



Bladder & Bowel UK

Supporting people with bladder and bowel problems

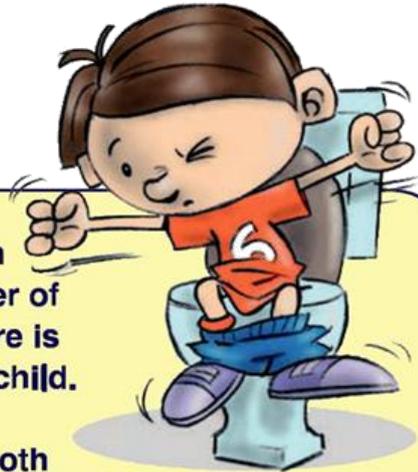
part of Disabled Living

Understanding childhood constipation



Advice for Parents and Carers

Introduction



Constipation is a common problem in childhood. It can develop for a number of reasons and not usually because there is anything physically wrong with your child.

Constipation can be distressing for both you and your child, and although it is natural to be concerned, it is not usually serious and does not mean that they will get bowel problems later in life. There are many effective treatment options available to make your child feel better, particularly if treated early.

Many children get temporary constipation that may last a few days and then gets better. This is quite normal and is nothing to worry about. However, if constipation persists and does not get better, you may find this leaflet a help.

This leaflet is designed to help you find out more about constipation in children, what may be causing it, what can be done to help cure it and most importantly, what can be done to help prevent it from coming back.

This leaflet is intended for information only. You should visit 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.

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What is constipation?

Constipation happens when a child does not open their bowels (does not do a poo) often enough. If this happens the poo can become hard and dry and therefore can hurt when it does come out. However, there are also some children who are doing a poo every day, but are not emptying their bowel properly and only passing small amounts of poo. These children can also be suffering from constipation.

Definition of constipation (without soiling)

Infrequent passing of stools (less than 3 times per week) that are often small, hard and pellet-like

Excessive straining

Excessive stool hardness

Pain on passing stools

Children who have constipation usually need some help to restore the natural bowel rhythms and prevent the constipation from coming back.

What is faecal impaction?

When there are no bowel motions (poos), or only small bowel motions for several days or weeks large amounts of poo build up in the rectum and/or the colon (the parts of the bowel nearest the bottom). This build up of poo is hard and compacted and cannot be easily passed by the child.

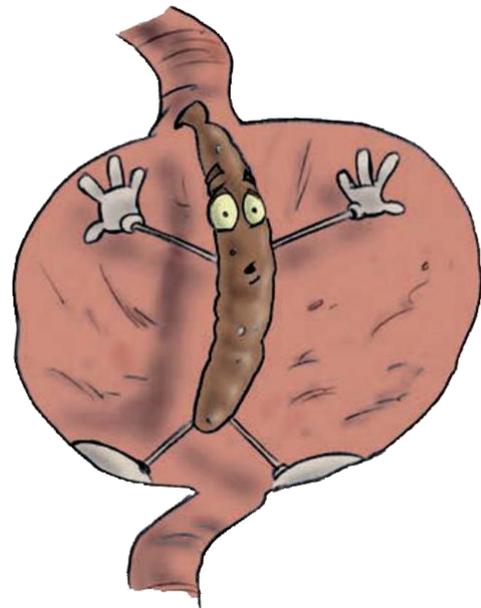
Symptoms include not passing a poo for several days, followed by a large painful poo. Between these poos there is often soiling of the child's underwear.

How common is constipation in children?

Many children get constipation from time to time, for a variety of reasons. Most of the children who get constipation have nothing physically wrong with them – there is no underlying reason causing the constipation.

*Up to 10% of children are thought to suffer
from constipation at any one time*

- About one third of 4 to 7 year olds are constipated at any one time
- 5% of primary school aged children get constipation for more than six months
- Chronic constipation is most common in children between the ages of two and four years old, when they are potty training
- In about 25% of cases, constipation starts when the child is still a baby



How to tell if your child may be constipated...

