

# **Caring for Your Child's Constipation**

**Pediatric Gastroenterology**



**MICHIGAN MEDICINE**  
UNIVERSITY OF MICHIGAN

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# **Constipation in Children**

## **What behaviors may indicate a child is constipated?**

Constipation is a common problem in children. Children who are constipated will often hold their poop in their rectum and try not to go to the bathroom. In addition, they will:

- tighten their bottoms
- cry
- scream
- hide in corners
- cross their legs
- shake
- get red in the face
- dance around

Parents often will confuse these behaviors with trying to pass poop when actually children are trying to keep the poop from coming out.

## **What are other signs a child may be constipated?**

- A decrease in how often they poop and may skip days between pooping
- Hard, dry poop that can be large and clog the toilet
- Trouble pushing poop out of their rectum
- Pain with pooping
- Abdominal bloating, cramping or pain
- Small liquid stools or smears of stool in their underwear
- Children who poop every day can still have constipation

## **What causes constipation?**

Most times, there is no exact reason why children have trouble with constipation. Your child's health care team might call this, "Functional Constipation." The factors below are some things that might add to your child's trouble with constipation.

## **Diet**

Drinking water is the healthiest way to improve constipation along with fiber and physical activity. Not drinking enough water can contribute to constipation, and most children and adults in general do not drink enough water. Diets that are low in fiber and diets that are higher in fat can also cause constipation.

## **Lack of Physical Activity**

Exercise and physical activity help move food and waste through the intestines. Children who prefer to spend their time playing video games, computer games, reading, or watching TV may not be getting enough physical activity to promote normal stooling.

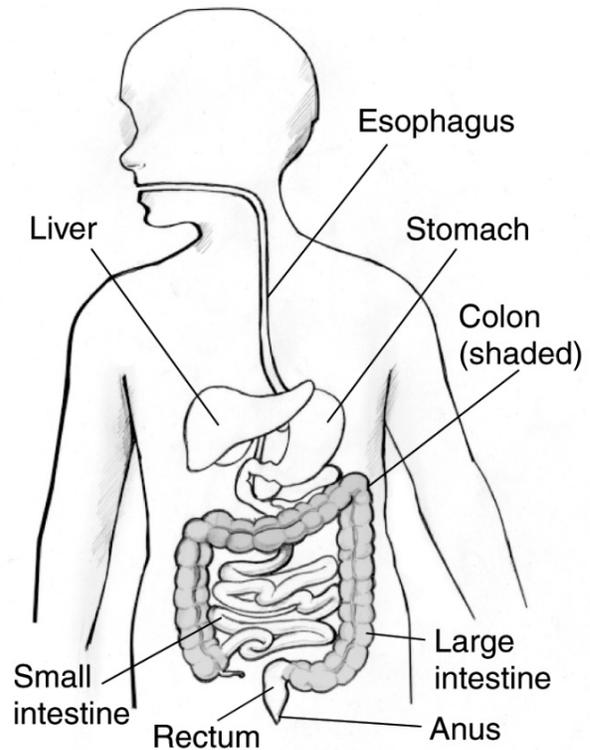
## **Holding in their stool**

- “Busy” Children: Some children are too busy or focused on playing to take a break to use the bathroom. They ignore their bodies’ signals that they need to go to the toilet for a poop.
- Bathroom Issues: Some children do not like to use public bathrooms. This is very common for kids who attend school. Sometimes there is not enough time or enough privacy at school so children hold their poop until they are at home.
- Emotional issues: Sometimes children may feel too much pressure to potty train and will resist potty training.

## **Why is constipation a concern?**

We know it is very difficult to see your child in pain, so it is important to treat constipation as soon as possible. If your child has trouble with constipation for a long time, this can create more serious concerns such as:

- Hard stools and passing large poops can cause a tear in the lining of the anus. This tear is called a fissure. Fissures can bleed and be painful. When it is painful to pass a poop, children are more likely to hold it in and make their constipation worse.
- When a child holds in their poop, over time the poop builds up inside the rectum, causing it to become larger and harder to pass. This can stretch out the rectum. Runny poop can leak out around this build-up of hard, large poop and cause the child to soil their underwear.



This soiling is called “encopresis” (in-co-pre-sis). Children may not feel this leakage of poop and are often not able to even smell that they have soiled in their underwear. Children may try to hide their underwear when this happens.

