



CONSTIPATION

A RESOURCE GUIDE

Constipation

Health Care Professional Resources

Constipation is common

- The vast majority of constipated children do not have any underlying pathology and are related to functional constipation. Diagnosis is made by using the ROME criteria.

Diagnostic Criteria

- One or more of the following for at least 1 month
 - < 2 defecations per week (in the toilet if > 4)
 - At least 1 episode of fecal incontinence per week
 - History of retentive posturing or excessive volitional stool retention
 - History of painful or hard bowel movements
 - Presence of a large fecal mass in the rectum
 - History of large diameter stools that may obstruct the toilet.

Red Flags

- Include - one or several symptoms including:
 - Starts <1 month
 - Passage of Meconium > 48 hours
 - Ribbon stools
 - Bilious emesis
 - Bloody stools in the absence of anal fissures
 - Poor feeding/weight gain/weight loss
 - Anal stenosis / abnormal position of the anus
 - Lumbosacral abnormality, tight/empty rectum, perianal abscess/fistula, loss of bladder continence.
 - Toe walking, decreased lower extremity strength / tone / reflex / tuft of hair on spine / gluteal cleft deviation

Foundations of Treatment

- Include softening the stool, along with adequate fluid and fibre intake, and a regular toileting schedule.

Beyond the Basics

What if stool softening has not been adequate?

- Consider bowel clean out for 3 - 6 days especially if infrequent stools, encopresis, or signs of impaction
- Additionally, the use of stimulants such as bisacodyl or senakot regularly (often with a stool softener) can certainly be tried. This may assist in sensing the need to defecate when there has been longstanding colonic distension.

Are there non-pharmacological things that may help?

- In cooperative patients, consider trying biofeedback through physiotherapists. Biofeedback can be helpful particularly if there is an element of dyssynergic defecation (inappropriate contraction of the rectal muscles instead of relaxation).
- For patients with a behavioural component to their constipation, and/or those who struggle with stool with-holding, pediatric psychologists with expertise in constipation management can be very helpful.
(Unfortunately these services are not available in the GI clinic)

Books from the [Family Support and Resource Centre](#) can be borrowed for free and are available to all BC residents. Books can be picked up in person, ordered online, or by phone. The books can even be mailed to your home at no cost. Search the catalogue at <https://bcch.andornot.com/en>

Constipation, withholding and your child: A family guide to soiling and wetting

- Cohn, Anthony. London, UK: Jessica Kingsley Publishers , 2007.

The ins and outs of poop: A guide to treating childhood constipation: Includes a six-step program for kids who withhold or soil

- Duhamel, TR. Seattle, WA: Maret Publishing , 2018. 2nd ed

Resources and Links

The Poo in You

- Constipation and encopresis educational video from NASPGHAN foundation

Constipation Action Plan

- Green / Yellow / Red Plan written out

Constipation Care Package

- from NASPGHAN with several links including.
 - Bowel Management Tool (which is essentially a diary)
 - Toilet Training Tips

Constipation and Your Child

- From healthychildren.org (American Academy of Pediatrics)

BCCH Booklet

- Constipation and Fecal Soiling in Children and Young People: A Common Problem

FAQs regarding Polyethylene Glycol 3350

- By NASPGHAN

UpToDate - Patient Information:

- Constipation in infants and children (Beyond the Basics)

Constipation in Children

- NDDIC, National Institutes of Health (US)

Fibre and Your Health

- HealthLink BC

Functional Constipation and Soiling in Children

- University of Michigan.
 - Table 6 (pg 6) - educational bullet points
 - Table 9 (pg 9) - behavioral training.

Primary Reference (Professional)

NASPGHAN 2014

- Evaluation and treatment of Functional Constipation in Infants and Children