Some signs to look out for are:

- Fewer bowel movements (poos) than normal: Less than three times per week
- Pain and straining when opening their bowels – they may say it hurts to poo
- Withholding (straining to hold a poo in – this might look the same as them straining to get a poo out)

- Tummy aches
- Small, dry and/or hard poos
- Avoiding the toilet
- Not having the urge to do a poo
- Feeling that they haven't finished after they have done a poo
- Sore bottom
- Poos that smell strong and unpleasant
- Dribbling of urine (wee) or wetting
- Leaking of liquid or loose poos, or passing sticky or hard poos into their pants

How constipation develops

The causes of constipation may differ from child to child and there may be a combination of factors contributing to the problem. Constipation can happen suddenly (for example, after a child has been unwell and not eaten or drunk properly for a few days). It can happen slowly, without anyone being aware that it is developing.

- For some children, just one painful experience of pushing out hard, dry poos can make them frightened of doing another poo
- This can make the child develop a habit of avoiding doing a poo, in case it hurts. This is a natural response to the previous painful poo. It is not your child's fault. They are not being lazy or naughty
- The child will start to try to hold the poos in, by tightening the muscles around the anus (bottom hole) to keep it closed and to make the feeling that they want a poo go away

- This makes the problem worse because:
 - The poos build up in the child's bowel
 - The poos become hard and more difficult to push out
 - The poos hurt more when they are pushed out
 - The child puts off the urge to go to the toilet for even longer
- The poo continues to build up in the child's rectum (the bit of the bowel nearest the bottom)
- The rectum stretches more than usual, making it more difficult for the child to feel the urge to poo
- The child may need to strain to get the poo out, or may be used to straining to hold a poo in (if they are frightened the poo will hurt)
- Straining (to hold a poo in, or get one out) makes it hard for the child to relax enough to do a poo, making the constipation worse
- Large, hard poos get stuck. Liquid poos may leak from above the large, hard mass of poo and get into the child's underwear, or small bits of hard poos may break off the bottom of the big piece of poo and go into the child's pants.
- **The children do not usually know when the poos have leaked and therefore do not know their pants are dirty, even if the poo is very smelly**

Risk factors for constipation

It is important to remember that the risk factors for constipation will differ from child to child. A combination of the factors may be involved in each individual case.

- **Dietary factors** – Not drinking enough water, or water-based drinks, or eating enough high-fibre foods (such as fruit and vegetables) can cause the poos to become dry and hard and difficult to pass

- **Holding in poos** – Sometimes children can hold on too long, because they are embarrassed to use a public toilet, or the one available is dirty, uncomfortable, or it is not private enough (e.g. at school). Sometimes children hold on because they don't want to stop what they are doing (e.g. playing a game, or playing out)
- **Changes in daily routine** – Changes in daily routine, such as going on holiday, moving house, changing schools, changing formula milk type, or weaning can upset a child's natural bowel rhythm and cause constipation
- **Not enough exercise** – Lack of physical activity can cause a child's bowel to become move more slowly and lead to constipation
- **Constipation in the family** – If other family members suffer from constipation, this can increase the risk of the child becoming constipated
- **Medicines** – Some medicines can cause constipation. These include some medicines for pain (such as codeine), some cough medicines, anticonvulsants (used to control seizures), iron supplements and antihistimines (used to treat allergies)



Preventing constipation

- Try to make sure your child does not wait when they need to do a poo
- Make sure your child has enough time to poo and does not feel rushed. Set aside time each day for your child to sit on the toilet – after school or tea can be a good time for many families
- Make going to the toilet fun by keeping special treats reserved for the toilet, such as a favourite book, singing with them, a toy for the toilet, blowing bubbles etc

- If your child says it hurts to poo, tell them to stop trying and try again later
- Encourage your child to get lots of active play to increase bowel activity

Increasing fluid intake

Raising fluid intake increases the water content of the stools, making them softer and easier to pass

- Encourage your child to drink 6 – 8 glasses of water, squash or fruit juice each day (about 3 pints or 1 ½ litres for school age children)
- For children who are at school, ask their teacher if they can bring their own bottle of water or squash into school each day and if they can have it on their desk
- For babies, try giving boiled water in between feeds



Increasing dietary fibre

Eating foods that are high in fibre increases the bulk of the poos and helps them hold onto more water, making them softer and easier to push out.