### **How is constipation diagnosed?**

During an office visit, a doctor or nurse practitioner will ask you questions about your child’s medical history and complete an exam. It is important to understand that how often a child poops, what the poop looks like, and how the child feels when passing poop all help determine if they are constipated or not. The doctor might ask questions like:

- How old was your baby when they had their first poop?
- How often does your child poop?
- Does your child complain of pain with pooping?
- Have you been trying to toilet train your child lately?

- Has there been a big change in the child's schedule like starting school?
- What is your child's diet like?
- Has your child had any increased stress lately?
- Does your child soil their pants? If so, how often?

As part of a thorough physical exam, your child often needs to have a rectal exam to make sure there is not a problem with the location or tone of the muscle. The doctor or nurse can help explain this special exam to your child before the exam is done.

### **What tests are used to help treat constipation?**

Testing is rarely needed to decide how to help your child. However, after talking to you and examining your child, additional testing may be helpful. These tests could include the following:

#### **Imaging Tests** (done in Radiology)

- **Abdominal x-ray:** An x-ray picture of the small and large intestine to evaluate the pattern of gas through the intestines and amount of stool in the large intestine.
- **Contrast enema** (rarely done after 1 year of age): A mixture using a type of dye (such as Barium) is put into the large intestine through the rectum to take x-ray pictures of the colon (large bowel). The dark color of the mixture makes the size and structure of the colon visible in the x-ray. This allows us to look for problems with the muscles that might be causing the constipation.
- **Spine X-ray/Spine ultrasound/MRI of spine:** In rare situations (more common in infants), we may want a better look at the lower spine. In these cases, we would ask for special testing to get good pictures of the lower spine structure.

## **Special Testing**

- **Anorectal manometry (motility testing):** This is a test using a balloon and a flexible tube that measures the strength of the muscles in the anus and nerve reflexes. It also helps determine if there is good normal tightening and relaxation of the rectum with the signals to poop.
- **Rectal biopsy** (almost never done above two years of age): A tissue sample is taken from the lining of the rectum to look at under a microscope for problems with the intestinal nerves. Usually, we are looking for something called Hirschsprung's disease.

Most children with constipation (around 90 out of 100) will have no long-term or recurring problems. However, if your child has other health issues, the management may be more complicated and be a frequent problem.

## **Treatment for Constipation**

### **How is constipation treated?**

The typical treatment for constipation is a three step process that involves:

1. Cleaning out all of the poop that is in the large intestine (Clean-Out).
2. Keeping the colon cleaned out by maintaining soft regular bowel movements (Maintenance).
3. Weaning off medication and treatment.

Your health care team will talk with you about your child's specific care plan to treat constipation.

This care plan is based on:

- Cause of the constipation, if one is found
- Your child's specific dietary needs
- Your child's age, overall health and any special care needs
- How long your child has had trouble with constipation

- Your child's ability to tolerate medications, tests or therapies
- How long your child may require treatment for constipation
- Your feedback on what works best for your child

The length of treatment varies with each child and their unique situation. It can often take months to help completely resolve constipation and any associated pain.

## **Medicines for Treating Constipation**

**Important tip:** All of these medications come in generic brands. Certain flavors may only be available in name brands. Using the generic version is absolutely acceptable. They are just as effective as name brands and often cost much less. The pictures and names listed below are just a sample of what is available.

### **Polyethylene glycol (MiraLAX®)**

- Other brand names are ClearLax®, Laxaclear®, Smoothlax®

#### **How does it work?**

- Softens the poop by holding water inside.
- It is a white powder. It has no taste, smell, or color. It dissolves completely in liquid like water, juice, or sports beverages. It does not dissolve well in things like milk, orange juice, or carbonated drinks.

#### **How do I give the medication?**

- One dose is one capful which measures 17 grams or 4 teaspoons.
- Measure a capful of MiraLAX in 8 ounces of liquid, half of a capful in 4 ounces, or a teaspoon of MiraLAX in 2 ounces.



(Polyethylene glycol (MiraLAX®) medications)

## Senna

- Other brand names are Ex-lax®, Fletcher's®, Little Tummys®, Senokot®
  - Fletcher's is root beer flavored
  - Fleet's® Pedia-lax brand has grape flavored strips (may only be available online)
  - Ex-lax has chocolate chewables available

## How does it work?

- Increases and stimulates the activity of the bowel to help move the stool through.
- Comes in pills, liquids, capsules, chewables, and powder granules.

## How do I give the medication?

- Mix the liquid with juice, milk or sweet foods to improve the taste.
- Give this medicine at bedtime if your child is taking it once a day.

