We help children and families be their healthiest

Constipation:

Caring for children over 6 months of age

What is constipation?

You've just learned your child or teen has a very common problem: constipation. Constipation means that stool is building up in the bowel and causing distress. Parents sometimes feel a little embarrassed about this, but constipation happens to most children at some point. The good news is that constipation is rarely caused by a serious illness.

Remember! Constipation can still happen even if a child is having a bowel movement (BM, stool or poop!) every day.

A child or teen with constipation may:

- Suffer with stomach pain or cramps (these can be severe)
- Have very large stool (sometimes needing a plunger to get it down the toilet)
- Have stool that is Type 1, 2 or 3 on the stool chart
- Have trouble passing urine (going pee)
- Need to pass urine often
- Have blood on stools
- Have problems with behaviour
- Leak stool into underwear
- Avoid going to the toilet

Bristol Stool Chart

Type 1		Seperate hard lumps, like nuts (hard to pass)
Type 2		Sausage-shapped 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

Bristol Stool Chart developed by Dr. Ken Heaton University of Bristol, 1997 Creative Commons license 2.5

How does constipation happen?

Constipation is often caused by:

- Not eating enough fibre, fruits, vegetables and grains
- Not getting enough physical activity
- Stress, travel, change in diet
- Some medications (e.g. antacids, morphine, anti-depressants)
- Holding in stool ('withholding')
- Putting off going to the toilet when feeling the urge to 'poop'. Children may do this when they are feeling stressed about potty training, are too busy playing, embarrassed about using a school or public toilet or afraid of having a painful or unpleasant bowel movement.

Delaying a bowel movement causes stool to become hard, dry, and difficult to pass. This sometimes causes a large mass of stool in the rectum (the part of the bowel that holds stool). When this happens, it is called fecal impaction. Stool builds up behind the impaction and may leak, soiling a child`s underwear. This is often mistaken for diarrhea.

How is constipation treated?

By the time you notice symptoms, constipation has usually been a problem for a while, and may take months to get better. Having a large amount of stool in the bowels causes them to become larger than normal, making it harder for the bowel muscles to empty stool. The bowel will get back to a more normal size if stool doesn't build up over the next 3-6 months. Children and teens usually need medication for a few months, along with some other steps to resolve constipation. They can take medication by mouth or through the rectum (bum). We usually suggest medications by mouth. You won't need a prescription, but you will have to ask the pharmacist for these medications.

Treatments that are **not effective** (there is **no** research evidence to support the use of these treatments):

- Prebiotics or probiotics
- Intensive behavioral therapy
- Other alternative treatments



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1 Initial bowel clean-out

The first step is to clean out the bowel. The doses below should only be used for 3 days at most.

☑ **3 day PEG 3350 clean out (Lax-a-Day®, Restoralax®, Relaxa®, Clearlax®)**, for children over 6 months of age. The amount you give depends on your child or teen's weight.

	Weight	Dose
	7 - 10 kg	2 teaspoons (10mL) in 100 mL fluid 2 times a day for 3 days
	11 - 13 kg	3 tsp (15 mL) in 150 mL fluid 2 times a day for 3 days
	14 - 19 kg	4 tsp (20mL) in 200 mL fluid 2 times a day for 3 days
	20 - 34 kg	1 capful (25mL) in 250 mL fluid 2 times a day for 3 days
	35 - 50 kg	1 capful (25mL) in 250 mL fluid 3 times a day for 3 days
	more than 50 kg	2 capfuls (50mL) in 500 mL fluid 3 times a day for 3 days



1 capful = 5 teaspoons (tsp) or 25 mL

After this step, move on to step 2. This is very important, even if your child has been in distress for only a few days.

2 Retrain the bowels and prevent constipation

☑ **PEG 3350 (Lax-a-day®,Restoralax®, Relaxa®, Clearlax®):** Your child or teen will need to continue with these treatments once a day for 2 months or so to get back to a normal pattern of bowel movments.

The amount you give depends on your child's weight.

	Weight	Dose
	7 - 10 kg	2 teaspoons (10mL) in 100 mL fluid once a day
	11 - 13 kg	3 tsp (15 mL) in 150 mL fluid once a day
	14 - 17 kg	4 tsp (20mL) in 200 mL fluid once a day
	more than 17 kg	1 capful (25mL) in 250 mL fluid once a day

- Check your child's stools (use the Bristol stool chart). Decrease the dose of medicine if the stools are very loose or your child or teen gets cramps
- You can continue this medication for longer than 2 months if the constipation doesn't get better.

‼ 1 capful = 5 teaspoons (tsp) or 25 mL

☑ **Healthy diet** with plenty of fruits, vegetables and whole grains. Simple, unprocessed food is best.



☑ **Regular physical activity** helps keep the bowels moving. Children need at least 1 hour of moderate physical activity each day.

☑ **Bathroom routine**. It can take months to train the bowel back to a normal pattern. Take advantage of the body's normal urge to empty after meals. 20-30 minutes after each meal at home, have your child sit on the toilet or potty for 1 minute for each year of age (for example, 3 minutes for a 3 year old). Give your child a foot stool if needed. This will make your child more comfortable and give some support to let go of a bowel movement. Join your child to read a book together or chat and catch up! Younger children may like stickers on a chart for sitting on the toilet after each meal.

Constipation that goes on for a long time may lead to other problems or signal an underlying condition.

Contact your Health Care Provider if your child or teen:

- Has severe pain or pain lasting more than 30 minutes
- Gets a fever
- Has vomiting
- Loses weight
- Passes blood or mucous with soft stools
- Has abdominal swelling
- Wakes up from sleep to pass stool
- Keeps crying and you can't do anything that soothes your child
- Develops painful cracks in the skin around the anus (anal fissures)
- Has intestine drooping out of the anus (rectal prolapse)
- Is still constipated (stool type 1, 2 or 3 on the stool chart) after following the treatment plan (above) for 2 weeks

Want more info?

Telehealth Ontario 1-866-797-0000 Health Information from Registered Nurses, 24 hours a day, 7 days a week TTY: 1-866-797-0007

Ottawa Public Health Info Line 613-580-6744
Québec Info santé 811

Eat Right Ontario, www.eatrightontario.ca

