Information for parents and carers

NHS
Berkshire Healthcare
Children, Young People and Families services

Constipation

Information and management in children with additional needs

Your child has been diagnosed with constipation. This guide will help you manage their constipation at home.

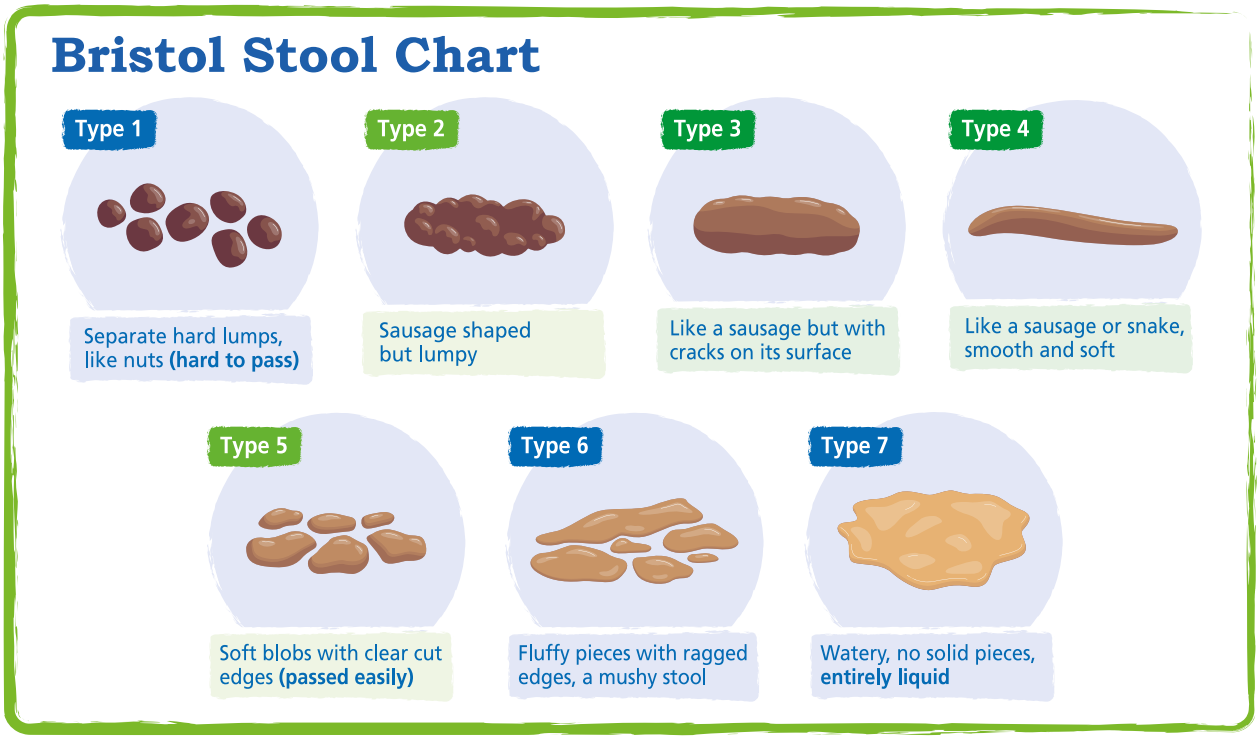
What is constipation?

Most children get constipated from time to time, and in children with complex needs this can occur more frequently. Constipation can include:

- Infrequent passing of stools, less than 3 times a week of a type 4 or 5 stool (see Bristol stool chart below)
- Passing stools that are often small, hard and pellet-like
- Excessive straining
- Pain when passing stools because the stools have become hard and dry

Some children can appear to pass a stool every day, but they are not emptying their bowel properly and only passing small amounts. This is often called 'overflow soiling' and the stool can be runny, thick, dark in colour and very smelly. These children can also be suffering from constipation.

If your child has constipation that doesn't go away, they may need some help to get back to normal.



What causes constipation?

