Childhood Constipation

Information for parents and carers

For more information, please contact:

Ward 17 Children’s Ward, Tel: 01904 726017 or 726018
The York Hospital, Wigginton Road, York, YO31 8HE

or

Duke of Kent Children’s Ward, Tel: 01723 342336
Ward Sister, Tel: 01723 236334
Scarborough Hospital, Woodlands Drive, Scarborough
North Yorkshire, YO12 6QL

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Constipation is a common problem in childhood and is distressing to parent and child. When severe, it can have a major impact on the whole family. This information leaflet is a simple guide to the problems of constipation.

What is constipation?

It is delay in the passage of a poo (faeces, motion stool) leading to distress in the child. The distress may include any of the following:

- Lack of appetite
- Irritability
- Abdominal pain
- Anal pain
- Bleeding on passing poo
- Passage of hard poo and soiling
What causes constipation?

In most children there is no serious underlying cause for the constipation. The cause is often due to lack of dietary fibre and excessive milk drinking in late infancy.

A child may develop a crack around the back passage (an anal fissure), and this causes pain on passing poo. The child therefore “holds on”; this leads to the formation of hard poo in the rectum that causes further pain on pooing (The rectum is the section of bowel just inside the anus). A vicious circle is thus set up, leading to chronic constipation. When this happens, liquid poo tends to seep out around the constipated poo causing accidents or soiling. In this situation the child can vary from day to day, seemingly having diarrhoea on one day and constipation the next.

Some children become constipated when they are trying to resist toilet training and sometimes constipation and soiling has psychological causes such as anxiety, unhappiness at school or home.

Very rarely there is an underlying physical problem that accounts for the child’s symptoms. If the doctor thinks that there is such a problem, this will be discussed with you and appropriate tests will be organised.
What tests need to be done?

In most situations the diagnosis can be made from the story of the child’s problem. Usually the doctor who examines your child’s tummy is able to feel hard poo in the bowel and is able to confirm the diagnosis. Sometimes the doctor has to examine inside the back passage with a finger to assess the degree of constipation. The doctor may order an x-ray of the abdomen or arrange for your child to have some blood tests.

What treatment is necessary?

Most children with mild constipation respond well to increasing the amount of fibre in their diet. Good sources of dietary fibre are fresh fruit and vegetables. Changing to food containing wholemeal flour (such as wholemeal bread and pasta) is beneficial. In the same way, high fibre breakfast cereals such as Weetabix and Bran Flakes are helpful. It is important to maintain a good fluid intake, especially in hot weather, to avoid constipation.
A regular toileting routine is helpful. Most people naturally want to go to the toilet after a main meal (to make room for what has just been eaten!). Make the toilet an enjoyable place where the child can relax. Often a favourite book, toy or story tape will enable the child to relax on the toilet. Don’t force the child onto the toilet and do praise the child if he or she has done a poo. Ensure that the toilet room and seat are warm. School aged children may be reluctant to use the school toilet; discussion with the school staff help here.

Sometimes it is necessary to treat the constipation with laxatives. Firstly, a poo softener such as Lactulose is used and secondly, a bowel stimulant such as Senokot. For children over the age of two years, use Movicol Paediatric Plain, this is a softener and stimulant. For prolonged treatment alter the dose of medication as needed. The dosage of these medications varies from child to child but generally speaking, the correct dose is the one that enables the child to pass soft poo regularly. It is not unusual for symptoms to get worse for the first few days of treatment, if this is the case do continue with the medication, as things will get better.

Occasionally a child becomes so constipated that they need to have the constipation treated with enemas. This may be as an outpatient on the Children’s Assessment Ward or sometimes as part of an inpatient admission for toilet training.
Can I expect a cure?

The vast majority of children have successful treatment for their constipation. Those who need laxative treatment often need to be on medication for a long time. The duration of this treatment will be for as long as they have the problem.
Tell us what you think of this leaflet

We hope that you found this leaflet helpful. If you would like to tell us what you think, please contact: Nicola Lockwood, Matron for Child Health, The York Hospital, Wigginton Road, York, YO31 8HE or telephone 01904 726117.

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PALS can be contacted on 01904 726262, or email pals@york.nhs.uk.

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