eric.org.uk/podcast/episode-3-chronic-constipation-and-disimpaction/	
ERIC Children’s Bowel and Bladder Charity Lots of other information and resources about constipation www.eric.org.uk	
Heathier Together Constipation and other child health information www.what0-18.nhs.uk/parentscarers/worried-your-child-unwell/constipation	
Moo to Poo Position and breathing to help with constipation www.pelvicexercises.com.au/relieve-constipation/	
The Poo in You Educational Youtube video about constipation suitable for parents, teenagers and children over about 7 years www.youtube.com/watch?v=SgBj7Mc_4sc	
How to help your child swallow tablets www.medicinesforchildren.org.uk/advice-guides/general-advice-for-medicines/helping-your-child-to-swallow-tablets/	
Patient info – What is constipation? Suitable for parents and older children www.patient.co.uk/health/constipation-in-children-leaflet	

To find out more about our Trust visit www.royalberkshire.nhs.uk

Please ask if you need this information in another language or format.

Dr N Pritchard, RBFT Paediatric Unit, February 2023.

Next review due: February 2025

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