

Constipation in Children

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1



Outline

- Normal bowel habit
- Diagnosis of constipation
- When to be worried – red flags
- Management
- Advice/support

2



Constipation

- Very common problem in children
 - Affects up to 5-30% of children (diagnosis dependent).
 - Only a third will develop chronic symptoms requiring referral
 - Parent/guardian's anxiety often outweighs the symptoms.
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3










Normal Bowel habit

- More significant variation in babies : stool with each feed or a stool every few days.
 - Formula fed > Breast fed.
 - Once weaned variation is largely due to diet.
 - Focus on the :
 - passage of stool rather than frequency.
 - Change in the individual's bowel habit.
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4

Bristol Stool Chart

Stool Chart - Developed at University of Bristol

.1		Separate hard lumps, like nuts (hard to pass)
.2		Sausage-shaped but lumpy
.3		Like a sausage with cracks on its surface
.4		Like a sausage, smooth and soft
.5		Soft blobs, clear cut edges (passed easily)
.6		Fluffy pieces, ragged edges, mushy stool
.7		Watery, no solid pieces. Entirely liquid

is SJ, Heaton KW (1997). "Stool form scale as a useful guide to intestinal transit time". *Scand. J. Gastroenterol.* **32** (9): 920-4

5



Bristol Stool Chart

6

CAKE !!!



7

Causes for constipation

- Idiopathic
 - Diet
 - Stool holding
 - Emotional problems/phobia.
- Due to underlying disease
 - Neurological conditions
 - Cystic Fibrosis
 - Hirschsprungs or abnormal bowel development
 - Side effects of medications
- Rare: maltreatment or abuse.

8

Key points indicating constipation

Findings in a child <1 year

- <3 type 3 or type 4 stools/week (excl. Breast fed babies after 6wk)
- Passage of hard large stools
- Type 1 'rabbit droppings'
- Distress on stooling
- Bleeding with hard stool
- Straining
- Anal fissures

Findings in child >1year

- <3 type 3/4 stools/week
- Overflow/soiling/smelly
- Type 1 rabbit droppings
- Large infrequent stools that block the toilet
- Poor appetite
- Waxing and waning abdo pain
- Retentive posturing
- Straining /anal pain
- Anal fissures
- Blood with bowel movements

9

Signs suggesting non-idiopathic constipation - History

• Red Flags:

- Present at birth /first few weeks of life
- Failure to pass meconium with 48hrs of birth
- Ribbon stools
- Previously unknown/undiagnosed motor delay
- Abdo distension and vomiting

Amber Flags

- Faltering growth
- Disclosure /evidence for maltreatment

10

Signs suggesting non-idiopathic constipation - Examination

- Red Flags:
 - Abnormal appearance/position/patency of anus
 - Gross abdo distension
 - Abnormal spinal/gluteal examination
 - Lower limb deformities
 - Abnormal reflexes

11

EXAMINATION

Physical findings, other than those obtained from the abdominal and rectal examinations, are usually normal.

Abdominal examination:

- Stool can be palpated most notably in left lower quadrant.

Rectal examination:

- Anal tone
- Fecal mass
- Consistency of stool
- Explosive stool on withdrawal of finger

Neurologic findings:

- Anal wink
- Sensation, strength, and reflexes in the lower extremities.



12

Investigate possible underlying causes

- Red flags : Refer urgently – do not treat.
- Faltering growth: Treat and test
 - Treat constipation
 - Test for coeliac disease and hypothyroidism.
- Possible maltreatment: risk assess and child protection
- Consider referral if inadequate response to optimum treatment with 4 week.

13

Tips for management of early constipation

- Drinks:
 - Ensure adequate fluid intake
 - Additional water between feeds
 - Diluted fruit juice or pureed fruit/veg
 - Avoid fizzy/sugary drinks/milk to quench thirst
 - Fruit juices containing fructose/sorbitol have a laxative action.

