

# Constipation

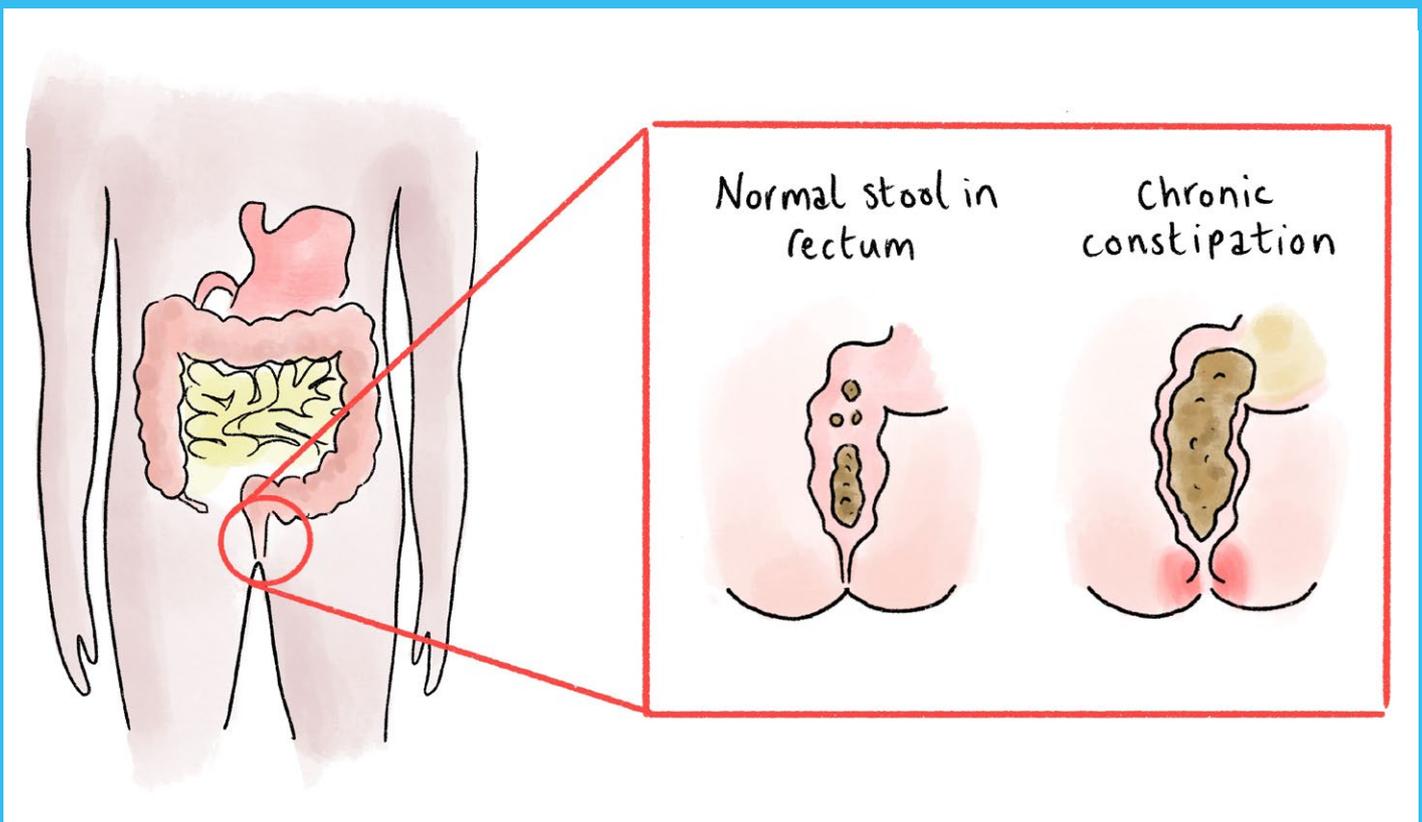
## Information for parents and carers

### Key facts

Constipation means either going to the toilet less often than usual to empty the bowels, or passing hard or painful stools.

Every child is different and there is a large range of normal bowel habit, it is a change from what is normal for your child that suggests a problem.

Regular soiling may indicate that there is severe constipation with some blockage of stool in the lower part of the gut, this is known as impaction.