Constipation in children does not necessarily mean that they have an underlying bowel problem. Your doctor will check when the constipation started and look for anything which might have triggered the problem. It can be linked to any of the following:

- **Insufficient fluid and fibre.** These can both cause stools to become dry and hard and therefore difficult and possibly painful to pass. Getting your child to have adequate amounts of fluid and fibre can be challenging if your child has a very restrictive diet, or where extra fluids can make things worse, e.g. severe reflux.
- **Reduced mobility.** Lack of physical activity can cause your child's bowel to become more sluggish which can lead to constipation. This may be more difficult if your child's condition restricts how active they can be.
- **Medications your child maybe taking.** Some medicines can cause constipation, such as codeine, iron supplements, certain cough medicines, anticonvulsants (drugs to control seizures) and antihistamines (drugs for treating allergies). The use of thickeners can also lead to constipation.
- **Underlying diagnosis.** Constipation may be associated with your child's condition. For example if your child has a diagnosis that affects the neuromuscular function of the gut, it might mean your child is not able to pass a normal stool or slow their gut transit, making constipation more likely. Some children with physical disabilities, such as cerebral palsy, can be more prone to constipation, because of impaired mobility. Some children with Down's syndrome can have a lower muscle tone, which can affect how the gut works. Some children with autism can have a restrictive diet, or particular food preferences, which might be lower in fibre, or from a sensory perspective can get very anxious around toileting, all of which can make them more prone to constipation.
- **Withholding stools.** Sometimes your child can hold on to their stools too long. This may be because they are not comfortable using a public toilet; they require assistance from carers when toileting; they don't want to stop whatever they are doing; or they have experienced pain on passing stools and so want to avoid that. It may also be because they do not understand the sensations and urge to pass a stool, and so constipation can develop more easily.
- **Intolerance to the protein in milk or to sensitivity to gluten in flour** (coeliac disease) affects a small number of children. Your doctor will advise you if your child needs a test for these conditions. We do not suggest any restrictions to your child's diet unless they have been diagnosed with a specific problem.

Common signs of constipation

- Fewer bowel movements than normal (less than 3 times per week)
- Pain and straining when passing stools which can result in a sore bottom
- Tummy ache or a distended (swollen or bloated) tummy
- Poor appetite, lack of energy, unhappy, angry or irritable mood
- Day or night time wetting when previously continent
- Dribbling urine can happen when the large bowel, full of stool, occupies the space where the bladder wants to expand and fill, and puts pressure on the bladder
- Small, dry, hard or sticky stools
- Liquid or loose stools (without associated vomiting) that might 'leak' out – known as overflow or soiling. This is not diarrhoea. Overflow is often foul smelling and can be sticker and quite difficult to wash off, because the stool has been in the large bowel for a longer time.
- Not wanting to go to the toilet – withholding, due to fear of it hurting
- No urge to pass a stool

- Feeling that a bowel movement isn't finished - this can also result in frequent small stools or 'smearing'
- Regular and foul-smelling wind and foul-smelling stools
- Bleeding, which can occur when passing a hard or large stool has caused a small tear (an anal fissure). This happens just inside the bowel and can cause bright red bleeding. The tear will heal by itself, but may be painful

Treating constipation

For most children, constipation can be successfully treated. However, in some cases it can be a longer and more difficult journey. Your child may need ongoing support from health professionals, as well as a lot of patience and encouragement from yourself.

If you suspect your child's bowel habit is changing, such as they are starting to open their bowels less frequently or the stool type is getting harder than is normal for them, you can initially try to:

- Increase their fluid intake, either orally, where safe to do so, or with extra water flushes via their tube, if you child is tube fed.
- Encourage more physical activity, where possible. Depending on your child's mobility, this may include time in their standing frame, or time out of their wheelchair. Tummy massage (in a clockwise direction) and cycling their legs can also help to move things along.
- Increase the fibre in their diet with naturally laxative containing foods eg prunes, mango, pears, rhubarb and ripe fruits. If your child is eating orally these could be mixed into their foods eg breakfast porridge or yoghurts. If your child is tube fed, then you could discuss with your child's dietitian about giving a 10-60ml flush of something like prune juice (depending on the age of your child), or adding in a fruit blend.
- If your child is at school or nursery, it is a good idea to start a record of how often they open their bowels so you can be sure you know the full picture.

