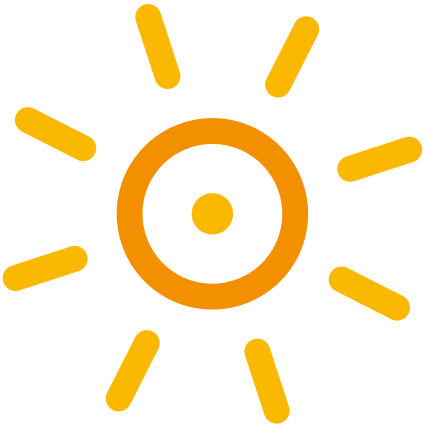
The Leeds Teaching Hospitals
NHS Trust

Constipation in Children

Information for patients, parents and carers



leeds children's hospital
caring about children

Constipation in children is very common. The cause is usually unknown. If left untreated constipation gets worse and causes problems such as soiling / accidents. Some children have symptoms for years. It is important that your child is given the correct treatment in order to get them better.

The medicines used are safe at the doses recommended and won't cause the bowel to become lazy. The most common problem with treatment is not giving enough medicine or stopping it too early. Medicines can be given at different times of the day and some can be mixed with drinks. You will learn the best way to give the medicines for your child.

It is important that your child is encouraged to go and sit on the toilet after meals if they are the right age to do this. Some children benefit from using star charts as a reward system. Plenty of fluid and exercise will also help and you might find that talking to school about what is happening is beneficial too.

Some children will run into further problems with constipation, even after good amounts of medicine have been taken. If this happens, don't be disheartened – it usually means doses need to be adjusted or medicines changed. The length of time your child has had problems is a good indication of how long treatment will be needed, so you should be encouraging for your child even when these setbacks happen.

Occasionally, medicines taken by mouth can't empty the bowel and treatment may then need to be given directly into the bottom (enema or suppository).

In rare situations the bowel may need to be cleared out under a short anaesthetic given in the operating theatre.

Steps to successful treatment

There are four important steps in treating constipation:

1. Disimpaction (clearing out the bowel by removing the stool from the colon / large bowel).
2. Working out the best way to keep the bowel empty.
3. Keeping the bowel empty with the right treatment.
4. Gradual withdrawal of treatment once the bowel has become used to emptying regularly and is working normally once again.

Disimpaction

Not all children will be impacted, that is, have a firm lump of stool in the rectum causing a blockage. If there is no impaction, go straight to page seven ***Working out how to keep the bowel empty***.

If your doctor has suspected that the bowel is blocked with stool, they will have explained how they plan to remove this stool. Often this is with Movicol, which is a stool softener.

You may notice from the package insert that Movicol is 'unlicensed' for children under five for disimpaction and for under two years old for the treatment of constipation. Movicol is a safe medicine that has been used for these conditions in children for many years and is recommended in the national guidelines issued by NICE (National Institute for Health and Clinical Excellence).

If you want more information about unlicensed medicines or are not sure how this affects your child speak to your doctor or pharmacist and there are links to more information at the end of this document.

Using Movicol

- The way Movicol works is to hold water in the bowel so that the stool becomes soft. When this happens, it can be easily passed into the toilet. When the stools are watery, the amount of accidents will increase temporarily, so you should tell your child to expect things to get worse before they get better. If your child is at school, starting the medicine on a Wednesday or Thursday will mean they are at home at the weekend when stools are likely to go runny so this might be better for them.
- You can mix Movicol with any drink, including warm drinks. Some children like it in jelly and yoghurts. There is a chocolate-flavoured Movicol but the concentration is different so make sure you check with the doctor or the nurse if the dose should be changed.
- Your nurse or doctor will write on the chart on page six, how much medicine they want you to give. Commonly two paediatric strength sachets per day are given and this is increased by two sachets per day every other day until the child is cleared out and passing a loose stool (**type 6** on the chart on page 11, the 'Bristol Stool Chart') with no soiling in between – this is usually at a dose of 4-6 sachets, although very occasionally a higher dose is needed (up to eight for age 1-5 years and 12 for children over five years).