# Index

Symptoms of Constipation	3
Types of Poo	4
How is constipation diagnosed?	4
Risk Factors	5
Stool Withholding	7
Preventing Constipation	8
Toileting Tips	9
Laxatives	12
Treatment	13
How to Prepare Macrogol Laxatives	14
How to Prepare Macrogol Laxatives for Formula fed babies	15
Diet	16
Fibre	17
What is fibre?	17
Recommended Daily Intake	18
How can you increase fibre intake?	19
Fruit and Vegetables	21
Recommended fluid intake	23
About Impaction	24
Disimpaction	25
Maintenance	26

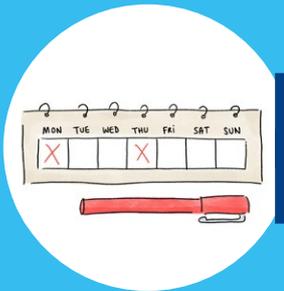
# Symptoms of Constipation



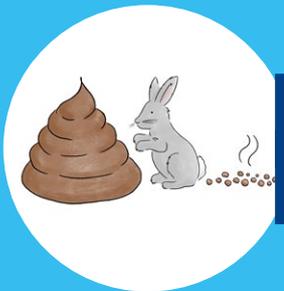
**Difficulty or straining when passing stools**



**Pain when passing stools**



**Passing stools less often than normal, usually this is less than three complete stools per week**



**Stools that are hard and perhaps very large, or like rabbit droppings**

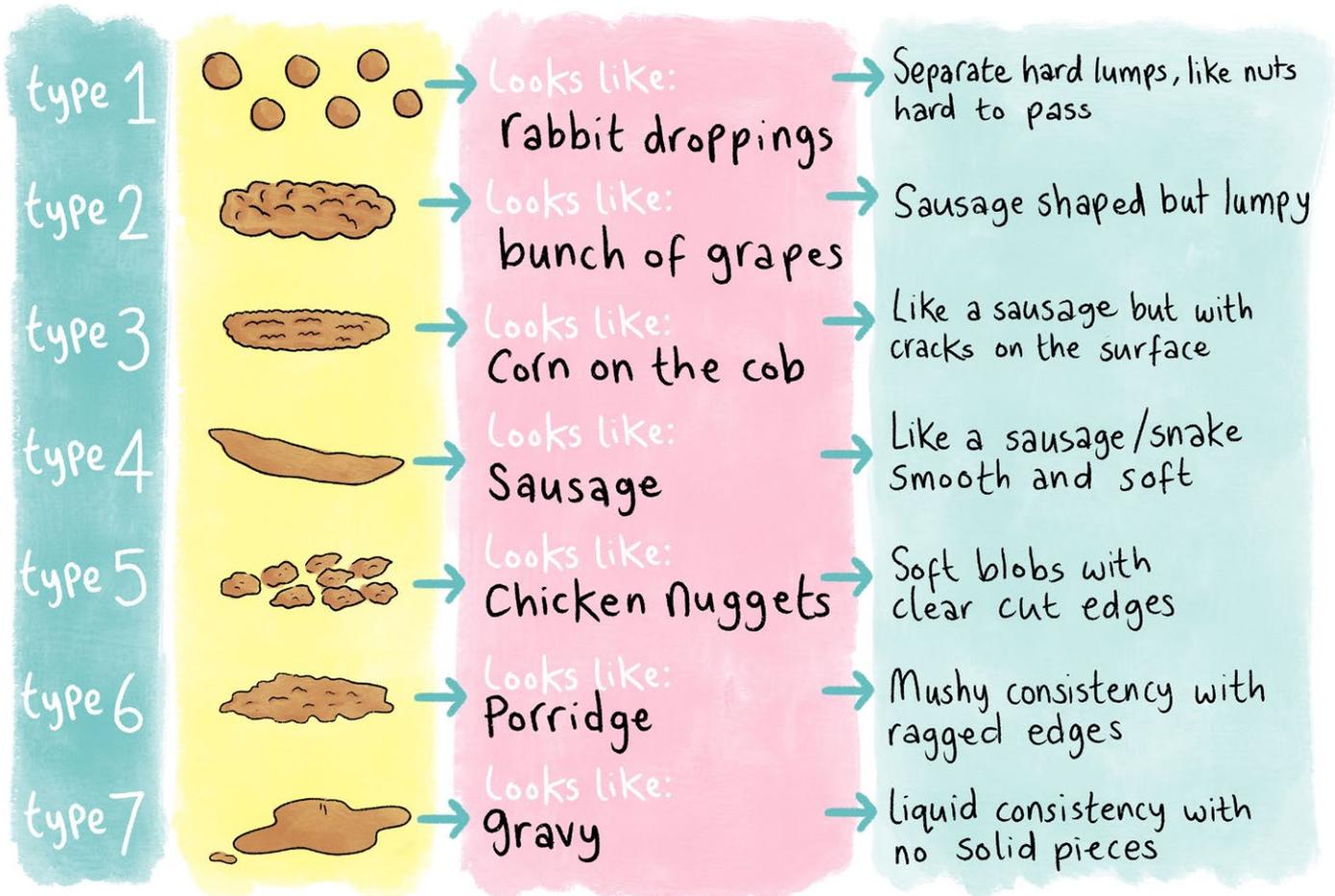


**Abdominal pain**



**Poor appetite**

# Types of Poo



Type 1, 2 or 3 on the Bristol stool chart shows some degree of constipation.



