Constipation

Constipation in children is nearly always idiopathic. Blood tests and imaging are not usually required. Faecal incontinence is commonly due to constipation with impaction and overflow.

History

- 3 or less defaecations per week
- Stool retention
- Painful hard bowel motions
- Faecal mass present on abdominal examination
- Consider Birth History / Passage of meconium
- Dietary history / Fluid intake
- Stool consistency (Bristol Stool Chart)

Examination

- Plot height & weight in red book / growth chart
- Abdominal examination
- Inspect anus – look for fissures, normal placement
- Inspect spine and check for normal lower limb neurology
- Assess for faecal impaction (faecal mass, overflow, consider PR +/- AXR)

Red Flag symptoms

- **Constipation from birth, delay in passage of meconium, chronic abdominal distension, ribbon like stool (consider Hirschsprungs or anal stenosis)**
- **Children < 1 year with no response to laxatives after 4 weeks**
- **Abnormal growth, weight loss, chronic vomiting or significant abdominal distension**
- **Abnormal lower limb neurology or cutaneous spinal lesion**
- **Suspicion of abuse**

Refer To Paediatrics

Idiopathic constipation (> 95 % patients) +/- impaction

NB Breast fed babies who defaecate every few days but no other symptoms and no red flags do not need treatment

Promote ERIC website: www.eric.org.uk / patient leaflets

Dietary Advice – increased fluids, fibre & exercise to be used in conjunction with medication as lifestyle measures alone are usually ineffective

If any concerns or advice needed please use consultant connect service

Disimpaction

- Macrogol oral powder in escalating doses as per children's BNF
- If failure of response at 14 days add in stimulant laxative (senna, docusate, sodium picosulphate)
- If macrogol compound not tolerated use single agent stimulant laxative +/- lactulose
- **Refer** if failure of treatment

Maintenance

- Macrogol oral powder as per children's BNF
- Add in stimulant laxative if ineffective
- Titrate to stool consistency – may need to remain on low dose long term
- Continue for several weeks after normal bowel habit achieved
- Advise to monitor bowels and restart maintenance treatment if required