If after 7-14 days your child's bowel habit has not returned to their normal pattern, and they are starting to display signs of constipation then follow this first line advice.

First line advice

First, see your GP or medical team. The quicker your child is assessed by the doctor, the easier it will be to treat the problem. Left untreated, constipation can become chronic.

Your child may well need an initial prescription of medication to help treat their constipation if it cannot be managed with dietary or lifestyle changes. There are a range of medications that may be advised for your child, and they act in slightly different ways. Your child may require more than one medication to get the best result.

The first type of medication you may be prescribed is a Macragol, such as Movicol or Laxido. If your child's constipation does not resolve effectively, they may be prescribed alternative or additional medications to help them pass a stool regularly.

It is really important to ensure you follow the advice of your medical team and give the prescribed dose in order for the medication to be effective. The prescription and requirement for medication will be monitored. Before stopping any laxative medication, this needs to be discussed with your child's medical team.

Your medical team and/or dietitian will also discuss ways to improve how much fluid, fibre and exercise your child is getting, to help prevent reoccurrence.

Where there has been no progress with managing and treating your child's constipation within three months, or where there is evidence of soiling which may indicate overflow and the need for disimpaction therapy, a referral will need to be made to the continence advisory service.

Table: Medications used in constipation

Medication	Examples	How it works
Iso-osmotic agents (Macrogols)	• Movicol • Cosmocol • Laxido	Carries water to the stool to bulk, soften and lubricate it, encouraging a comfortable bowel movement. These are powders that are mixed with water, but the medication is not absorbed by the body.
Stimulant laxatives	• Senna (Senokot) • Bisacodyl (Dulcolax) • Sodium Picosulfate • Docusate Sodium	Stimulates contractions of the muscles in the bowel, which helps to reduce the time it takes for the stool to pass through the bowel. This makes it less likely the stool will dry out and become hard. Senna-containing stimulant laxatives are often prescribed. Senna is a natural ingredient. If you have been advised to add this type of medication into your child's plan, it is a good idea to aim to clear your child's bowel, by temporarily increasing their Macrogols dose as they can cause some cramps if given on a very full, constipated bowel.
Bulking agents	• Fybogel • Isogel.	Bulking agents absorb water and expand to fill the bowel with a soft non-absorbable residue which makes the stools softer, bulkier and easier to push out. They act in a similar way to the insoluble fibre found in the diet. Examples of bulking agents include plant fibre-containing products eg ispaghula husk. Seek advice from your doctor or dietitian about introducing this type of supplement and make sure you do this slowly.
Osmotic laxatives	• Lactulose (Duphalac) • Magnesium hydroxide • magnesium sulphate • sodium sulphate	Draws fluid from the body into the gut to soften and increase the bulk of the stool, which can make them easier to pass.
Faecal softeners	• Liquid paraffin • Docusate	Eases the process of passing a stool by softening and/or lubricating its passage through the anus.

Diet

Fibre works by making the stools more bulky, helping them to hold onto more water, which makes them soft and easier to pass. So checking your child is getting an appropriate amount of fibre will help. Diet should not be used as a first line therapy to treat constipation, but it is an important part of helping prevent future episodes.

If your child eats orally, encourage more fibre containing foods. Try to include a variety of high-fibre foods in the family's diet such as wholegrain cereals, wholegrain pasta and rice, wholemeal / granary breads and fruit and vegetables. Include dried fruit and fruit eaten with skin on, as well as vegetables, particularly beans, peas, sweetcorn and pulses such as lentils. Try and include foods that have a natural laxative effect – prunes, mango, pears, rhubarb and ripe fruits.

It is a good idea to increase fibre gradually, so the bowel can adjust to the increase. Try not to add in too much at once.

If your child is tube fed you may want to discuss with your dietitian about increasing the fibre content of their prescribed feed, or adding in a fibre supplement.