## How is constipation diagnosed?

You will be asked questions about your child's diet, bowel habit and general health. Your child's growth will also be reviewed.

Most of the time, tests are not needed.

# Risk Factors

Usually there is no particular disease or illness causing the constipation and it is known as **idiopathic constipation**



## Not drinking enough fluids

Stools require water to keep them soft and easy to pass.



## Low fibre diet

Fibre (roughage) is part of plant food that is not digested. Fibre adds bulk and some softness to the stool.



Anxiety and emotional upset (for example when starting nursery or potty training)



A change in routine



Withholding poo is when a child avoids emptying their bowels



Fear of the toilet which is sometimes associated with pain or discomfort



Lack of a toilet routine. Some children have such busy lives that it can be difficult to find time to sit and relax on the toilet each day



Resistance to potty training and an insistence that a nappy be put on to poo in



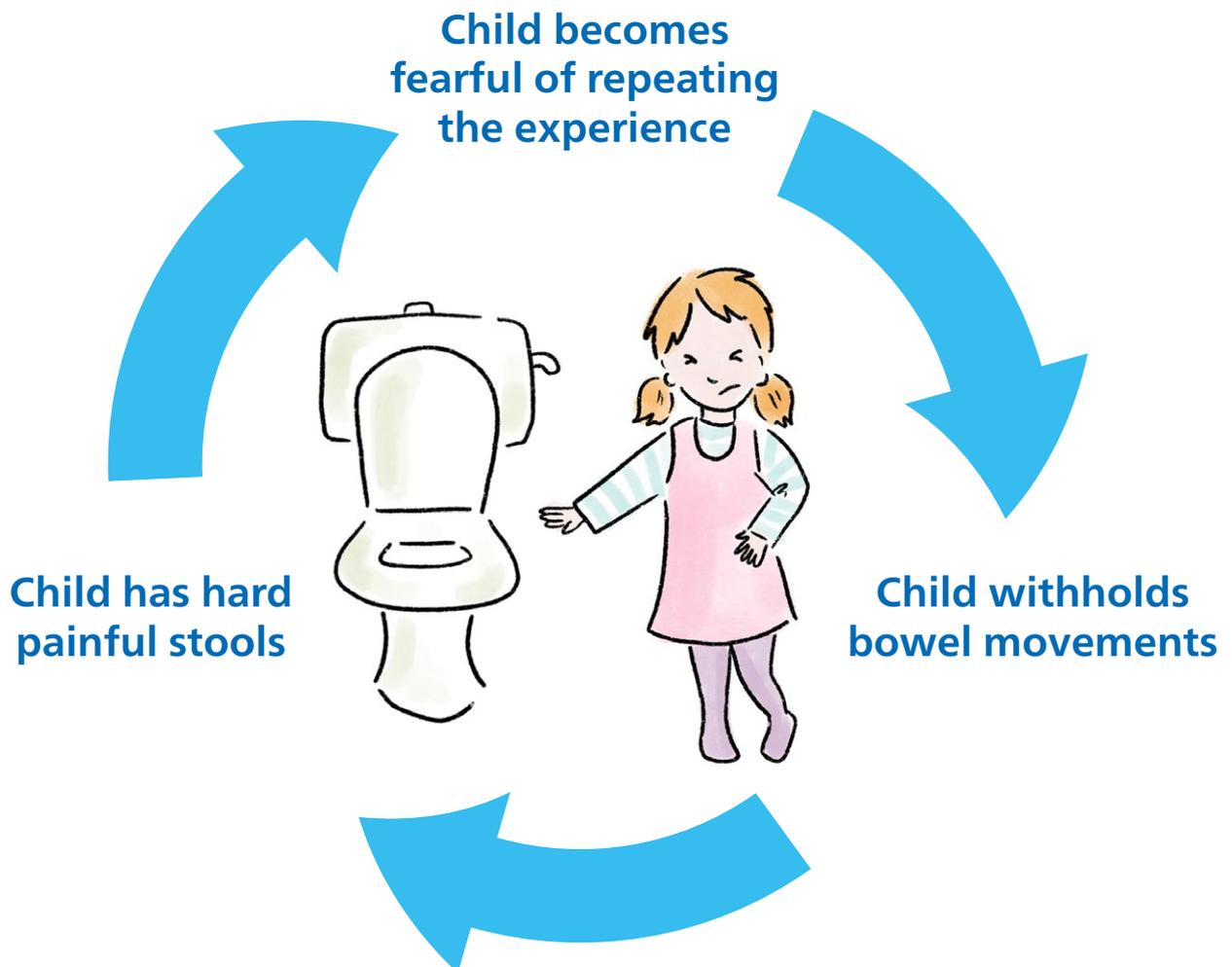
Some medication can slow down gut movement

# Stool Withholding

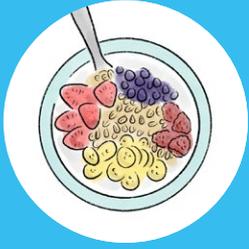
Stool withholding is a common problem seen in toddlers. This is when toddlers try to hold onto their stool instead of passing it. It is one of the greatest risk factors for developing constipation.