## Are there any side effects?

This medicine can cause cramps. Cramps mean the medicine is working and your child's intestine is trying to push the poop through. If your child feels cramping, this is a sign that they should go sit on the toilet and have a bowel movement.



(Senna medications)

## Bisacodyl (Dulcolax®)

Some brands are:

- Dulcolax®
- Ex-Lax Ultra®
- Correctol®

How does it work?

- Stimulates the bowel to move the stool through, helps keep water in the stool to keep it soft
- Works within 6-10 hours

How do I give the medication?

- Give on an empty stomach with water. Do not crush, swallow pill whole. Comes in pill form only.
- This is sold over the counter as pills, suppositories, and enemas. Your child should take the pill form.



(Bisacodyl (Dulcolax®) medications)

## Milk of Magnesia

- Fleet's Pedialax® brand are watermelon-flavored chewables
- Phillip's® brand has a concentrated liquid that is strawberry flavored (concentrated means your child would need a smaller amount).
- Liquid form has a chalky taste. It may taste better mixed with powder flavorings like Nestle Quick®. It tastes best cold.

### How does it work?

It works by pulling water into the colon causing the colon to squeeze more.

### How do I give the medication?

- It comes in many forms such as pills, liquids, chewable tablets.
- Your doctor or nurse practitioner will give you the dose specific for your child and their needs.
- Works best if you drink a full glass of water (8 ounces) after you take the medicine.



(Milk of magnesia medications)

## Magnesium Citrate

- The kind your child needs is the liquid (most often a glass bottle)
- Tastes best if very cold
- Grape, cherry, and lemon flavored



(Magnesium citrate medications)

## Docusate

- Other brand names are Colace®, Stool Softener®, Kaopectate®, and Docusoft®

## How does it work?

- Softens the poop by pulling water into the stool.

## How do I give the medication?

- Comes in pills, liquid, and capsules.
- Liquid has a bitter taste. Mix it with milk, fruit juice, or infant formula to hide the taste.



(Docusate medications)

## Enema

- Also called “Fleets”
1. First give mineral oil enema. Allow it to sit and soften stool for about one hour.
  2. Next give Sodium phosphate (or saline) enema. This will help clean the stool out after it has softened (about 4 hours later).

**First:** Mineral Oil



**Second:** Sodium Phosphate or saline



## Treating Constipation: Tips for Success

There is no quick fix for constipation, for this reason it is very important that you develop a routine and stick to it. Long-term success depends on how well you can follow the care plan. This treatment will take many months of hard work for you and your child.

### Medications

Your child's doctor or nurse practitioner may prescribe medications to help keep your child's bowel movements soft. It is very important for your child to take these medicines. They have two purposes:

1. They help your child to have regular, soft, and painless bowel movement.
2. Over time it will help the colon to return to its normal shape and function and muscle tone. Please **do not** give your child stool softeners without the approval of a doctor or nurse practitioner.

### Diet and Exercise Changes

#### Diet

Making these dietary changes can help your child with both the constipation and soiling:

- Add more fruits and vegetables (increased fiber)
- Add more whole grain cereals and breads (increased fiber)
  - Diets high in fiber usually help but can worsen constipation if your child does not drink enough water with a high fiber diet. Check with your health care provider about how much fiber your child needs every day.
- Encourage your child to drink more fluids, especially water
  - Limit sugary drinks like juice, soda, colas, and punch
- Limit fast foods and junk foods that are high in fats and simple sugars
- Limit whole milk to 16 ounces a day for children over 2 years of age

- Our goal is to get stool moving through the intestine and prevent constipation, but foods higher in fat like fast food and whole milk slow down digestion leading to slower movement of stool through the intestine.

### **Meal scheduling**

Plan to serve your child's meals on a regular schedule. Often, eating a meal will cause children to feel the urge to poop (called the gastrocolic reflex) This is because when you fill the stomach, the colon contracts. Serve breakfast early so your child does not have to rush off to school and miss the opportunity to poop.

### **Exercise**

Increasing the amount of exercise children get can also help. Exercise helps digest food by pushing food forward in the intestines. Encourage your child to do activities that require them to move around, rather than activities where they are sitting (watching TV and playing video/computer games).

### **What bowel habits should I teach my child?**

- Encourage your child to sit on the toilet at least twice a day for 3-5 minutes, preferably 15-30 minutes after a meal. Make this time pleasant. Do not scold or criticize the child if they are unable to poop.
- Giving stickers or other small rewards and making posters that chart your child's progress can help motivate and encourage them.
- Until the lower colon regains muscle tone, children may still soil. Pre-school children may be able to wear a disposable training pant until they regain bowel control.
- Taking a change of underwear or pants to school can help decrease your child's embarrassment and improve their self-esteem as bowel control improves.