- Once a **type 6** stool has been achieved, carry on at this dose for two days to ensure to ensure your child's bowels are completely empty. Giving sweetcorn or other vegetables like peas and carrots might allow you to check if your child is properly empty; if you see the sweetcorn in the stool in less than 24 hours then this is likely to mean that the bowel is empty.
- After two days on these high doses, you can assume that the bowel is emptying. You can then drop the dose by one sachet every other day until the stool becomes a **type 4-5** stool (see chart page 11), then stay on this dose until you see your nurse or doctor again. We are aiming to get your child to stool at least three times per week with no soiling in between.
- Sometimes whilst you are waiting to see your nurse or doctor, your child will run into problems and it is reasonable to make small adjustments to the dose yourself. In time, you will become expert on how to do this. To begin with though, if your child stops stooling then go up by one sachet every other day until they start to stool.
- If on the other hand, your child gets really bad diarrhoea and when you give sweetcorn you see it within 24 hours, it means that too much medicine is being given. Don't stop the medicine completely - just reduce it by ½ -1 sachet every other day until things come back under control. If these steps don't help or if you are unsure, you should contact your nurse or doctor early to avoid things worsening further.

Disimpaction Dosing Schedule for your child

Your child has been prescribed:

Movicol® / Movicol® paediatric plain (Delete as appropriate)

Day	Dose (number of sachets)	Additional information
1	..... sachets daily	
2	..... sachets daily	
3	..... sachets daily	
4	..... sachets daily	
5	..... sachets daily	
6	..... sachets daily	
7	..... sachets daily	
8	..... sachets daily	
9	..... sachets daily	
10	..... sachets daily	
11	..... sachets daily	
12	..... sachets daily	
13	..... sachets daily	
14	..... sachets daily	

Additional information

- Each Movicol® or Laxido® sachet should be dissolved in 125 mL of water
- Each Movicol paediatric plain® sachet should be dissolved in 62.5 mL of water

Other ways to disimpact

If Movicol is unsuccessful then it might be necessary to try other options. Your doctor or nurse will advise on which way they think would be best for your child. It might be adding in another medicine such as senna.

Sometimes, going to theatre for a brief anaesthetic would allow most of the stool to be removed - certainly if it is felt that your child would benefit from an examination under anaesthetic or a biopsy this would be something we might recommend. For some children, giving enemas can also help. If these are given it is really important they are given gently and without any rush. Upsetting your child unnecessarily wouldn't be fair, and might even make it harder to treat them in the future.

Working out how to keep the bowel empty

If your child's bowel has been emptied, they will no longer be soiling. Giving too much medicine now will make the stool very runny and difficult for the child to control.

If not enough medicine is given, the bowel will fill up and re-block and accidents will start to happen once more. Finding the right dose is really important and is usually a matter of adjusting the dose up and down as needed. Often only small adjustments are needed but in time you will become expert in this.

Movicol mainly works by keeping the stool soft but other medicines, for example senna, work by making the bowel more active. These are stimulant laxatives. If Movicol doesn't work it might be necessary to add in other medicines, perhaps

a stimulant. Your nurse or doctor will talk to you about which they think would be the best choice and how much to give.

Some children do really well with suppositories, which are given into the bottom. We tend to do this only for the children who have not been able to manage with oral medicines. We are very careful about how these are started and often ask for a nurse specialist to help. In Leeds, suppositories are usually reserved for those children who have been particularly hard to treat and have therefore been referred for a surgical opinion. If patients have been started on suppositories earlier and the necessary support has not been provided, it can make the child apprehensive and limits the potential to use them again in the future.

Children usually tolerate rectal medicines better than adults as they are not as aware of any embarrassing aspects in the same way as adults. If your team thinks this is a sensible option to consider they will discuss it with you. If you agree, it is important that your child sees that this is something that their parents also think is reasonable when we discuss it with them.

Sometimes a surgeon may recommend the use of regular enemas if treatment has been a particular problem. If enemas are successful over a period of time, and tolerated by the child, it means that other treatments offered by surgeons can be considered.

