

EMERGENCY DEPARTMENT

Contact

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1 What is constipation?

The normal bowel movement pattern is disturbed when your child has a bowel movement less than three times a week or when he or she suffers hard, painful bowel movements. When this problem persists for more than six months, we speak of “chronic” obstipation or constipation.

Various signs may indicate constipation:

- Hard stools
- Pain during bowel movements
- Abdominal pain
- Holding it in (resembles squeezing a bit: squeezing, stamping feet, sitting in a corner, hiding)
- Soiling of the underwear and/or stools in the underwear (encopresis)
- Occasional speck of blood on the toilet paper
- Decreased appetite
- Wetting the bed
- Changed behaviour (silent, withdrawn or very active and irritable)

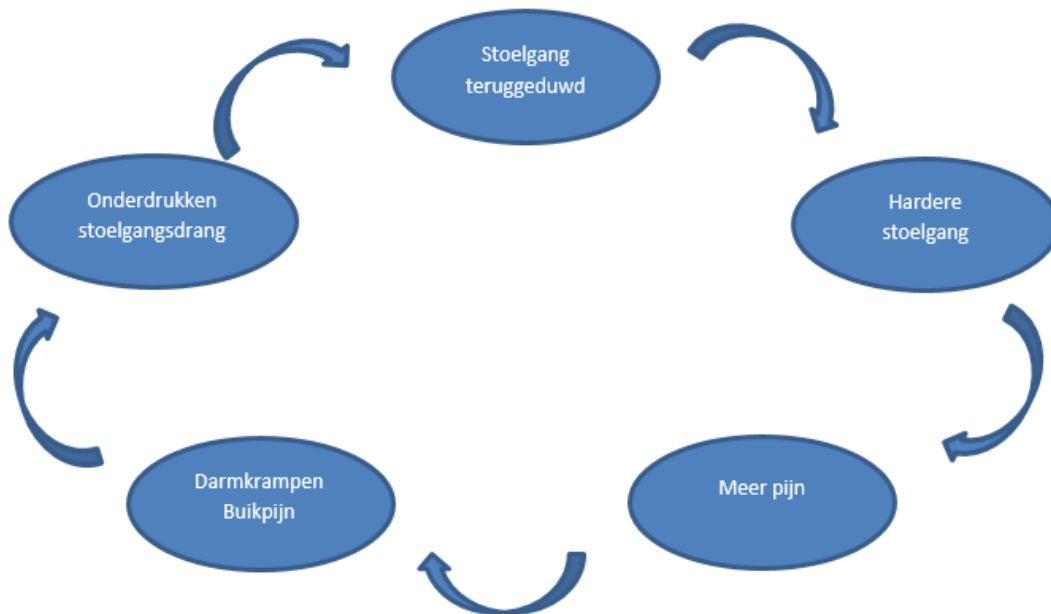
2 Medical examination

The doctor will first check whether there is a physical cause for the constipation. This is very rarely the case. In most cases (more than 95 percent) it concerns functional constipation, maintained by the child’s holding in or procrastination.

3 Mechanism of functional constipation

- The child suppresses the bowel movement urge by stiffening the body and tightening the sphincter. This pushes the stool back into the intestinal tract and the feeling disappears.
- If the stool stays in the intestine for too long, it becomes harder and harder. Bowel movements become more and more painful, which reinforces the retention behaviour.
- Sometimes the child is no longer able to push out the hard stool and it accumulates in the intestine. This initially leads to intestinal cramps that cause abdominal pain.
- If stool continues to accumulate, the intestine adjusts by expanding and becoming lazy. This further slows the bowel movement process. The child ends up in a vicious circle that is often difficult to break out of alone.

- The problem becomes even greater when fresh stool runs past the hard stool into the underpants without the child having felt or being able to stop it. Out of fear for dirty underwear, the child will try even harder to stop bowel movements. And the cycle continues.



Translation of uneditable graphics object

Stool pushed back

Suppression of bowel movement

Harder stools

Intestinal cramps, abdominal pain

More pain

4 Treatment

4.1 Medication

To break the vicious circle, medical treatment is initiated in two phases.

