

INFORMATION FOR PARENTS

Constipation



This is a leaflet to explain what causes constipation. It also provides a plan to manage constipation.

What is constipation?

One definition for constipation is when a child poos less than four times each week. Some children can poo a bit more often than this, but still have symptoms of constipation such as struggling/straining to poo and passing hard poos.

Constipation is common. In an average school class of 30 children, around 9 children in the class will be affected by constipation at least once during their childhood.

What is the most common cause of constipation?

Normally, watery poo travels from the top part of the bowel towards the bottom. Water is absorbed from the poo in the large bowel so that the poo becomes smooth, soft and formed (like sausages) as it reaches the bottom part of the bowel (the rectum). In the rectum, poo accumulates until stretching of the rectum leads to a signal to the brain telling us we need to have a poo.

When a child passes a hard poo it can be painful and this can lead to withholding behaviour in younger children and in some, a fear of the toilet. This withholding of poo leads to over-stretching of the rectum and once over-stretched the rectum cannot squeeze poo out so well. There is a tendency for more poo to accumulate and more stretching to occur (particularly if the child continues to hold on to their poos because they have learned that it will be painful if they pass the large, hard poos in their rectum). The constant stretching of the rectum also means that the child loses the signal to the brain telling them that they need a poo.

For most children there is no physical underlying cause for their constipation, and we call this functional or idiopathic constipation. On rare occasions, constipation can be caused by a more serious underlying condition. Your doctor will assess your child to ensure this is not the case.

What is soiling?

When a child has significant constipation, the liquid poo travelling from the upper part of the bowel has nowhere to go when it reaches the rectum which is full of hard poos.

Instead, it bypasses the hard poo and leaks from the child's bottom. This is called soiling or overflow. The overflow can be sticky, liquid poo or sometimes, small nuggets of poo. Either way, the child has no control or awareness of this process, so it is important to try to avoid blaming them when this happens.

What other problems can constipation cause?

- Constipation is a common cause of tummy pain.
- It can also lead to small, painful, tears near the anus when large, hard stools are passed.
- Ongoing constipation, particularly if there is soiling, can have a significant effect on a child's emotional health and wellbeing. This is why it is important to reassure your child that you know that soiling is not their fault and reassure them that by working together you can manage this problem.
- Constipation often contributes to bladder problems including wetting, urgency and urinary tract infections. This is because the large, stretched rectum pushes on the bladder and disturbs normal bladder function.

How can we treat constipation?

It is important to know that treating constipation can be very successful but also challenging. There is no medicine that can fix this problem alone. Medicines can only work when they are used as part of the combined treatment plan outlined below.

What part do parents play in this combined treatment plan?

Make the toilet a child-friendly place

Your child should sit on the toilet for 5-10 minutes at a time. Make the toilet a fun place by reassuring them, playing games, reading books etc. It is important for them to be comfortable and for them to be in a pooing-friendly position. To do this, place a step/stool/box under their feet so that their knees are positioned above their hips. Laughing, coughing or blowing bubbles can help your child's tummy muscles push poo out.

Sit your child on the toilet regularly

Your child may well have lost the signals to their brain telling them they need a poo. Many children have also developed a fear of pooing on the toilet. For these reasons, it is extremely important they are sat on the toilet 20-30 minutes after every meal. This is the time when the bowel is most active and there is the highest chance of having a successful poo.

Give lots of praise

Try to stay relaxed and calm when your child is on the toilet. Give them lots of praise for sitting on the toilet.

Don't expect them to poo every time but reward them for sitting on the toilet anyway. A reward chart can be helpful to motivate a child, or small inexpensive rewards may be appropriate, such as having some time on a phone or tablet.

Do not tell your child off for soiling as it is almost always out of their control. Instead, encourage them to help clean themselves up after the accidents.

