

Constipation/retentive soiling

Background

A problem not a disease
Very common
Can be managed in primary care
Stool softeners (often up to 12 months) required and are safe
Rectal therapies strongly discouraged
Pitfalls – inadequate clearout, early cessation of medication and poor compliance

History

- Hard, infrequent stools
- +/- overflow staining
- Blood per rectum
- Effects on child and family
- parental reaction / stress

Examination

- height/weight centiles
- Abdominal palpation for stool masses
- anal inspection (not rectal examination)
- underlying causes – eg Cerebral Palsy / Spina bifida

Investigations

Plain Xray not routinely recommended

- Barium enema / TFT's / Ca ++ not recommended

Treatment

- increased fluid intake
- post-meal sits for 10 minutes
- Maintain soft daily stools ('toothpaste consistency')
- Prolonged use of softeners
- Titrate doses up and down to achieve desired stool consistency

FIBRE-RICH FOODS

for older children
Wholegrain cereal
Whole grain and wholemeal bread
Wholemeal biscuits
Brown pasta/rice
Fruit/Dried fruit
raisins / prunes
Peas and beans
Lentils, Kidney beans
Ensure Adequate fluid intake
Avoid excess milk
Avoid bran in young children

SOFTENERS

PEG 3350 (Movicol Paediatric) is first line and may be mixed with cold drink (increase dose to allow disimpaction)
Lactulose 2.5-20 mls bd is alternative

STIMULANTS

Bisacodyl 5-10 mg once daily for 3-5 days
Senna 2.5-20 ml daily
Picosulphate 2.5-20 mg daily for 3-5 days

Red Flags – referral to paediatric care

Delayed passage of meconium > 24 hours

Failure to thrive

Indolent constipation from birth

Large (> 5mm) fleshy perianal tags
Deep perianal fissures
Other features of inflammatory bowel disease

References

NICE CG 99 2011
Paris Consensus J

Pediatr

Gastroenterol Nutr 2005 ;40(3): 273-5

Pediatrics 2011 ; 28(4) : 753-61

TAKE HOME MESSAGES

Can and should all be managed in primary care
Is a marathon and not a sprint
PEG 3350 is the preferred medication
Very few require investigation/referral

This algorithm has been produced by the National Paediatric and Neonatology Clinical Programmes. It is aimed at medical, nursing and allied health professionals working in both primary and emergency care settings.

Further amendments following suggestions of QIP committee of ICGP . Secondary care treatment denoted in **PINK**

Revision number:	1.0	Document drafted by:	National Paediatric and Neonatology Clinical Programme
Date of Last Update:	21/1/13	Document Status:	Draft
Approval date:		Document approved by:	
Revision date:			