- Include fresh fruit, dried fruit, vegetables and pulses (e.g lentils and beans) in your child's diet. For babies, try pureed fruit and vegetables
- Try to include a variety of high-fibre foods in the family's diet, such as wholegrain cereals, pasta and rice, wholemeal, granary or seeded bread

**How to calculate how much fibre (in grams)
your child should be eating per day**

Child's age in years + 5 grams for children older than 2 years

E.g. if your child is 7 years old, the calculation would be
 $7 + 5 = 12$

A 7 year old child should therefore be eating 12 g of fibre per day

Fibre charts

Food	Portion Size	Fibre Content (grams)
Fruit (raw) continued		
Plum	1 small	0.5
Prunes (dried)	5	2.3
Raisins	1 tablespoon	0.6
Raspberries	10	1.0
Strawberries	5	0.7
Sultanas	24	0.5
Tangerine	1 small	0.6
Nuts		
<i>Nuts should not be given to children under 5 years due to the risk of choking</i>		
Almonds	6 whole	1.0
Brazils	3 whole	0.6
Peanuts	10 whole	0.8
Peanut butter	Thickly spread on 1 slice of bread	1.4
Rice and Pasta		
Brown boiled rice	2 heaped tablespoons	0.6
Wholemeal spaghetti	3 tablespoons	3.1
Vegetables		
Baked beans	2 tablespoons	3.0
Beetroot	4 slices	0.8

Fibre Food	Portion Size	Content (grams)
Broad beans	2 tablespoons	7.8
Broccoli tops (raw)	2 spears	2.4
Butter beans	2 tablespoons	3.7
Cabbage	2 tablespoons	1.1
Carrots	2 tablespoons	2.0
Cauliflower	3 florets	0.5
Celery (raw)	1 stick	0.3
Chickpeas	2 tablespoons	2.9
Corn-on-the-cob	1 whole	2.7
Green pepper	2 sliced rings	0.3
Leeks	Stem, white portion only	1.1
Lentils split (boiled)	2 tablespoons	1.5
Oven chips	Small portion	1.2
Peas	2 tablespoons	3.0
Potatoes baked with skin	1 small	2.7
Potatoes (new)	2 average size	1.2
Red kidney beans	2 tablespoons	4.3
Spinach	2 tablespoons	1.7
Sweetcorn (canned)	2 tablespoons	0.9
Tomatoes (raw)	1 small	0.7
Turnip	1 tablespoon	0.8

Food	Portion Size	Fibre Content (grams)
Bread		
Brown	1 small slice	0.9
High fibre white	1 small slice	0.8
Hovis	1 small slice	0.8
Wholemeal	1 small slice	1.5
Wholemeal pitta bread	1 mini	1.8
Breakfast Cereals		
All-Bran	Average small bowl	7.2
Bran Buds	Average small bowl	6.6
Bran Flakes	Average small bowl	2.6
Corn Flakes	Average small bowl	0.2
Country Store	Average small bowl	1.2
Fruit 'n' Fibre	Average small bowl	1.4
Mini Shredded Wheat	Average small bowl	3.4
Muesli	Average small bowl	2.0
Raisin Splitz	Average small bowl	2.3
Sultana Bran	Average small bowl	2.0
Weetabix	1 biscuit	1.9
Biscuits and Pastry		
Cereal bar	1	1.0
Cracker (wholemeal)	1	0.4
Digestive (plain)	1	0.3

Food	Portion Size	Fibre Content (grams)
Gingernuts	1	0.2
Oat based biscuit	1	0.5
Oatcakes	1	0.7
Shortbread	1	0.2
Wholemeal scone	1 average size	2.6
Wholemeal fruit cake	Average slice	1.7
Fruit (raw)		
Avocado pear	1/2 pear	2.6
Banana	1 medium	1.1
Blackberries	10	1.5
Dates (dried)	5	3.0
Eating apples	1 small	1.3
Fruit cocktail	Small bowl	1.2
(canned in juice)		
Grapefruit	1/2	1.0
Grapes	10	0.6
Kiwi fruit	1 medium	1.1
Mango	1 slice	1.0
Melon (cantaloupe)	1 slice	1.5
Orange	1 small	2.0
Peach	1 small	1.1
Pear	1 medium	3.3
Pineapple	1 large slice	1.0

Treating Constipation

Children who are constipated usually find that it hurts to poo. For this reason they don't want to do a poo, will often avoid the toilet or try and hang on when they feel a poo coming. Because of this most children will need some medicine to help them get better. The medicines used to treat constipation are called laxatives. There are different types of laxative.

