

# CONSTIPATION

Constipation is defined as either a decrease in the frequency of bowel movements or the painful passage of bowel movements. Children 1 to 4 years of age should have a bowel movement 1 – 2 times a day but many children go at least every other day. When children are constipated for a long time, they may begin to soil their underwear. This fecal soiling is involuntary, and the child has no control over it.

## Causes of Constipation

Constipation happens when stool stays too long in a child's colon. Causes of constipation in children may include the following:

### ❖ Ignoring the urge to have a bowel movement

Children most often get constipated from holding in stool. When a child holds in stool, the colon absorbs too much fluid and his or her stool becomes hard, dry, and difficult to pass. Children may hold in stool because they

- are feeling stressed about potty training
- are embarrassed to use a public bathroom
- do not want to interrupt playtime
- are worried about having a painful or an unpleasant bowel movement

### ❖ Diets low in fiber

Another common cause of constipation in children is a diet with too little fiber. Fiber helps stool stay soft so that it moves smoothly through a child's colon. Liquids such as water and juice help fiber work well.

### ❖ Medicines

Some medicines that doctors prescribe to treat other health problems can cause constipation in children. Medicines that can cause constipation in children include

- antacids—used to neutralize stomach acid—that contain aluminum and calcium
- anticholinergics—used to treat muscle spasms in the intestines
- narcotics—used to treat severe pain
- some medicines used to treat depression

### ❖ Certain health problems

Certain health problems can make stool move more slowly through a child's colon, rectum, or anus, causing constipation:

- Hirschsprung disease—a birth defect in which the large intestine lacks some nerve cells. The signals that tell your muscles to push stool along are missing, so stool

stays in the large intestine and causes blockage.

- obstructions that block part of the lower gastrointestinal (GI) tract
- tumors or narrowing of the GI tract

#### ❖ **Functional GI disorders**

Functional GI disorders happen when something changes the way a child's GI tract works, yet doesn't cause damage. Functional constipation happens when the muscles in a child's colon or anus move stool more slowly, and it often happens during one of three times:

- when infants transition from breastmilk to formula or when they start eating solid foods
- when parents or caretakers are potty training toddlers, and toddlers are learning how to control bowel movements
- when children start school and avoid using the bathroom at school for bowel movements
- Irritable bowel syndrome (IBS) is also a functional GI disorder. Children with IBS can be constipated.

### **Symptoms of Constipation**

If a child is constipated, he or she may have the following symptoms:

#### ❖ **Posturing or changing positions**

Posturing or changing positions can show that a child is trying to hold in stool or is constipated. When a child postures or changes position, he or she may

- stand on tiptoes and then rock back on his or her heels
- clench his or her buttocks muscles
- do unusual, dance like movements

Parents or caretakers often mistake these postures as ways to try and have a bowel movement.

#### ❖ **Abdominal pain and bloating**

A child may feel pain or bloating in his or her abdomen.

#### ❖ **Stool in a child's underwear**

If a child delays having a bowel movement, he or she may develop a large amount of stool in the rectum—something health care professionals call a fecal impaction. Some of this stool may leak and soil a child's underwear. Parents or caretakers often mistake this soiling as a sign of diarrhea.

#### ❖ **Urinary incontinence**

Stool in a child's colon can press against his or her bladder. This pressure may cause daytime or nighttime wetting called urinary incontinence.

### **When is it time to see a doctor?**

A child should see a doctor if his or her symptoms of constipation last for more than 2 weeks. You should take a child to see a doctor right away if he or she has one or more of the following symptoms:

- fever
- vomiting
- blood in his or her stool
- a swollen abdomen
- weight loss

### **Treatment**

Parents or caretakers can most often treat a child at home. However, if a child does not respond to treatment, call the child's doctor. Treatment for constipation in children may include changes in eating, diet, and nutrition; behavioral changes; and enemas and laxatives:

#### **❖ Changes in eating, diet, and nutrition**

Changes in a child's eating, diet, and nutrition can treat constipation. These changes include

- Drinking liquids throughout the day. A health care professional can recommend how much and what kind of liquids a child should drink.
- Eating more fruits and vegetables.
- Eating more fiber.

#### **❖ Behavioral changes**

Changing a child's patterns and behaviors about having bowel movements can help treat constipation. You can help the child by

- encouraging older children to use the toilet shortly after meals to build a routine
- using a reward system when children use the bathroom regularly
- taking a break from potty training until the constipation stops

#### **❖ Enemas and laxatives**

Some children need to have an enema or take medicines to treat constipation. Most often, a doctor will first recommend using an enema. Cleansing a child's bowel with an enema flushes water or a laxative into his or her anus using a special squirt bottle, which helps the child pass stool.

A doctor may prescribe a laxative for a child to take by mouth until his or her bowel movements are normal. Laxatives clean out the bowel and help a child have a bowel movement. Once a child has better eating and bowel habits, the doctor will recommend stopping the laxative. If you stop giving a child the laxative too soon then the child could become constipated again. You should not give a child laxative unless told to do so by a doctor.

## Complications & Treatments

### ❖ **Fecal impaction**

Talk with the child's doctor for how to treat fecal impaction in a child under 2 years old. For a child who is 2 years old or older, you can soften his or her fecal impaction with mineral oil that he or she takes by mouth or through an enema. A health care professional may then recommend that you bring the child into the doctor's office. The health care professional can break up and remove part of the hardened stool by inserting one or two gloved, lubricated fingers into the child's anus.

### ❖ **Anal fissures**

You can treat a child's anal fissures by

- making changes in his or her diet to prevent constipation
- applying over-the-counter anesthetic cream to numb the area or relax his or her muscles
- using stool softeners
- having him or her take warm tub baths to soothe the area
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### ❖ **Rectal prolapse**

A child's doctor may be able to treat rectal prolapse during an office visit by manually pushing the rectum back through the child's anus. Helping a child prevent constipation is the best way to prevent rectal prolapse.

## **Dietary Guidelines to Prevent and Relieve constipation**

A child should drink water and other fluids, such as fruit and vegetable juices and clear soups, to help the fiber in his or her diet work better. This change should make the child's stools more normal and regular. A doctor can help you plan a diet with the appropriate amount of fiber to help treat a child with constipation. A list of high-fiber foods appears below. Use this table as a tool to help replace less healthy foods with foods that have fiber.

Children ages 1 to 18, depending on their age and sex, should get 14 to 31 grams of fiber a day.<sup>3</sup> Fiber guidelines are not available for infants less than 1 year old, who normally eat little to no solid food yet. Talk with the infant's doctor about possibly breastfeeding the infant or what kind of foods he or she should eat.