14

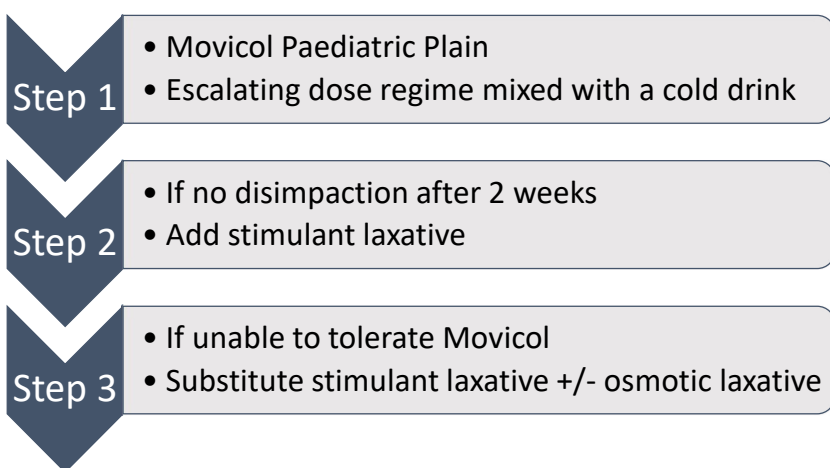


Tips for management of early constipation

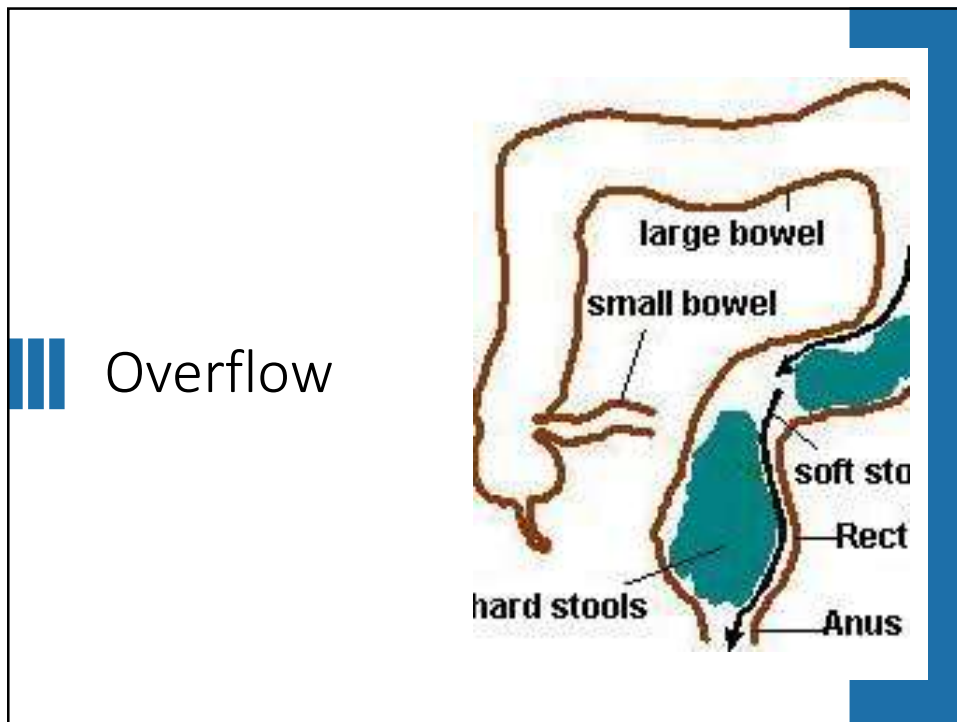
- Diet
 - High fibre diet
 - Offer fruit with meals
 - Add powered bran to foods
- Regular toileting
 - A set time, and not rushed.
 - Reward system when stool passed in toilet/potty.
 - Remain relaxed when accidents happen.