- Talk to school teachers about your child's need to be able to go to the bathroom at any time. Many children prefer privacy in bathrooms and will avoid going to the bathroom at school.

## **Soiling (Encopresis)**

Children with encopresis, also called soiling, can have either full bowel movements or leak a small amount of stool into their underclothes or on themselves. Soiling is very common, occurring in at least 2 out of 100 children.

### **What causes Encopresis?**

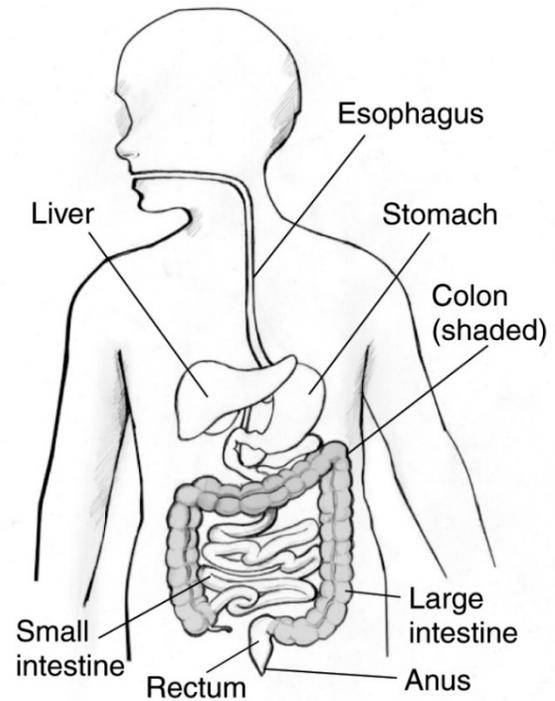
Soiling usually occurs with constipation. Constipation often begins when children hold their stool ("with-holding") to prevent bowel movements. In order to hold in their poop younger children will tighten their bottoms, cry, scream, hide in corners, cross their legs, shake, get red in the face or dance around. Parents will often confuse these behaviors with trying to pass poop when it is usually the opposite. Some reasons that children start holding bowel movements or be at increased risk constipation include:

- Pain before, during, or after pooping
- Illnesses
- Hot weather
- Changes in diet and not drinking enough fluids (especially water)
- Travel
- Diaper rashes that cause pain when the child has a bowel movement
- Having to use bathrooms that offer less privacy than children than at home. This is especially important for older school-age children.
- Not taking the time out during play or other activities to go to the bathroom when children feel the urge to poop

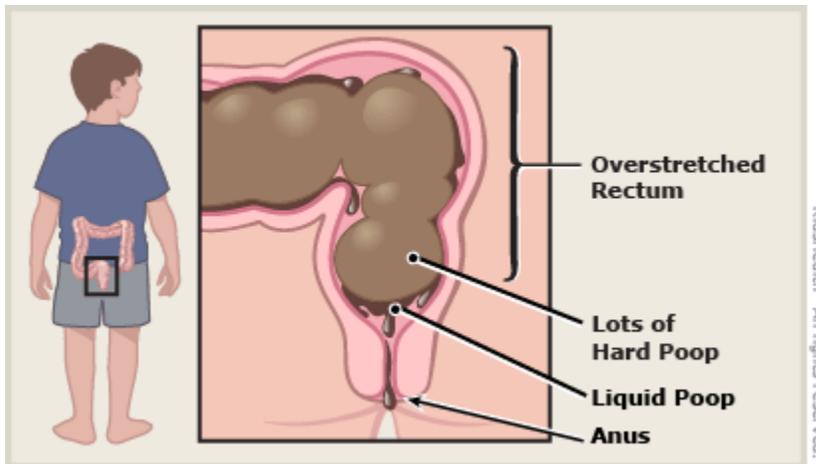
## How does Encopresis Happen?

When children hold in their poop, the lower colon fills up. Over time this can cause the rectum and lower colon to stretch out of their normal shape and lead to large hard stool balls in the rectum.

The more a child holds in poop, the more the colon stretches allowing the poop to become larger and harder. This makes pooping even more painful. When this happens over and over again, the colon becomes so stretched and floppy that the muscles children use to help push out poop do not work well.



Soiling happens when hard poop can get stuck and only liquid can pass around the hard poop. The stretched nerves become less sensitive and the child does not feel the leaking poop.