This usually occurs around the time of potty training, when the child has discovered they can withhold. It may also occur at nursery age or at school age when the child does not/cannot/will not access the toilets.

Often the child has experienced pain on passing a stool, then because of the pain they hold onto their stool in order to avoid the pain. By holding onto their stool, the constipation becomes worse. Once they do finally pass the stool, it is usually hard, wide and large which leads to discomfort and reinforces their desire to continue to withhold.



# Preventing Constipation



Eating regular meals will help you develop a more regular bowel habit



You may wish to think about possible triggers in your child's diet, such as the artificial sweetener sorbitol, fizzy drinks and caffeine.



Maintain a healthy weight



Eat a balanced diet with plenty of fruit, vegetables and fibre.



Keep active, exercise helps your food move through your bowels.



Have plenty to drink

# Toileting Tips

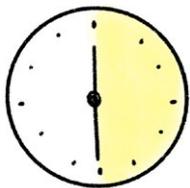
Children with bladder and/or bowel problems cannot always rely on a good signal telling them they need to go to the toilet. In order to get the wee and poo in the toilet they need a regular toileting routine

Children tend to not spend enough time on the toilet and can hop on and off without concentrating on what they should be doing.

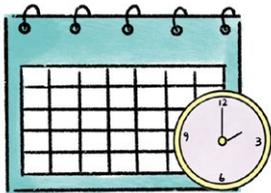
Correct positioning can help to empty the bowel more efficiently – here are a few tips on achieving this!



Make sure the bathroom is warm and inviting! Close the windows and maybe put up some posters for your child to look at.



Take advantage of the body's natural 'gastrocolic reflex'. Encourage them to try on waking and about 20-30 minutes after main meals and before bed.



Try to keep to a routine, using the toilet around the same times every day and also when your child says they feel the need to go – always respond to the body's urge to poo!



Stay with your child. Do not leave the child sitting on the toilet by themselves for long periods of time.



Ensure the toilet is comfortable to sit on. Some children fear they will fall into the toilet, so it is important to get an add-on seat for smaller children.



A footstool is very important to ensure your child has good support for their feet



Put some toilet paper into the bowl first so that there is no splashback when a poo is passed. Some children get a fright if there is a splash!



When sitting on the toilet your child should be able to lean forward and rest their elbows on their knees higher than their hips.



Your child should be relaxed when sitting on the toilet and not straining.



Talk to your child when following these steps so that they know what you are trying to achieve.



Have toys, games or books to distract them... it really helps if you can make it fun!

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Making your child laugh can help contract their tummy muscles.



Massage tummy in a clockwise direction.

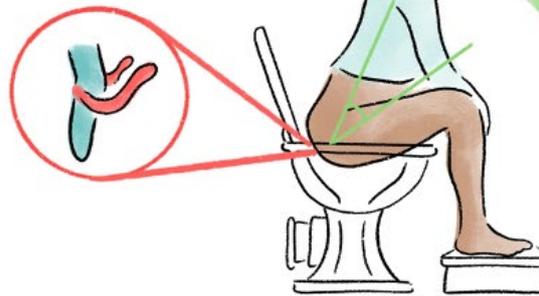
Rock forward and backwards



**DON'T**

Intestine is pinched and blocked

Relax



Back is straight and leaning forward

35°

Make sure feet are firmly supported flat on a box or stool

**DO**

The healthier way to sit on the toilet

# Laxatives

Idiopathic constipation that has lasted for more than a few days is usually treated with laxatives.

Laxatives are normally continued for several weeks after the constipation has eased and a regular bowel habit has been established.

The duration of treatment may be several months.

Don't stop the laxatives abruptly, it is better to gradually reduce the dose depending on the consistency and frequency of the stools.

## Laxatives used for children are divided into two types

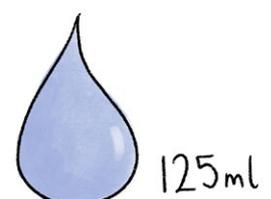
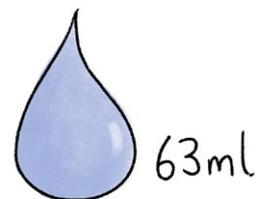


Macrogols which pulls fluid into the bowels, keeping the stools soft. They usually come as sachets that is made up into a drink



Stimulant laxatives which encourage the bowel to pass the stool out. These tend to be used in addition to a macrogol if the macrogol is not sufficient on its own.