15

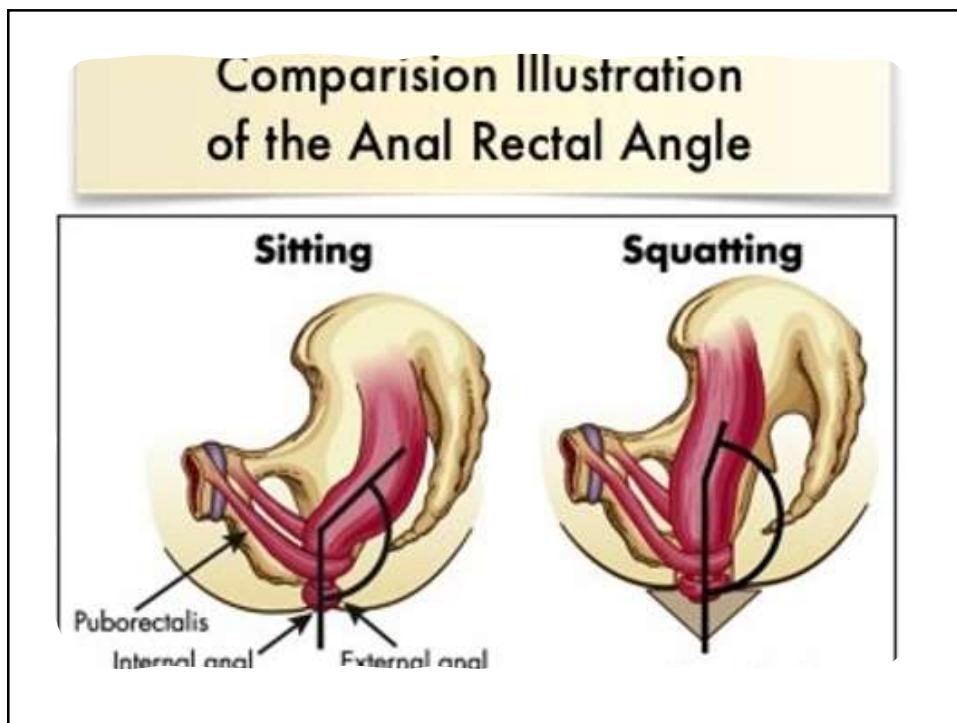
Management of idiopathic constipation - Impacted



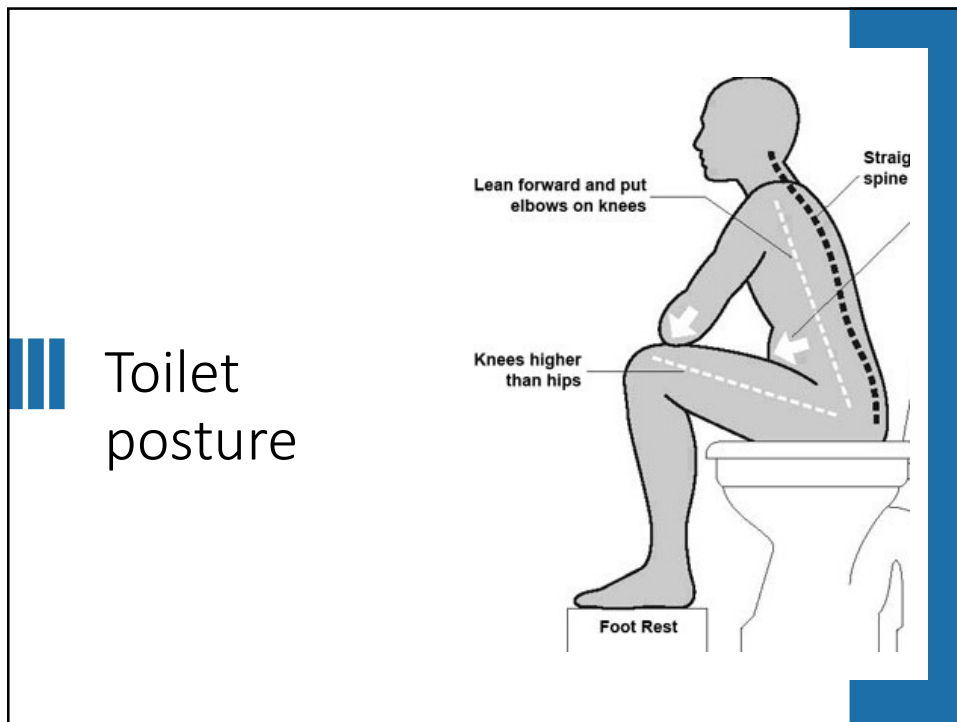
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19

Management post disimpaction/ constipation without impaction.

- Same steps as above.
- Once disimpacted, maintenance doses approx half the disimpaction dose.
- Continue at maintenance dose for several weeks after regular bowel habit established.
- Gradual reduction thereafter, over months.
- Rare occasions for years.

20

Advice / Support

- Health Visitor
- NICE – guidance for patients and carers
- ERIC (Educational Resources for Improving Child Continence).