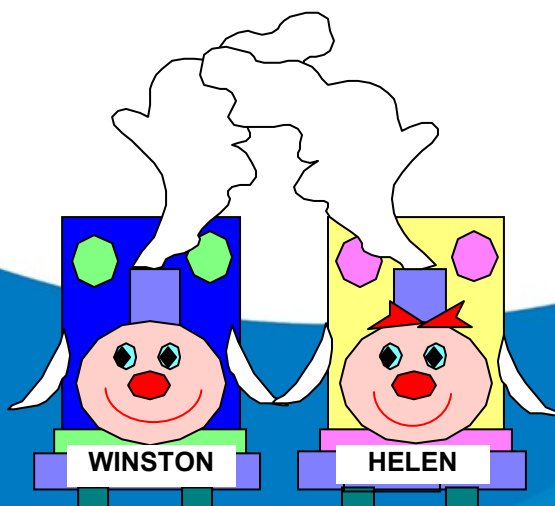


Acute Constipation

This leaflet can be made available
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The nature of the condition

Constipation is a very common and frustrating problem in children. It is defined as the passage of hard or painful stools (sometimes called faeces, motions or “poo”) or having less than 3 bowel movements a week.

There are many treatments outlined in this leaflet, but please be aware there is no ‘quick fix’, the treatment has to be regularly given and often takes weeks to produce a normal bowel habit.

Factors which can cause constipation include:

- Not enough drinks – stools become hard and dry and difficult to pass.
- Irregular eating habits.
- Not eating enough foods high in fibre. (The roughage part of the food that is not digested and stays in the gut).
- Putting off going to the toilet. Sometimes, when stools remain in the rectum they become hard and dry, watery fluid escapes from around this, often by accident, and is known as “overflow”. This can sometimes be mistaken for diarrhoea.

Medical causes of constipation are uncommon.

Once a child develops constipation and has hard painful stools, he/she will then begin to hold in the bowel movements to prevent it hurting again, thereby creating a cycle that makes the constipation continue and become worse. Children suffering from constipation can usually be treated at home; admission to hospital is not usually required.

Our normal form of treatment

A high fibre diet, lots of fluids to drink makes stools bulky, soft, and easy to pass out. Some examples of foods containing fibre are:

- Cereals
- Vegetables
- Fruit (preferably with the skin on)
- Wholemeal bread

Many children are also “fussy eaters,” which can make it difficult to encourage certain diets.

However, please do try and encourage jacket potatoes with baked beans or vegetable soups with wholemeal bread.

Try apricots and raisins for snacks in place of crisps and biscuits. Offer fruit at every meal and do not allow sweets until fruit is eaten.

At least 2-3 glasses of fluids a day is required. Encourage water as the main drink, but encourage fruit juice as well.

Benefits and risks of treatment

As described above, a high fibre diet and plenty to drink is the usual first course for treatment. If diet and fluids do not work, then oral laxatives may be required. They are often advised for several months, the aim being to clear any impacted faeces.

There are different types of laxatives:

- Stool softeners, for example, lactulose or Movicol. These make the stools soft and slippery and easy to pass.
- Bulk-forming agents, for example, fibre supplements such as bran makes stools softer but bulky.

Stimulant laxatives such as Docusate sodium or Senna act on the muscle in the gut to help squeeze more than usual. Sometimes a combination of the above may be required.

If constipation is not treated appropriately the child will become impacted with faeces (poo) and may experience severe abdominal discomfort, or start to soil their under clothes. It is important to only give the amount of medication prescribed by your doctor as too much may also cause abdominal discomfort and diarrhoea, which may make your child reluctant to take their medication on a regular basis.

Alternatives to the treatment

Bowel Re-Training: This is also referred to as toilet training, and does not imply failure of toilet training. Sometimes the bowel loses its normal reflexes and needs re-training.

- Try and get children into a regular toilet habit, after breakfast and the main meal, or before nursery or school. Allow plenty of time so they do not feel rushed. The child should be praised for trying irrespective of the result.
- Some kind of reward system is sometimes useful in younger children prone to 'holding on' to stools. Give a little treat after each successful toilet trip. Star charts, favourite music or storybooks can all be helpful.
- Try not to make a fuss over the toilet issue, the aim is to be 'matter of fact' and relaxed. The more relaxed you are, the more likely your child will be relaxed!

Once bowels are opened regularly, without pain and with no soiling, children lose their fear of the toilet and laxatives can usually be reduced and eventually discontinued.

If you have any further questions, please contact your child's consultant via their secretary via the hospital switchboard. The secretaries are available Monday to Friday, 9.00 am to 5.00 pm

If you need to contact the department outside of these hours, please phone either:

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