- It is essential to mix it with the correct amount of water or it will not work
- Paediatric sachets should be mixed with at least 63mls water PER SACHET
- Adult sachets should be mixed with at least 125mls water PER SACHET
- **IMPORTANT** As the macrogol water is not absorbed, it can't be included in the child's daily fluid requirement.



# Treatment



## Laxatives

Laxatives are the main treatment for constipation. There are two types of laxative, one type that softens the stool and another type that encourages the bowel to pass the stool out.



## Diet

Ensuring your child has a balanced diet including fibre and plenty to drink.



ERIC, the Children's Bowel and Bladder Charity supports children and young people with bladder and bowel problems. You will find more information and a free helpline on their website

[www.eric.org.uk](http://www.eric.org.uk)

# How to Prepare Macrogol Laxatives



**1** Empty the sachet of powder into a cup.



**2** First add the right amount of cold water



**3** Stir until the powder has dissolved and the water is clear.

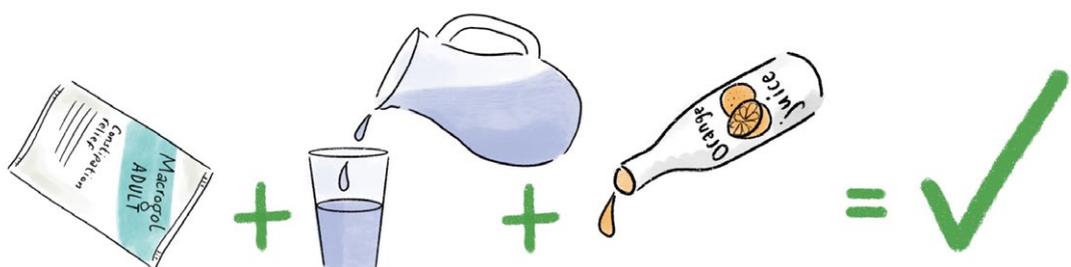


The resultant liquid can be mixed with anything your child likes, to encourage them to drink it, e.g. squash, juice, hot chocolate, milk.



**If your child does not like the taste, try mixing the macrogol earlier and chill it in the fridge - it will last 6 hours (Laxido) or 24 hours (Movicol)**

**Do not mix the powder straight into the milk, juice or flavoured drink – it needs to 'bind' with the water first.**



# How to Prepare Macrogol Laxatives for Formula fed babies.



**1** Boil fresh water



**2** Pour water into bottle



**3** Cool boiled water in fridge



**4** Empty the sachet of powder into a cup.



**5** Add the 63ml of cooled boiled water



**6** Stir until the powder has dissolved and the water is clear.



**7** Prepare formula according to the manufacturer's instructions using water which is at least 70°C



**8** Add sufficient formula to macrogol water to flavour it and mix well.



**DO NOT** add macrogol water to the baby's whole feed in case they don't finish it.

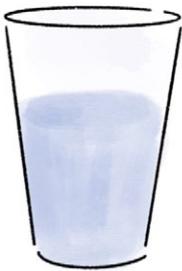
# Diet

Ensuring your child has a healthy balanced diet including fibre and that they have plenty to drink is important but without laxatives it will be unlikely to solve the problem of constipation.



## Increasing fibre intake

- As you start to eat more fibre you may have some bloating and wind at first, this usually settles as your gut gets used to the fibre
- If you are not used to fibre it is best to increase the amount gradually



## Increasing fluid intake

- If bottle fed, you can try offering water between feeds
- Encourage your child to drink plenty of water

# Fibre

## What is fibre?

Dietary fibre is the part of fruit, vegetables and grains that cannot be digested. It is an important part of a balanced diet because it

- Helps the muscles in the bowel to work properly. These muscles move stool through your body
- Adds bulk and softens the stool by holding water. This can help prevent or relieve constipation
- Promotes the healthy growth of bacteria in the bowels

## There are two types of fibre



- **Soluble (able to dissolve):** this type of fibre is broken down by natural bacteria in your bowels, making your stool softer and larger. It can be found in fruit (but not skins), oats, barley, vegetables and pulses



- **Insoluble (unable to dissolve):** this type of fibre passes through your body mostly unchanged, but it does absorb water. This increases the size of your stool so it passes through the bowel quicker. It can be found in nuts, fruit and vegetables with skins and pips, wholegrain cereals such as wheat, rye and rice.

