Constipation in infants, children and young people

Information for patients

This leaflet provides information to patients on management of simple idiopathic constipation in infants, children and young people.

What is constipation?

Constipation affects up to 30% of children and young adults. It is a common reason for referral to the paediatric outpatient clinic.

Infants of less than 1 year of age are expected to pass 2-4 soft stools per day. An infant who is constipated typically passes stools that are hard or pellet-like, and may have bowel movements less frequently than usual.

Children after 1 year of age usually pass 1-2 soft stools per day, although it can be every 2 days. A child who is constipated typically passes stools less frequently and often complains of pain.

Idiopathic constipation refers to the fact that there is not a structural or illness-related reason for the problem. Constipation lasting longer than 8 weeks is defined as chronic.

Signs and symptoms

These include not passing stool very often, withholding stool and straining on the toilet. The stool may have a very foul odour and there can be lots of ‘wind’. There can also be soiling or overflow diarrhoea - this is caused by liquid stool passing around a hard blockage of stool. Sometimes there is associated tummy pain. Children may also have poor appetite, lack of energy, or irritable mood.

Management

Your doctor will assess your child and advise you on the best management plan for your child. This may include medication to improve gut movement. These medications either soften and bulk up the stools (laxatives eg movicol or lactulose) or stimulate the gut to move more quickly (stimulants eg senna).

In some children, the gut may need to be properly cleared out over a week or so (disimpaction therapy) usually using higher doses of Movicol.
In rare circumstances, an enema may be given to help stools lodged in the rectum to be passed. Enemas are usually placed into the back passage by a trained nurse after obtaining consent from the child and parents. This would be done in paediatric A&E or in any of the paediatric wards.

Points to note:

- Disimpaction therapy may initially increase the symptoms of soiling and tummy pain.
- Regular use of medication is essential to maintain well-formed soft stools.
- A long course of treatment may be needed to help the gut regain its strength, so try not to stop treatment until advised to do so.
- You can change the dose of Movicol to ensure regular soft stools (try increasing by 1 sachet per day up to a total of 4 sachets, or up to 1 sachet in infants).
- Once regular pattern of bowel movements has been achieved, medication may be decreased gradually (as advised by your doctor).
- Good toilet routine is also very important.
- Regular exercise is not only good for your child’s health but also stimulates the gut.

Good toilet routine:

- Encourage your child to sit on the toilet for 5-10 minutes at least twice a day after a meal.
- Reward the child for sitting on the toilet even if there is no bowel movement. This can include activities or sticker charts.
- Provide a stool or foot support for your child so sitting on the toilet is comfortable. This helps the child bear down when passing stools.

Diet:

Your doctor can refer you to a dietitian for further advice if necessary.

Infants (<1 year):

- Ensure having adequate fluids. Try 100% fresh fruit juice such as prune, apple or pear – diluted in water 1 part fruit juice:10 parts water.
- If your infant has weaned onto solids include high fibre fruits and vegetables, and you can switch from rice cereal to wheat or oat based cereals.

Children:

- Try 100% fresh fruit juice such as prune, apple or pear.
- Ensure your child is drinking enough fluids (around 1 litre or more a day).
- Try to ensure a well-balanced diet including whole-grain foods, fruit and vegetables.
What to expect next:

1. If you have been started on disimpaction therapy, your doctor will review the progress in approximately 1 week.

2. If you have been started on regular medication, you will be seen regularly in the clinic to review your child’s progress.

3. If the medications are causing a lot of diarrhoea you will need to reduce the amount. Your doctor can advise on how to do this.

4. If the laxatives are not helping with the symptoms, they may need to be reviewed.

Who should I contact if I have a problem or question?

Ask your GP for advice, or contact your consultant (ask your doctor to fill in below)

Phone:.................................................

Email:...................................................

For further information a good website is www.eric.org.uk
What should I do in case of an emergency?

Please call 111 or attend the Children’s A&E Department.

Languages/ Alternative Formats

Please ask if you require this information in other languages, large print or audio format.

Contact: 01895 279973

If you require this information in other languages, large print or audio format, please call 01895 279973.

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