



Constipation: Treatment of Chronic Constipation and Soiling

While it is normal for a child to be constipated now and then, ongoing problems are not. This handout gives a treatment plan for problem or frequent constipation.

What is constipation?

Constipation is when your child:

- Has large or small hard stools that are painful to pass
- Has gone 3 or more days without having a bowel movement
- Is going a small amount every day, but not enough to empty their colon

If any of these happen often, constipation has become a problem. Sometimes passing hard stool can cause small rips or tears in the anus. These tears can cause a small amount of blood on the stool or toilet paper when wiping. These tears or fissures make bowel movements painful.

What is soiling?

In chronic constipation, a large amount of hard stool gets trapped in the colon. Soft or loose stool then leaks around the hard stool and into the underwear or diaper, leaving stains or soiling. This is when parents or others may notice a foul smell. The medical word for this soiling stage is called fecal incontinence. Ongoing soiling, with or without constipation, is encopresis. Some kids can be constipated but not soil.

What is stool withholding?

Stool withholding is when your child stops their stool from coming out. This is done by tightening up certain muscle groups. They'll tighten when standing, lying very straight or crossing the legs. Sometimes it looks like they are straining hard to have a stool. Some children intend to do this and do it on purpose so it won't hurt, and others do it without knowing it.

What causes constipation and soiling?

- Not eating enough high-fiber foods
- Not drinking enough liquids
- Lack of physical activity or regular exercise
- Drinking or eating too many milk products
- Holding or waiting too long to have a bowel movement
- Resisting bowel movements due to pain, asserting independence during potty training or being too distracted by other activities to go to the bathroom
- Certain medical conditions

Often it is combination of these reasons. Constipation can run in families.

View Seattle Children's Constipation Video Series

www.seattlechildrens.org/constipation

What is happening in the colon?

One of the functions of the colon (large intestine) is to act as a sponge by removing fluid from the stool before it leaves the body. The longer the stool stays inside the colon, the drier and harder it becomes, which stretches the colon.

When the colon becomes stretched out from stool buildup, it is not able to move the stool out of the body normally. Once the stool is removed during cleanout, it will easily fill up again with large amounts of stool, unless treatment is given. It takes many months of regular bowel movements for the colon to get back into shape.

How is constipation treated?

Treatment consists of four parts or phases.

- Initial cleanout phase clears out the stool that has collected in the colon.
- The maintenance phase focuses on preventing stool buildup. During this time the colon returns to its normal shape and working order, allowing regular bowel movements. Since the first two phases require medicines, you will need to work with your child's primary healthcare provider. Together you will choose medicines and dosages that are best for your child.
- Behavioral changes that allow your child to get back on track to healthy pooping and be successful in the future.
- Recognizing relapses of constipation. Knowing your child's cues for constipation and restarting stool softeners at the first sign of relapse will prevent from severe constipation.

Phase 1: The Initial Cleanout

This phase requires 2 different medicines, a stool softener to soften the stool and a laxative to help the colon muscles contract and push stool out. Most medicines can be purchased over the counter. Cleanout plans often have to be repeated to get the colon completely empty.

Stimulant laxative – medicine that helps push the stool out

Since the colon is stretched from the stool buildup, it needs help contracting to push the stool out. To do this we use a stimulant laxative. A laxative is used to clean out a large amount of stool from the colon. It is used for a short period of time. Examples are Bisacodyl/Doculax, or Ex-Lax Chocolate/Senna.

Stool softener - medicine that keeps fluid in the stool

The large, hard stool in the colon must be softened before it can be passed. Stool softeners work by keeping water in the intestine to soften stool. Increase this medicine if your child is still having hard stools after the first cleanout period. Decrease this medicine if stools are too loose or watery. Once you have made a change in dose, wait for 3 days before making any more changes. It will often take this long to see the effect of a dose change. Examples are Miralax/Polyethylene Glycol or Lactulose, and it is taken once daily or twice daily.

Phase 2: Maintenance

The object of the maintenance phase is to prevent stool buildup and allow the colon to return to its proper shape and function. It's also the time to encourage your child to have bowel movements in the toilet. A daily stool softener (but *not* a stimulant laxative) is still needed during this second phase.

Stool softeners are safe to use for long periods of time and are not habit forming. Treatment length varies based on how long constipation has been a problem, but often is 6 to 12 months.

Phase 3: Behavior changes

Start trying one or two of these lifestyle and toileting changes right away. Add the rest as your family is ready, until they become part of your life.

- If your child is toilet trained, encouraged them to sit on the toilet for 5 minutes twice a day and try to have a bowel movement. Sitting time works best 15 to 30 minutes after a meal or snack. Have your child concentrate on pushing with the belly and relaxing the muscle of the rectum. Also, make sure your child is comfortable on the toilet seat. To avoid dangling feet, place a stool under their feet to raise the knees higher than their hips.
- Add more high-fiber foods to their diet. Food like whole grains, fruits, vegetables, peanut butter, dried fruits and salads are great sources of fiber. A commercial fiber supplement may be used, too. To figure how many grams of fiber they need every day, add 5 to their age. For example: a 10-year-old needs 15 grams of fiber per day (10 years old + 5 equals 15 grams/day).
- Increase liquids, especially water, in the diet. Work up to several glasses of water a day. Have them drink enough to keep their urine pale yellow.
- Increase physical activity. Exercise makes all the body organs work better and helps move stool down the colon. Children need 60 minutes of activity a day. Exercise can be in the form of short walks, playing outdoor games, or doing sports – just so a child is moving and it adds up to 60 minutes a day.
- Encourage the older child to take responsibility for their own actions. Each family must decide what level of responsibility to expect of the child. Calendars or star-charts to track success and setbacks often help.

Phase 4: Managing relapses

Watch for your child's cues for constipation (such as hard stools, skipping days to stool, or stomach pain), and restart stool softeners at the first sign of relapse to prevent severe constipation. When your child relapses, you can start off with a daily stool softener, but if symptoms do not improve, then work with your doctor to repeat the cleanout plan with the laxative.

To Learn More

- Gastroenterology Clinic
206-987-2521
- Ask your child's healthcare provider
- www.seattlechildrens.org

Free Interpreter Services

- In the hospital, ask your child's nurse.
- From outside the hospital, call the toll-free Family Interpreting Line 1-866-583-1527. Tell the interpreter the name or extension you need.

- Cleanout whenever needed, as often as every 2 weeks. Children with the least frequent relapses are the ones who make needed diet and behavior changes. There are no quick fixes, rather a lifestyle change is needed.
- Constipation often is a chronic condition but it can be managed. Repeat bouts are common. It takes at least 6 to 12 months on stool softeners for the colon to work normally again, sometimes even longer. Daily, long-term stool softeners are safe and necessary to manage constipation.

When will we know we are successful?

Constipation and soiling are treatable. Children and families who follow this treatment plan will be able to have soft, consistent bowel movements and have full control of their bowels. It's important to know that it may take many months, or even sometimes a year or more, for the intestine to return to its normal shape and strength. Some children will continue to struggle with irregular bowels into their adult life. Keeping a lifetime diet high in fiber and water, exercising regularly and using stool softeners as needed from time to time can work together successfully to treat constipation.