# Recommended Daily Intake

The association of UK Dieticians recommends normal daily fibre intake (from 2 years) should be as follows

Age	Amount of fibre/day
2-5y	15g
6-11y	20g
12-15y	25g
16+	30g

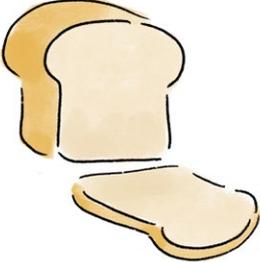
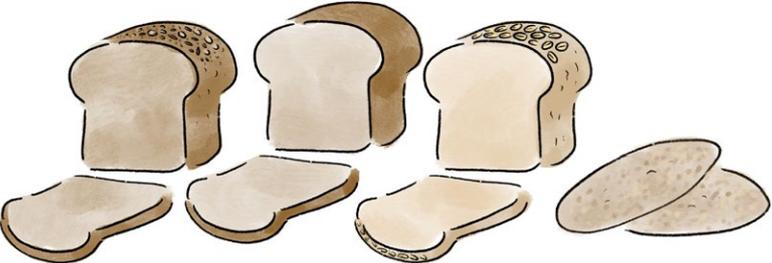
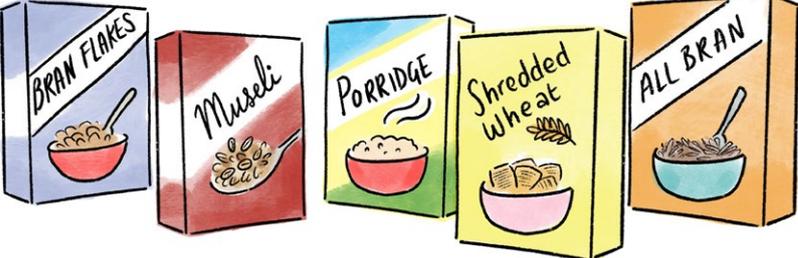
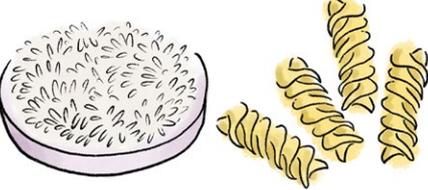
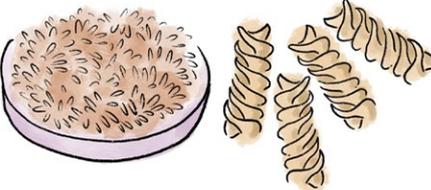
If you aim for a healthy balanced diet, using wholemeal versions of carbohydrates and 5 portions of fruit/vegetables a day, you should achieve this without having to count.

## Tips

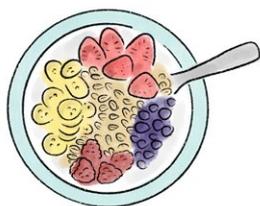
- Gradually increase the fibre in your diet
- Suddenly increase the amount of fibre you eat may make you feel bloated or have stomach cramps. Make one change at a time.
- Make sure you drink more fluids as you increase the amount of fibre you have, fibre absorbs fluids.



# How can you increase fibre intake?

Instead of	Try
 <p data-bbox="215 629 443 667"><b>White bread</b></p>	 <p data-bbox="694 629 1375 712"><b>Wholemeal, granary or oatmeal bread, wholemeal pitta bread</b></p>
 <p data-bbox="162 1041 491 1124"><b>Rice or corn-based cereals</b></p>	 <p data-bbox="667 1041 1401 1124"><b>Bran or wholegrain cereals such as muesli, porridge or bran flakes</b></p>
 <p data-bbox="146 1388 513 1426"><b>White rice and pasta</b></p>	 <p data-bbox="593 1388 1471 1471"><b>Wholegrain or brown rice, wholewheat pasta. You can use half white rice and half wholemeal at first</b></p>
 <p data-bbox="114 1892 539 2011"><b>Snacks such as cakes, biscuits, cream crackers, rice cakes</b></p>	 <p data-bbox="625 1892 1439 1975"><b>Wholemeal crackers, rye crispbreads, oatcakes, flapjacks, wholemeal toast and dried fruit</b></p>

# You could try



Add fruit to breakfast cereal



Have a high fibre breakfast cereal



Mix linseeds into yoghurt



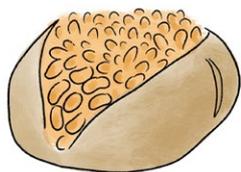
Offer fruit with every meal



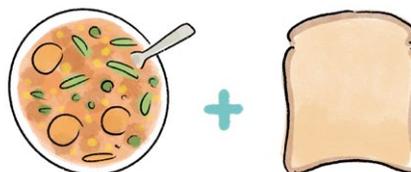
Blend together fruit and yoghurt to make a smoothie



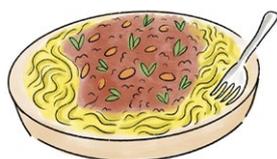
Keep a supply of frozen vegetables



A meal of jacket potatoes with baked beans



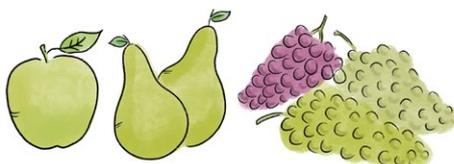
Vegetable soup with wholemeal bread or rye bread



Add extra vegetables to dishes such as bolognaise, curry and chilli



Add pulses such as baked beans or lentils to dishes



Leave the skin on vegetables and fruit

# Fruit and Vegetables

Fruit and vegetables that are high in fibre include apples, berries, figs, pears, prunes, oranges, peas, cauliflower, broccoli, brussel sprouts and carrots.

