integrated working

NHS
West Suffolk
Clinical Commissioning Group

CONSTIPATION IN CHILDREN (BASED ON NICE CG 99)

What is Constipation?

Idiopathic constipation cannot be explained by anatomical or physiological abnormalities. Chronic constipation is constipation lasting longer than **8 weeks**.

Signs & Symptoms

- Infrequent bowel activity (fewer than 3 complete stool per week)
- Hard, large stool or small pellets (rabbit droppings)
- Overflow soiling; distress on having bowels open
- Bleeding associated with hard stool
- Withholding or straining
- Abdominal pain and distension
- Flatulence; irritable mood; general malaise; poor appetite
- Can be associated with UTIs

Red Flag Symptoms

If a child has **any red flag symptoms**, do not treat for constipation but **refer urgently**.

- Symptoms in the first 6 weeks after birth
- Delayed passage of meconium (>48 hours after birth)
- 'Ribbon stools'
- Neuromuscular abnormalities of the lower limbs
- Gross abdominal distension
- Abdominal distension with vomiting
- Abnormal appearance of anal area, spine, lumbosacral region, gluteal region

Assess all Children with Idiopathic Constipation for Faecal Impaction

Look for **overflow** soiling and / or palpable **faecal mass**

Referral Criteria to Secondary Care

- Faecal impaction
- Any red flag symptoms or signs
- Chronic constipation for longer than 3 months

Maintenance Therapy

Start maintenance therapy if child is not faecally impacted. Do not use dietary interventions alone as first line treatment. Reassess child frequently and adjust the dose according to response.

- Polyethylene glycol 3350+ electrolytes as first line
- Add stimulant laxative if polyethylene glycol 3350+ electrolytes does not work
- Substitute a stimulant laxative if polyethylene glycol 3350+ electrolytes is not tolerated
- Add another laxative (e.g. lactulose or docusate if stools are hard)
- Continue at maintenance dose for several weeks after regular bowel habit is established
- Do not stop medication abruptly

Long Term Follow Up

- Children with chronic idiopathic constipation may need medication for several years
- After assessment and disimpaction in secondary care, children may be discharged to primary care for titration of medication based on the Bristol Stool Chart
- Children should be reviewed every 2-3 months
- Children should be re-referred to secondary care if worsening symptoms or recurrence of impaction

Other Advice

- Regular toileting i.e. sitting on the toilet for at least five minutes, ideally 20 minutes after each meal
- It is important that the child is in a well-supported position on the toilet i.e. feet on floor or foot stool, so knees are higher than hips
- Give information about balanced diet including sufficient fibre and fluids

Useful References

Bristol Stool Form Scale; NICE Clinical Guidance 99 (May 2010)

Authors: Dr Rachel Casey & Dr Raman Lakshman
Contact: rachel.casey@nhs.net