

Rotherham Guidelines: management of Constipation in children and young people

Diagnosis of idiopathic constipation in children

Stool pattern

Symptoms on defecation

History

Examination

Aged <1 yr
<3 stools/wk
Hard large stool
Type 1

Aged >1 yr
Same as <1yr
Overflow soiling
Large, infrequent,
block toilet

Aged <1yr
Distress
Hard stool & bleeding
Straining

Aged >1yr
Appetite & pain
varies with stools
Retentive posturing
Straining
Anal pain

Aged <1yr
Prior episodes
Anal fissure

Aged >1yr
As per <1yr
Painful bowel
movements &
bleeding

Anus***
Abdomen
Spine
Lower limb neuro

Red flags → refer secondary care

1. From birth/first few weeks/Failure to pass meconium
2. Ribbon stools/bloody stools
3. Prior unknown weakness in legs/locomotor delay/urination problems/Global development delay
4. Abdo distension + vomiting
5. O/E – abnormal anus*, abdo distension, abnormal spine**, lower limb deformity, abnormal reflexes
6. Concern about child's welfare, follow safeguarding procedures

Amber flags

1. Faltering growth → test for coeliac & hypothyroid, treat constipation.
2. High level parental concern

Refer <1yr no response to treatment at 4 weeks

Bristol Stool Form Scale^b

Type 1		Separate hard lumps, like nuts (hard to pass)
Type 2		Sausage-shaped but lumpy
Type 3		Like a sausage but with cracks on its surface
Type 4		Like a sausage or snake, smooth and soft
Type 5		Soft blobs with clear-cut edges (passed easily)
Type 6		Fluffy pieces with ragged edges, a mushy stool
Type 7		Watery, no solid pieces; entirely liquid

*Anus – fistulae, bruising, fissures, ant anus. GP's should not diagnose NAI clinically

**Neuro – asymmetry/flattening gluteal muscles, sacral agenesis, discoloured skin, naevi or sinus, lipoma, central pit, scoliosis

*** PR only done by those who can diagnose Hirschsprungs/anatomical abnormalities

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Management of Idiopathic Constipation

Manage expectations (see below)

Dietary & Lifestyle

Encourage and reward
Scheduled toileting
Encourage sitting on toilet for 5mins post every meal → reward/interesting

Physical activity

Adequate fluid & fibre intake
Healthy eating advice

Disimpaction =
Faecal mass palpated +/-
Overflow soiling

Treatment*
Macrogol escalating dose
Do not underdose → increase stepwise

Macrogol paediatric plain 1-12yrs
<1yr – ½-1 sachet/d
1-5yrs sachets/day = 2 → 4 → 4 → 6 → 6 → 8
5-12yrs – 4 sachets day 1 → steps of 2 sachets/d up to 12

Macrogol adult – 12-18yrs
12-18yrs – 4 sachets day 1 → 2 sachets/d increments, max 8/d

Review at 1/52 – examine abdo
If not disimpacted – repeat above + sodium picosulphate

2/52 no improvement → sodium picosulphate

Or movicol not tolerated → change to sodium picosulphate +/- osmotic

Maintenance
Once disimpacted

Macrogol – adjust to response*
Starting maintenance =
½ - ¼ disimpaction dose

Macrogol paediatric plain
<1yr ½-1 sachet/d
1-6yrs 1 sachet/d adjusted to regular soft stool
6-12yrs – 2 sachets/day (max 4/d)

Macrogol adult
12-18yrs – 1-3 sachets/d divided doses

Teach parents how to adjust daily movicol
Aim for sloppy or soft stool daily or alternate days

If movicol not sufficient/not tolerated → sodium picosulphate

Anticipate/preempt re impaction – BNO for 2/7 'rescue' picosulphate until BO

Continue until regular bowel habit for few months
Slowly over 3-6/12 reduce laxatives
Increase if bowel frequency decreases

Manage expectations

1. Soiling worse during disimpaction
2. Address adult/child concerns re hidden pathology & long term laxative causing damage to bowel and 'dependence'
4. Soiling may take weeks/months to improve: provide frequent moral support, many children are on laxatives for years
5. Never stop or run out of laxatives, have 'rescue' picosulphate to manage re-impaction
6. Ensure adequate water mixed with movicol and given alongside to prevent dehydration

Additional areas of help

1. <5yrs of age nursery nurses can support family
2. SPA/STEPPS can help with child/parent motivation & compliance & behavioural issues
3. CAHMS/psychology referral for e.g. toilet phobia, behavioural withholding, mental health co-morbidities of soiling, motivation etc

Ensure adequate water mixed with movicol and water given alongside to prevent dehydration

Use sodium picosulphate early, doses of sodium picosulphate – 2.5mg daily, increase by 2.5mg every 2-3days. Max 10mg 1month to 1year, max 20mg age 4-18years