Tinned, frozen or dried fruit and vegetables all count.

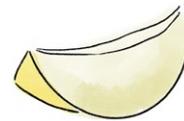
## Fruit

### One portion

#### Large

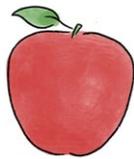


Half a grapefruit

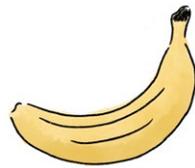


One slice of melon

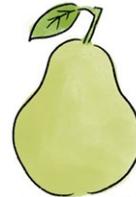
#### Medium



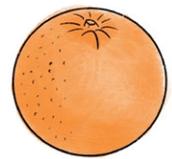
One apple



One banana

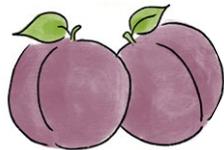


One pear



One orange

#### Small



Two plums



Two satsumas

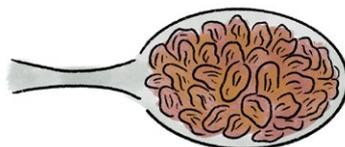


Three apricots

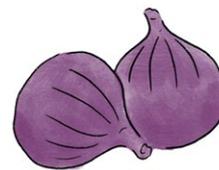


Seven strawberries

#### Dried



One tablespoon of raisins, currants or sultanas



Two figs



Three prunes

#### Juice

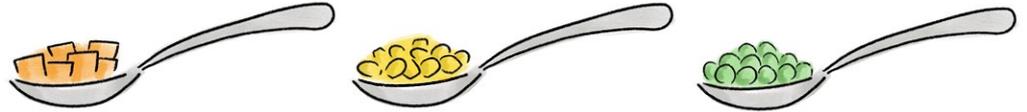


One glass of 100% juice

# Vegetables

## One portion

Cooked, frozen or tinned vegetables



Three heaped tablespoons of carrots, peas or sweetcorn

## Salad



Three sticks of celery 2 inch piece of cucumber One medium tomato Seven cherry tomatoes

## Pulses and beans



One portion is three tablespoons of kidney beans, butter beans or chick peas.

Only count as one portion no matter how much you eat.

# Recommended fluid intake

Low fluid intake is a common cause of constipation. Here are recommendations for adequate intake, this is a guide and should not be interpreted as a specific requirement. Higher intake will be required for children who are physically active or exposed to hot environments. Obese children may also require higher total water intake.

