



Physician's Reference: Management of Functional Constipation

Constipation is defined as:

- Decreased frequency of bowel movements (generally every >3 days)
- Harder consistency of stool that is difficult or painful to pass
- Incomplete evacuation of BM

Successful treatment

- BM every 1-3 days
- Soft stools (type 4-5 stool on Bristol Stool Chart)
- Painless BM with feeling of complete evacuation

Additional considerations

- Limit or wean down medications unless needed. Management of constipation is best done with diet (high fiber diet, fluids) and healthy bowel habits. If medications are necessary, stool softeners (such as polyethylene glycol (PEG)) are safe for long-term use.
- Wait 1-2 days to see the effect of the therapy before changing/escalating treatment.
- Abdominal X-ray is not necessary to make the diagnosis of constipation, unless the patient has signs of obstruction (abdominal distension, vomiting). Constipation is a clinical diagnosis.

Indications for GI referral

- Associated abdominal distension
- Associated weight loss or failure to thrive
- Significant rectal bleeding. It is not unusual to have an occasional small amount of bleeding due to anal fissure
- Treatment failure using following plans

Treatment

Treating constipation is not an exact science. Plans can greatly vary based on individual patient needs. There are typically two phases to treatment – an aggressive, three-day cleanout phase and a maintenance phase.

Bristol Stool Chart

Type 1		Separate hard lumps, like nuts (hard to pass)
Type 2		Sausage-shaped but lumpy
Type 3		Like a sausage but with cracks on the surface
Type 4		Like a sausage or snake, smooth and soft
Type 5		Soft blobs with clear-cut edges
Type 6		Fluffy pieces with ragged edges, a mushy stool
Type 7		Watery, no solid pieces. Entirely Liquid

Commonly used medications are available over the counter:

Class	Drug	Typical concentration	Onset of effects
Osmotic laxatives (stool softeners)	PEG	1 capful/1packet = 17 gm; dissolve 1 capful in 4-8 oz water/liquid	May take 2-3 days
	Lactulose (Kristalose)	15 ml = 10 gm	
Stimulant laxative	Sennosides: Senna, Senokot, Ex-Lax etc.	1 tablet = 8.6 mg 1 Chocolate square = 15 mg 1 tsp liquid = 8.8 mg or variable	May take a day
	Bisacodyl (Dulcolax)	1 tab = 5 mg	
	Mineral oil		
	Mg Citrate	30 ml = 1.745 gm	
Rectal stimulants	Glycerin suppository		May take hours
	Bisacodyl suppository	1 suppository = 10 mg	
	Sodium phosphate (fleet) enema	1 pediatric enema = 66 ml (~2 oz)	

Best results are obtained when a stool softener is used in combination with a stimulant laxative.

Sample treatment plans

Age 0-2 years

Initial approach may include:

- prune/apple juice 2-3 oz. daily
- glycerin suppository
- rectal stimulation using Q tip or rectal thermometer
- consider limiting dairy intake

If no help, use ¼ capful PEG daily, with or without glycerin suppository

If no help, use ½ capful PEG daily, with or without glycerin suppository

Continue the dose of PEG that works; give glycerin suppository if no BM in 3 days

Toddlers and pre-pubertal children

Initial approach

- Limit dairy intake
- High fiber diet (age + 5 grams daily) – use soluble fibers such as ‘psyllium husk’
- Drink plenty of water
- Avoid withholding behavior
- Scheduled toilet times – before school, after every meal
- Encourage using bathrooms in school

Start PEG ½ capful daily

If no help, double PEG dose (max 6 capfuls daily) until stools are soft.

If no success add a stimulant medication (twice a week)

- age 2-3 years: ½ Ex-Lax, or 1 glycerin or dulcolax suppository
- age 3-6 years: ½ to 1 Ex-Lax or ½ pediatric fleet enema
- age 6 and above: 1-2 Ex-Lax or 1 pediatric fleet enema

Maintenance phase

- PEG – use the dose that worked before (every day)
- Stimulant medication – that worked before (twice a week)

Patients with purposeful withholding behavior due to control issues – referral to psychologist or behavioral therapist

Teenagers

Initial approach

- Limit dairy intake
- High fiber diet (age+5 grams daily) – use soluble fibers such as ‘psyllium husk’
- Drink plenty of water
- Avoid withholding behavior - encourage using bathrooms in school
- Scheduled toilet times – after every meal

Start MiraLax 1 capful daily

- If no success, double PEG dose (max 6 capfuls daily) until stools are soft
- If no success add a stimulant medication (twice a week): 1-2 Ex-Lax or 1 pediatric fleet enema

Maintenance phase

- PEG – dose that worked before (every day)
- Stimulant medication – that has worked before (twice a week)

Patients with purposeful withholding behavior due to control issues – referral to psychologist or behavioral therapist.

Please feel free to contact me at (919-235-6435 if you have questions.

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