



PATIENT INFORMATION

Constipation

Constipation is defined as:

- Decreased frequency of bowel movements (generally every 3 or more days)
- Stool is harder, making it difficult or painful to pass
- Incomplete evacuation of bowel movement (BM) – Cannot pass all of the stool

Diagnosing Constipation

Using the **Bristol stool chart** will help you tell your doctor the kind of BMs your child is having. It is important for your doctor to know this so he or she can properly diagnose and treat your child.

A normal stool should be types 4 and 5. Type 6 may be normal for infants. Types 1-3 may suggest constipation and types 6 and 7 may suggest diarrhea.

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

It is also important to tell the doctor:

- About any prescription and over-the-counter medications and vitamins and supplements your child takes
- If your child's abdomen (lower stomach) is swollen and/or hard (abdominal distension)
- If your child has lost weight or is not eating very much if at all

- If your child has a lot of rectal bleeding. It is not unusual to have an occasional small amount of rectal bleeding due to anal fissure.

Treating Constipation

Treating constipation is not an exact science. There are several treatment options to meet the unique needs of each child. Commonly used medications are available over the counter. Treatment typically includes diet changes and medications and has two phases – a three-day, **aggressive, cleanout phase** and a **maintenance phase**. Depending on your child's age, the doctor may recommend one of the following 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 the above approaches do not work by themselves, consider adding one of the following medications. Before you do, talk to your child's doctor. It is important to include your child's doctor in medical decision-making.

- ¼ capful polyethylene glycol (PEG) (also known as MiraLax, ClearLax, GlycoLax, etc.) daily, with or without glycerin suppository
- 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 phase

- 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

If the above approaches do not work by themselves, consider adding one of the following medications. Before you do, talk to your child’s doctor. It is important to include your child’s doctor in medical decision-making.

- Start polyethylene glycol (PEG) (also known as MiraLax, ClearLax, GlycoLax, etc.) 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 phase

- 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

If the above approaches do not work by themselves, consider adding one of the following medications. Before you do, talk to your child’s doctor. It is important to include your child’s doctor in medical decision-making.

- Start polyethylene glycol (PEG) (also known as MiraLax, ClearLax, GlycoLax, etc.) 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.

It may take a few days for the treatment to work. Contact your child’s doctor if you have questions or you do not feel the treatment is working after several days.

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