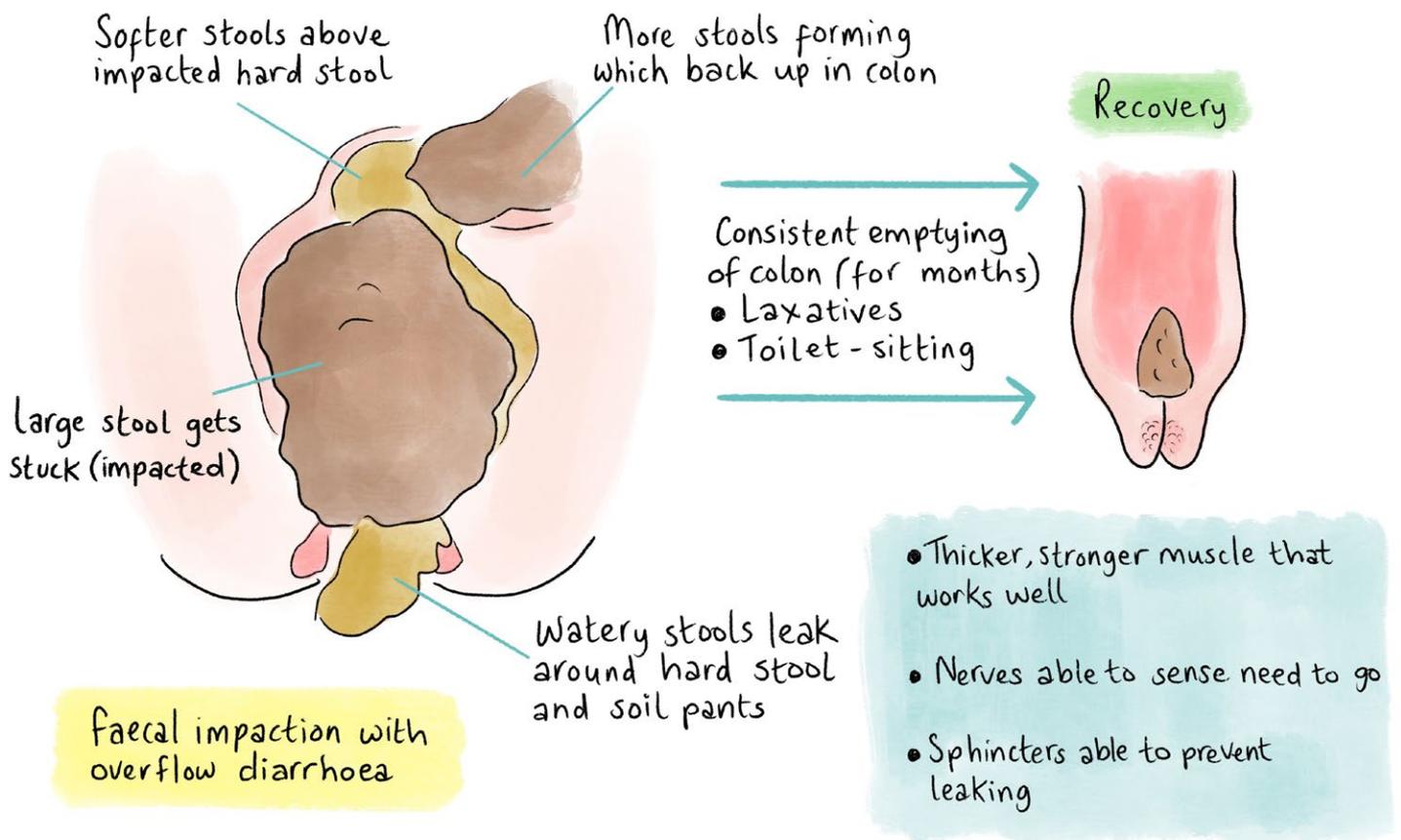
## Age

## Water from drinks

	<b>0-6m</b>		120ml/kg
	<b>7-12m</b>		600ml
	<b>1-3y</b>		900ml
	<b>4-8y</b>		1200ml
<b>9-13y</b>			1600ml
			1800ml
<b>14-18y</b>			1800ml
			2600ml

# About Impaction

Impaction is very bad constipation where poo can build up in the abdomen and become immobile in the intestines. The child may pass very small stools every few days or have very infrequent bowel movements. They may have 'leaks' of stools causing soiling, where poo has bypassed other hard poo, out of the child's control (**overflow**).



# Disimpaction

Disimpaction is the treatment to give relief from bad constipation. This involves giving increasing doses of laxative until the poo in the tummy has become liquid and comes out as diarrhoea. It is important to continue on a smaller dose of the next 3 to 6 months to allow the bowel to recover and to prevent constipation returning.

Disimpaction may initially increase symptoms of soiling and abdominal pain.

## Starting Disimpaction: Age 1 to 4 years

On day 1 take two paediatric sachets, then follow the table below until the stools have become loose and watery for at least 24 hours.

Day	1	2	3	4	5	6+
Sachets*	2	4	4	6	6	8

## Starting Disimpaction: Age 5-11 years

On day 1 take four paediatric sachets, then follow the table below until the stools have become loose and watery for at least 24 hours.

Day	1	2	3	4	5	6+
Sachets*	4	6	8	10	12	12

\* Number of sachets per day, taken over a 12 hour period

## When is disimpaction achieved?

Most children will have achieved disimpaction when their stools are loose and watery for at least 24 hours (type 7 on the Bristol stool chart). It is normal for this to take 7 to 14 days. If it takes longer than 14 days make an appointment to see your child's GP.

# Maintenance

Once disimpaction is achieved, reduce the number of sachets to a maintenance dose. This will be half the disimpaction dose, taken over a 12 hour period, up to a maximum of 4 paediatric sachets per day.

Over time, it should be possible to reduce the maintenance dose, aiming for type 3-4 stools, but be aware this can take months to achieve.

It is likely that if the sachets are stopped too soon that constipation may return and we would advise continuing a maintenance dose for at least 6 months.

## Example of Disimpaction and Maintenance

A 4-year-old starts having very runny stools when she is on 6 sachets.



After 24 hours of runny stools, from day 5



She should be started on a daily maintenance dose of 3 paediatric sachets.



This will need to be continued for 3 to 6 months and the dose gradually reduced and stopped.



If she appears to be getting constipated again when the dose is reduced, the dose can be increased by 1 sachet every 3 days until she is going regularly.