For those who are tube fed and following a blended diet, it may be beneficial to increase the fibre content of the blends you are giving, by adding in any of the foods above.

More ideas for foods to include available here on the Bladder and Bowel UK website: Understanding-Childhood-Constipation-1.pdf (bbuk.org.uk)

There is no consistent evidence to show that probiotics or prebiotics help with constipation, but if you are keen to try them then they are best trialled early on. After one month you should be able to see if they are effective. Laxatives will reduce the effect of the probiotic, but if your child has been prescribed laxatives we would not recommend you stop taking these.

Fluid

If your child orally feeds, then check they are having regular drinks during the day. The recommendation is 6-8 cups of fluid a day. The size of the drink will vary depending on the age of your child, but as a rough guide:

- ~ 120-150ml cup for a 2 yr old
- ~ 150-175ml cup for a 4 -5 yr old
- ~ 200 - 240ml cup 5yrs +

If your child is tube fed, then it mIf your child is weaned and still drinking more than 1 pint of milk or formula a day, you should discuss with your medical team about reducing this. Drinking too much milk will reduce your child's appetite for food and any fibre it contains.

ay be that they need more regular water flushes during the day. Discuss with your dietitian about making changes on their feed plan to make sure this is being given in all settings your child may access, e.g. school, respite, spending time with other family members.

If your child's condition makes them prone to sweating and drooling, then this can increase your child's fluid requirements, so suitable adjustments will need to be made.

Movement

Insufficient activity or a change in activity levels can also contribute to constipation. The bowel, like any other muscle, needs to be encouraged to work. Reduced activity can cause your bowel to become more sluggish and lead to constipation. Thinking about ways to try and encourage your child to be more physically active can help.

If your child has an occupational therapist and/or physiotherapist it may be useful to talk to them for suggestions of ways to safely increase your child's mobility. This may include:

- Additional time in their standing frame
- Swimming or hydrotherapy
- Trying to limit periods of inactive sitting time as much as possible
- Assisting/encouraging your child to change positions regularly eg lying in different positions, sitting and standing
- Encouraging your child to participate in 'huff and puff' activities for a minimum of 60 minutes per day
- Massaging your child's tummy in a clockwise direction can also help those who are less mobile

Your physiotherapist will be able to suggest activities for your child can and recommend a range of exercises that can help with upper body and pelvic movement. This might include flexing the hips fully up and down, 'running the legs', or flexing/extending the upper body.

Toileting habits

Good toileting habits play an important role in managing your child's constipation.

For children with additional needs your occupational therapist maybe able to personalise a toileting program for your child. The following principles can be applied.

- Keeping to a regular toileting schedule that includes sufficient time for your child to sit on the toilet (up to 10 minutes). Social stories may help to prepare your child, so they know what to expect.
- For many children the bowel is activated by eating or sitting in water. 15 minutes after a meal or straight after the bath can be a good time to encourage toileting.
- To assist with balance on the toilet and help your child's muscles work as best they can, children should be seated on a toilet or potty with an appropriately sized seat (reducer rings that fit under the normal toilet seat can help). They should also have their feet supported on a small step or stool.
- For children with balance difficulties, a rail to hold onto will keep them more secure and allow them to concentrate on their toileting.
- As much as possible, children should sit with their backs straight and leaning slightly forwards. Some children need to be taught to push and will require verbal prompts to "squeeze the muscles in their tummies"

Sometimes reluctance to let go of the stool in the toilet is linked to their reactions to the sensory messages they receive. This may affect their balance on the toilet or their awareness of body sensations. Sensitivity to smells, sounds or light may make a child anxious and can affect their ability to sit on the toilet and relax. Understanding the child's individual pattern is important in finding the best solutions.

Emptying treatment: disimpaction

If your child is faecally impacted, then a disimpaction treatment plan maybe required.

Faecal impaction is when there is no adequate bowel movement for several days or weeks, so a large compacted mass of faeces builds up in the bowel, which cannot be easily passed.