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Children who have emotional or behavioral issues can have trouble with soiling. There are more serious medical problems that children are born with that can cause encopresis, but these are rare. Your health care team will talk with you more about these causes if indicated.

### **What are some signs of soiling?**

Some children will hold their poop in for many days then pass a very large, hard stool. This poop can be so large that it clogs the toilet but children will also leak liquid poop at the same time. Often parents of children who soil will share that their children use a lot of toilet paper trying to clean themselves. Some children will refuse to poop in the toilet at all.

### **Other things you can see in children who soil:**

- They may hide their soiled underwear or clothes
- Children who have trouble with soiling often cannot feel or even smell that they have soiled, even if others can.
- They may also have trouble with bedwetting or have urine accidents
- Children may get teased causing them to not want to go to school or to play with friends

### **How is Encopresis diagnosed?**

Your doctor or nurse practitioner will examine your child and obtain a medical history. Testing is rarely required but might include:

- Abdominal x-ray - a test to evaluate the amount of stool in the large intestine.
- Contrast enema - a test that checks the intestine for blockage, narrow areas and other abnormalities.

## **How is it treated?**

Treatment for soiling will be guided by child's healthcare team with you and your child's input.

Treatment includes:

- Cleaning the hard stool out of the lower colon
- Keeping bowel movements soft so the stool will pass easily
- Toilet sitting for 5 minute periods three times a day, usually after meals
- Retraining the intestine and rectum to gain control over bowel movements

## **Managing Constipation and Encopresis: Tools for Success**

Children respond to praise. You can see it in their face. Giving your child positive feedback is a key part of helping your child manage constipation or soiling. There are many ways to give positive feedback to children of all ages. Here are some tools that you can use:

### **Tool: Sticker Chart**

A sticker chart is an easy way to reward your child's positive behaviors. It can be as simple as a blank piece of paper that you post on the refrigerator door. You and your child may choose to design the sticker chart or use a calendar page. The chart will be used to place stickers that your child earns for things like:

- sitting on the toilet
- taking medication
- pooping on the potty
- not soiling, letting you know that they have to go to bathroom
- taking care of their own clothes if soiled

### **Thinks to keep in mind when using a sticker chart:**

#### **Do:**

- be consistent-always give stickers and verbal praise promptly
- focus on the positive, give stickers for positive behaviors
- give verbal praise with each sticker
- set goals-after getting 10-15 stickers, and provide a reward

#### **Don't:**

- take stickers away once child has earned that sticker

#### **Rewards ideas:**

- healthy snacks (you can make these together)
- sugar free gum
- special stickers-flashy, cute, sporty
- cool pencils
- trinkets
- alone time with parents
- go to the park
- play catch
- play board game
- art projects
- stay up five minutes later at bed-time

### **Tool: Positive Rewards Game**

This game allows you and your child to design and choose the rewards in a form of a board game. The basic idea behind the game is that your child moves along the game board by completing their bowel management behaviors. As your child moves along the spaces of the game, they receive rewards. The goal

of the game is to help your child be successful in using the toilet and reduce accidents while having fun.

**Things that you might need:**

- large paper
- poster board
- markers
- crayons
- stickers
- colored pencils
- glue
- work space
- dedicated time to make the game

**Game creation steps:**

1. Ask your child what theme they want for the board game. (Sports, Candy Land<sup>®</sup>, Legos<sup>®</sup>, race track, princesses, etc.)
2. Design the board game so it will last for one month (about 300 spaces).
3. Each space on the board game is worth one point.
4. Every 10th space is a special space that should look different than the other spaces (this space will be a special reward space).
5. Make a point system with your child. For example:
  - 1 point for:
    - Taking medicine
    - Toilet sitting
    - Clean day
  - 2 points for:
    - Putting poop in the potty where it belongs
6. Each point that is earned will be filled in with a sticker on that space.
7. Praise your child with each point earned.

8. Every time your child reaches a 10th space, they get to pick something from a list called the “rewards menu”.
- Choose and discuss the prizes on the “rewards menu” with your child before the start of the game. You have the final say as to what goes on the prize menu. Prizes should be free to inexpensive.

Your child will progress through all the spaces to the finish line at the end of the game. At the end of the game, your child should get a “Grand Prize.” You should discuss and choose this prize like the prizes on the rewards menu with your child at the beginning of the game. The “Grand Prize” should be a bigger reward but should be affordable for your family. Ideas for the “Grand Prize” might include:

- Allowing your child to have a friend visit
- Special night out with family
- Going to a movie
- Letting your child stay up an extra 30 minutes past bedtime

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