Women, Child and Family Service – Paediatrics
Tauranga Hospital
Cameron Road Private Bag 12024
Tauranga NEW ZEALAND

Re: Constipation

Constipation is a common problem in childhood, occurring in up to 30% of children. Most children defecate at least every 2-3 days, but breastfed babies may defecate as infrequently as once a week.

Features of constipation include infrequent stool passage, large stools, painful defecation, or new onset faecal incontinence. Constipation is particularly common during the introduction of solid foods to the diet, during toilet training, and at school entry. It may be precipitated by episodes of dehydration / intercurrent illness.

Functional constipation is the most common cause of constipation in childhood. Painful defaecation leads to apprehension, retention, passage of hard stool and a cycle of withholding and passage of hard stool. Young children may ignore the urge to defaecate, causing a build-up of large hard bowel motions.

Red flags for underlying organic pathology include:

- Delayed passage of meconium (>24 hours after birth)
- Early onset of constipation (< 6 weeks of age)
- Abnormal neurological examination
- Significant weight loss

The Starship Hospital guidelines recommend that the management of constipation involves:

1. Education and explanation of the nature and treatment of constipation.
2. High fibre diet and high fluid intake
3. Retraining children to sit regularly on the toilet after meals.
4. Laxative medications to soften the stool and increase stool expulsion.
5. Faecal disimpaction (Caution under 2 years of age)

We would request that all patients are trialled on laxative prior to referral to our department, and have their dose titrated to effect. The bristol stool chart for children (attached) can be used to guide desired outcome (type 4 stools every day/other day).

Suggestions for laxatives therapy:

- Infants < 6 months: coloxyl drops (0.3mL tds)
- Infants >6 months: coloxyl drops (as above) and/or lactulose (start at 5-10 mls and increase up to 3ml/kg/day in divided doses bd/tds)
- Children: lactulose (as above) or movicol (1/2 to 2 sachets per day)

Disimpaction for chronic constipation
In the setting of chronic constipation, your patient will need a “washout protocol” prior to our assessment if their regular laxative has not been sufficient.

The idea of “washout” is to achieve disimpaction/removal of impacted faeces. This requires a rapid increase in the dose of laxative, to achieve loose watery stools for 1-2 days, before reducing the dose to maintenance. This should be done with caution in children under 2 years of age, who should be referred to see a Paediatrician before this is done in the community.

In older children, this can be done with lactulose or movicol.

- Lactulose should be increased as follows: 10 mL day 1, 20 mL day 2, 20 mL BD day 3, 20 mL TDS thereafter. The dosing protocol for movicol can be found on the NZ formulary for children: http://www.nzfchildren.org.nz/nzf_897

If washout is unsuccessful or not tolerated, then we would suggest discussion with our on call Paediatric team for advice.

If the washout is successful, the patient should be reduced to a maintenance dose of laxative to achieve Bristol type 4 stools every day/other day. This should **be continued on for at least 6 months**, as constipation tends to be both chronic and recurrent. Longer duration of therapy helps to prevent recurrence.

Enema/PR therapy
Please **do not prescribe** enemas to paediatric patients. This is not part of our treatment pathway, and should be reserved only for very rare occurrences on the ward. PR therapy is distressing for children, and can worsen the fear of toileting which is counterproductive to management.

Useful resources
- Information for families can be found on https://www.kidshealth.org.nz/constipation

- If there is significant encopresis or enuresis, then we would suggest involving the hospital continence service or public health nurses to assist with toileting at home and at school.

If a trail of full dose laxatives/washout is unsuccessful or you are concerned that there are red flags, then please repeat your referral through to our service.

References:
http://www.rch.org.au/clinicalguide/guideline_index/Constipation/
https://www.starship.org.nz/for-health-professionals/starship-clinical-guidelines/c/constipation/
http://www.nzfchildren.org.nz/

Ngā mihi

Yours sincerely

Electronically checked and approved

Paediatric Grading Team