



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.

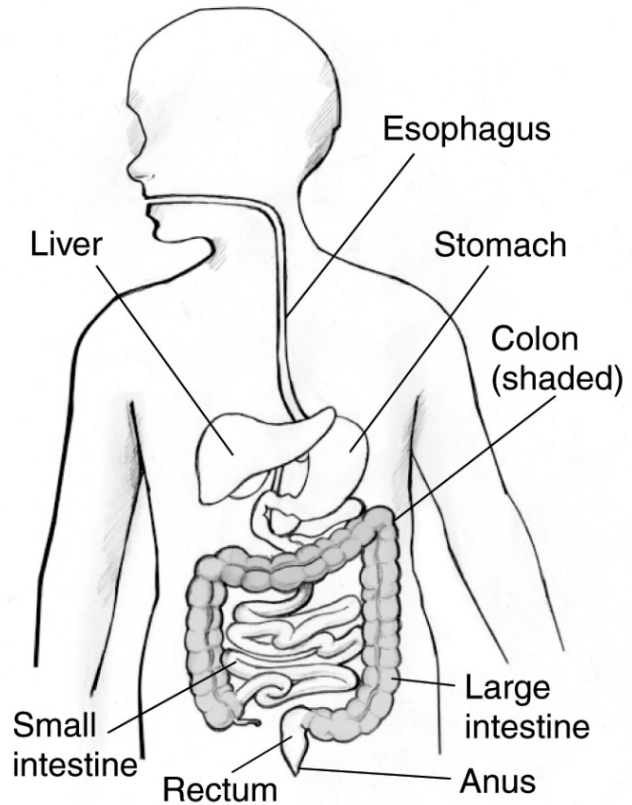
Holding In Their Stool

- “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.

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