

# Constipation in Children

*Amirhossein Hosseini M.D.*

Assistant Prof. of Gastroenterology (Peds.)  
Shahid Beheshti University of Medical Sciences,  
Tehran, Iran

# Outline

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

# 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 anxiety often outweighs the symptoms.

# 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.

# Bristol Stool Chart

Bristol Stool Chart - Developed at University of Bristol

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

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



# Causes for constipation

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

# 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

# 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 leg weakness or motor delay
- Abdo distension and vomiting



# 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

# 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.

# 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.

# Tips for management of early constipation

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

# Management of idiopathic constipation - Impacted

## Step 1

- Movicol Paediatric Plain
- Escalating dose regime mixed with a cold drink

## Step 2

- If no disimpaction after 2 weeks
- Add stimulant laxative

## Step 3

- If unable to tolerate Movicol
- Substitute stimulant laxative +/- osmotic laxative

# 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 where laxatives may be required for years.

# Advice / Support

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