Keeping the bowel empty

The main thing is not to stop the medication when things are going well. We are aiming for your child to stool at least three times per week without any significant pain, straining, bleeding and certainly no soiling. The stool should be soft.

Soiling is often a sign that the bowel is blocking again and that disimpaction will be needed soon. You will need to learn how to adjust medicine doses yourself so that if there are times where there are problems, you can deal with them quickly before they get worse. You will need contact details for clinical advice where necessary, and most importantly, you will need to work out with your child a way of assessing how they are doing.

Getting the medicine right is often the easy bit, whichever medicine you use - the hard bit is actually persuading the child to stool on the toilet! It's really important to get this right by taking them to the toilet at least once or twice a day and not rushing them. A good time is 20 minutes after a meal, when the bowel is naturally more ready to pass stool.

Encourage your child to do 'sitting exercises' by sitting on the toilet for a few minutes and pushing from time to time. Encourage them in this with a points system, or a star chart, depending on the child's age. If they manage to stool, give an extra point.

Don't give huge rewards, which can put pressure on and make things worse. After a certain amount of points or stars they then earn something simple that they really like, perhaps a trip to the park, or some else suitable for their age. The most important thing is not to use a chart as way to punish them, for example by 'deducting' points if they soil. Avoid giving stars or points for clean pants - this can have the unwanted effect of encouraging your child to hold-on to stool.

Age of child	Medicine	Dose	Additional information
Under 1 year	Movicol paediatric plain	Half - 1 sachet daily	Each sachet should be dissolved in approximately 60 - 65mL water
1 - 6 years	Movicol paediatric plain	1 sachet daily,	Dose should be adjusted to produce soft stools (maximum four sachets daily) Each sachet should be dissolved in approximately 60 - 65mL water.
6 -12 years	Movicol paediatric plain	2 sachets daily	Dose should be adjusted to produce soft stools (maximum four sachets daily) Each sachet should be dissolved in approximately 60 - 65mL water.

Gradual withdrawal of treatment

This is something that should happen slowly and often after months or years. When constipation has been long-standing, the bowel becomes baggy and so cannot push stool through properly. If medication is stopped too quickly, hard stool will soon build up again in this baggy bowel. If the bowel is kept clear, then with time it will gradually return to normal shape and function.

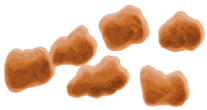
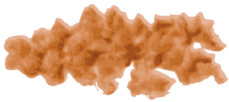
It is often said that it takes as long to get better as the length of time symptoms have already been present. So if a child has had symptoms for one year, it will take at least a year to get better.

Discuss with your nurse or medical team about when to reduce the medicines and do it slowly so that if there are problems, you'll pick it up early and be able to increase doses again.

Eventually, you might be able to get off medicine, but the real aim is for your child to be able to pass stool regularly and easily without any soiling.

Bristol Stool Chart

Below is a copy of the Bristol Stool Chart for reference, to help identify the types of stool referred to in this leaflet.

Type **1**		Separate hard lumps, like nuts (hard to pass)	*Looks like:* rabbit droppings
Type **2**		Sausage-shaped, but lumpy	*Looks like:* bunch of grapes
Type **3**		Like a sausage, but with cracks on the surface	*Looks like:* corn on the cob
Type **4**		Like a sausage or snake - smooth and soft	*Looks like:* sausage
Type **5**		Soft blobs with clear-cut edges (passed easily)	*Looks like:* chicken nuggets
Type **6**		Fluffy pieces with ragged edges - a mushy stool	*Looks like:* porridge
Type **7**		Watery, no solid pieces. ***Entirely liquid***	*Looks like:* gravy

Further Information

Information about the NICE guideline relating to constipation in children
www.nice.org.uk/guidance/cg99

Information about using medicines in children
www.medicinesforchildren.org.uk/

Information about management of continence in children
www.bbuk.org.uk/

Should any of these links stop working, please let us know via your Paediatrician.

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