4.1.1 Removal of large hard stool that is blocking everything (if necessary)

This can be done with an enema or a flush.

- In the case of an enema, a fluid is introduced through the anus that rinses clean the lower part of the colon by provoking defecation.
- With a flush, this is done by drinking large amounts of a liquid containing medication. Drinking large amounts is difficult for children, so we usually install a stomach tube through which liquid can enter.

We stop the flush as soon as the bowel movement is clear in colour. Now all the hard faeces have been removed from the intestines. Your child will then receive maintenance treatment with laxative (= stool softening) agents and will be able to eat normally again.

4.1.2 Maintenance treatment

Stool softeners must continue to be administered in order to prevent hard stools from recurring. This ensures that the child does not experience the bowel movements as painful.

In some cases the doctor may decide on the basis of the examination to immediately start maintenance treatment. Your child will receive high doses at first. A reduction schedule will then follow. The stool softening medication consists of substances that retain moisture in the intestine. The medication is minimally absorbed into the body and does not cause “lazy bowels”.

4.2 Nutritional advice

Like other children, children at risk of constipation need a healthy diet.

- For advice on a healthy diet: nutrition triangle, www.gezondleven.be
- Eat fibre-rich foods, aim for five servings of vegetables and/or fruit per day: potatoes - vegetables - fruit (including kiwi, oranges) - legumes - nuts - brown rice - pasta - brown bread. Alternating between the different fibres is important!
- Drink enough water: 2 years and older +/- 1.5 litres per day (= six large glasses). Limit milk products to 500 ml per day.

4.3 Toilet hygiene

The ideal position on the toilet is squatting. For a toddler this works best on a potty. If your child wishes to use a normal toilet, make adjustments for a stable, relaxed position. Place a bench in front of the toilet so that your child can support himself with his feet, and his knees reach the same height as the seat. For very young children, potty seats also help promote a relaxed sitting position.

4.4 Bowel movement diary

Children with constipation must learn to make time and to build in moments of rest for bowel movements. Your child should sit on the toilet in the position described above for **five minutes** at least three times a day, preferably at **set times** and preferably **after a meal** (the chance of bowel movements is greatest shortly after a meal). Boys too should sit on the toilet when urinating. The chance that bowel movements will also occur is then greater.

Make these moments as pleasant as possible for your child. Allow him or her to colour a sun, cloud or thunder cloud on the diagram on the last page. You can work with a **reward system** agreed beforehand. It is recommended to sometimes reward your child unexpectedly. This helps him or her to maintain the new habit.

If this system goes smoothly for a full month (regular bowel movements on the toilet, also at the child's initiative), you can stop the regime of sitting on the toilet at set times. If problems occur again, restart the regime immediately.

4.5 Additional tips

Try to apply these measures to **the whole family**, and make it clear that it is good for everyone to have regular bowel movements and to avoid holding in. This way your child will not feel alone. Moreover, all family members can benefit.

Regular follow-up by the doctor is necessary to adjust the dose of stool softeners, monitor the effect of treatment and to keep motivation high.

5 Contact

The Paediatrics Department of University Hospital Ghent offers third-line care. This means that care is provided for complex disorders. The number of hospital beds at the Paediatrics Department is therefore limited. If your child needs to be admitted, we are able to arrange admission to another hospital. Thus we

advise you to choose your own doctor/paediatrician who can monitor your child and refer the child to us if necessary. For urgent questions:

- Emergency Department University Hospital Ghent: tel. 09 332 27 42
- Paediatrician on duty at University Hospital Ghent: tel. 09 332 35 15

For **urgent** medical help, come to the Emergency Department.

For **immediate** medical help, call 112.

This information does not replace consultation with a doctor and is also available in other languages.

From/...../..... To	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
After breakfast							
After lunch							
After afternoon snack							
After supper							



Time was taken
Bowel movement



Time was taken
No bowel movements



No time was taken
No bowel movements