Your child's doctor, nurse, health visitor or pharmacist will discuss with you which laxative they think is best for your child. If the constipation has not been happening for very long (acute constipation), then your child may need laxatives for a few days only. However, if they have been constipated for a long time (chronic constipation) they will need laxatives for weeks or months. For these children it is important to follow their doctor or nurse's advice and do not stop the laxatives suddenly.

Medicines for constipation

If your child has chronic (long-term) constipation, try not to worry as there are various treatments that can help. However, these treatments can take some time to work, so try to be patient and follow the advice of your child's doctor or nurse. If your child is soiling, that might get worse to start with. Talk to your child's doctor or nurse if this happens and you think the treatment might not be helping.

- Your child's doctor or nurse may prescribe medicines called laxatives to clear out any poo that has built up inside their bowel and to help your child's bowel work normally
- Most children with chronic constipation need to take laxatives for some time (often a few months) before their bowel returns to normal
- Your child's doctor or nurse will give you advice about how to help keep your child's bowel healthy, how long to give laxatives for, how and when to reduce the dose and how to avoid constipation in the future

There are various types of laxatives available for children. These can be divided into different groups depending on how they work. The commonest types of laxatives used for children are:

Osmotic laxatives

- Macrogol laxatives are taken mixed with water. They work by keeping the water that they are taken with in the bowel. The macrogol then breaks up hard lumps of poo, softens the poo and makes it easier to pass. They are used in increasing doses to treat faecal impaction. It is important to follow the instructions on the packet when mixing the macrogol with water. Some macrogols are flavoured. If they are not flavoured, they can have juice or squash added to them after they have been mixed with water. Movicol, CosmoCol and Laxido are examples of macrogol laxatives

Stimulant laxatives

- Stimulant laxatives work by stimulating contractions in the muscles in the bowel wall (they make the muscles do more work). When the muscles in the bowel wall contract more often they push the poo through the bowel more quickly. This makes it harder for the child to hold onto the poos and also makes the poos softer, as there is less time for the bowel to take water out of the poos
- Senna, sodium picosulfate and bisacodyl are examples of stimulant laxatives

Not all laxative are licensed for use in children of all ages. Ask your child's doctor or nurse if you are concerned.



The National Institute for Health and Care Excellence (NICE) has produced national guidelines for doctors and nurse advising them on the best treatment for children and young people with constipation. This is NICE Clinical Guidance (CG) 99, Constipation in children and young people and is available online at: <https://www.nice.org.uk/guidance/cg99>

When should I take my child to see a healthcare professional?

Most children get constipated from time to time. However, if your child has constipation that does not go away, they may need treatment for their bowel to return to normal.

You should visit your child's doctor, health visitor or school nurse if you are at all concerned, if the constipation is persistent or causing distress to your child, if poos are hurting them, or if your child is passing blood with their poo. 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 see their doctor, nurse or health visitor:

- Being irritable
- Loss of appetite
- Soiling of their clothes (pooing in their pants)
- Feeling sick
- Tummy aches

In rare cases childhood constipation may be the result of an underlying medical condition. Your child's doctor, nurse or health visitor will discuss with you if they have any concerns about this and whether they think your child needs any investigations into the cause of their constipation.

Where can I get more information?

Bladder and Bowel UK have a confidential helpline:

Tel: 0161 607 8219

Email: bladderandboweluk@disabledliving.co.uk

Website: www.bladderandboweluk.co.uk

Bladder and Bowel UK, working under the umbrella of Disabled Living, provides impartial advice and information regarding resources, products and services for children and adults with bladder and bowel problems.



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