Use a poo chart to keep track of what is happening

Don't leave your child to manage their toileting alone. Even older children need supervision and support. Use the poo chart supplied by your doctor to keep track of their poos. This can help guide your doctor regarding treatment plans as well as show you and your child the progress they are making over time.

Healthy living

Drinking plenty of water will help your child's body make poos that are softer. Eating a varied diet that includes fibre from fruit, vegetables and cereals will help the bowel function properly. Exercise encourages extra blood flow to the bowels, making them function well, and also helps keep poos moving through the bowel.

What medicines will my doctor use to treat my child's constipation?

Laxatives are the types of medicine we use to treat constipation. There are two main treatment goals with laxatives – disimpaction and maintenance. A disimpaction clears the rectum of hard poos and allows the stretched rectum to begin healing. Maintenance treatment prevents the reaccumulation of hard poos in the rectum. Maintenance is essential because it takes time for the stretched rectum to recover and start to work properly. Until the rectum recovers, your child is at risk of reaccumulating hard poos again. We aim for one soft poo every day when on maintenance laxatives. This treatment is likely to be necessary for several months or even years while the bowel recovers. Your child is likely to require less and less maintenance laxatives over this time until they stop them completely.

How do I prepare laxatives for my child?

Some laxatives soften your child's poos and other laxatives stimulate the bowel to move a bit faster. For this reason, your child may require more than one medicine each day. Macrogol laxatives (e.g. Laxido, Movicol, Cosmocol) need to be made up correctly for them to work. You need to mix the sachets of granules in the correct amount of water (as directed on the box). Once fully mixed in water you can add flavours to the laxative – this could be squash, juice, milk or even hot chocolate. You must fully mix the macrogol in water before adding these flavours. If you are struggling to get your child to take the macrogol laxative you can chill the prepared laxative in the fridge, though it must be taken within six hours of being mixed.

What is a disimpaction?

Some children need a clear-out of their rectum before starting maintenance laxative treatment. This is particularly the case when there is regular soiling. This involves increasing doses of laxatives over a period of several days or even a week or two. It is not practical for you to do this when your child is in school. Ideally it can be done during a school holiday or if not, you will need to take your child out of school while the disimpaction proceeds.

Your child should take the daily dose of macrogol laxative over a 12 hour period, or six hours for children of 12 years and above. Your child may have some mild tummy discomfort during this process. Your doctor will tell you how much medicine to give on each day. It is important to monitor your child's poos closely during this time. We would normally expect some extra watery poo to come first then some lumps to be produced. You should keep the treatment going until these lumps all clear to brown watery poo. Once completed, your child should switch to the maintenance dose of their laxatives the next day.

You should contact your hospital doctor if any of the following happen:

- The disimpaction has not worked after two weeks of treatment.
- Your child has severe tummy pain.
- Your child starts vomiting.
- Your child will not take their prescribed medicine.

What is my child's treatment plan?

You and your doctor may choose to agree on a formal treatment plan for your child. If so, the plan will be printed off and completed with your doctor in clinic.

What problems should I look out for?

The following problems should prompt you to seek advice:

- Persistent vomiting or any vomiting that is green.
- Bloating of the tummy.
- Severe tummy pain.
- Weight loss.

Where can I get further advice?

If you are worried or need advice you can speak with:

- The consultant paediatrician looking after your child
- Your GP
- An out of hours GP
- NHS 111.

Further sources of information

NHS Choices: www.nhs.uk/conditions

Our website: www.sfh-tr.nhs.uk

ERIC bowel and bladder charity: eric.org.uk

Patient Experience Team (PET)

PET is available to help with any of your compliments, concerns or complaints, and will ensure a prompt and efficient service.

King's Mill Hospital: 01623 672222

Newark Hospital: 01636 685692

Email: sfh-tr.PET@nhs.net

If you would like this information in an alternative format, for example large print or easy read, or if you need help with communicating with us, for example because you use British Sign Language, please let us know. You can call the Patient Experience Team on 01623 672222 or email sfh-tr.PET@nhs.net.

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