Signs your child maybe impacted include failing to pass a stool for several days, followed by a large, often painful or distressing bowel motion. Between bowel movements, children with faecal impaction often soil their underclothes.

Disimpaction treatment uses medicines to empty out all the old stool, to help ensure the constipation medication works more effectively. Your child may need to use the toilet frequently during this time, so it may be best to do this treatment plan over a holiday or weekend. Seek advice from your doctor, nurse or dietitian on this.

More information on how to manage this can be found on the Eric website:
A Parent's Guide to Disimpaction (eric.org.uk)

Regular treatment: maintenance

Your child will be prescribed some medicine that you need to give regularly. This medicine may be needed for several months or years. A useful rule of thumb is the length of time your child has been constipated, will more than likely indicate the length of time you will need to give the maintenance dose. Try not to miss doses as it works better when taken every day.

Usually the dose is lowered very slowly once the constipation is better. Stopping or lowering the dose of medicine too soon often causes the constipation to get worse. Extra doses of medication may be needed if the constipation gets worse.

Long term constipation

Having constipation for a long time can stretch the bowel. If your child is still passing very large stools, but not very often, this can be a sign that the bowel is still stretched, as the stool can collect in the lower end of the bowel. The bowel can become normal again, but this can take a long time, especially when there has been a problem for a long time.

A sign your child may still having ongoing constipation is that old stool can be very hard and smelly and look like clay. For some children with reflux or seizures, symptoms can worsen if they become constipated.

Passing a very large, but infrequent stool may well be a sign that it is too soon to stop or lower any medications your child maybe on. It is very important to follow the laxative prescription you have been given, as otherwise this can make the problem worse and result in a pattern of seeming to resolve the constipation, only to see it return.

It is also important to liaise with your medical team about when to stop the medication. Usually, the dose is lowered very slowly once the constipation has improved. Stopping or lowering the dose of medicine too soon often causes the constipation to get worse. Extra doses of medication may then be needed if the constipation gets worse.

Try not to stop and start with medications - it is better to continue and gradually reduce them over time as symptoms improve with the support of your doctor, dietitian or nurse.

How do I know if the constipation is getting worse/ reoccurring?

- You may notice that your child is passing a stool less often
- Leakage (soiling) may come back or get worse
- They may show more of a tendency to “withhold” their stools
- They may eat less as they are “full of stool”
- Tummy aches may get worse
- You may notice they are still doing very large stools, but not very often
- You may also notice behaviour changes - some children can become more irritable
- If your child has an underlying condition you may also notice a change in clinical symptoms such as an increase in seizure activity

When to seek urgent help

You should contact your doctor, health visitor or school nurse if you are at all concerned, if the constipation is persistent or causing distress to your child, or if your child is passing blood. You should not wait before seeking help, as the problem can get worse if you wait. Sometimes, more serious symptoms may occur in children with constipation.

If you notice these in your child, you should speak to your medical team urgently:

- If you notice ‘Ribbon stools' (more likely in children younger than 1 year) these are thin and narrow bowel movements, such as stringy or pencil-like stools, these could indicate a physical issue that needs investigating
- If your child has constipation associated with vomiting, this needs urgent follow up
- If you notice your child has any recent leg weakness
- If your child is at risk of impacted stool and it has been over a week since they have had their bowels open, then they need urgent follow up to provide possible disimpaction advice

Useful websites

- Education and Resources for Improving Childhood Continence ERIC (Including information about sensory needs and toileting): www.eric.org.uk
- Constipation in Children – NHS UK: nhs.uk/conditions/baby/health/constipation-in-children/
- Bladder and Bowel UK: bbuk.org.uk
- Childhood constipation and soiling: thepoonurses.uk
- The Poo In You: The Poo in You - Constipation and Encopresis Educational Video (YouTube)
- Toilet training children with additional needs: Information-sheet-re-Toilet-training-children-with-additional-needs.pdf (bbuk.org.uk)

If you need further advice, please contact your dietitian, community children’s nurse (CCN), GP, or specialist community children’s nurse.