

Constipation in Children

What is constipation?

Constipation is defined as either a decrease in the frequency of bowel movements, or the painful passage of bowel movements. Children 1 – 4 years of age typically have a bowel movement 1 – 2 times a day and over 90% of them go at least every other day. When children are constipated for a long time they may begin to soil their underwear. The medical term used to describe the soiling occurring in chronically constipated children is encopresis. The child is unaware of the soiling and can NOT control it. For additional information on Encopresis, [press here](#).

How common is constipation?

Constipation is very common in children of all ages. Of all visits to the pediatrician, 3% are in some way related to this complaint.

Why does constipation happen?

At least 25% of visits to a pediatric gastroenterologist are due to problems with constipation. Millions of prescriptions are written every year for laxatives and stool softeners.

In some infants, straining and difficulties in expelling a bowel movement (usually a soft one) can be simply due to an immature system, with rectal muscles not relaxing at the right time. It should be remembered that some healthy breast fed infants could skip several days before having a movement. Later, constipation can start when the child's diet does not include enough fiber or fluids.

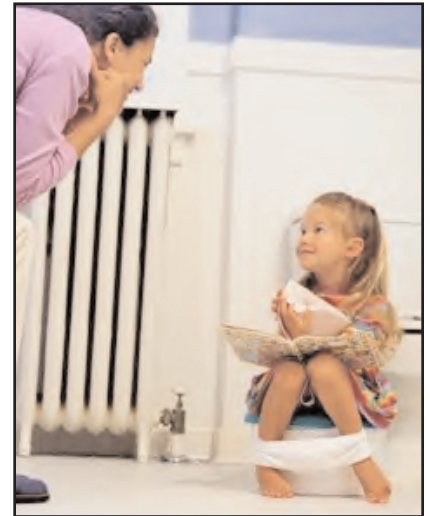
Once the child has been constipated for more than a few days, the retained stool can fill up the large intestine (the colon) and cause it to stretch. An over-stretched colon cannot work properly and therefore, more stool is retained. To pass a large and hard bowel movement then becomes a painful experience for the child, who would naturally avoid going to the bathroom (“withholding behavior”).

SPECIFIC INSTRUCTIONS:

In children, constipation can begin when there are changes in the diet, the time of toilet training, following travel, or after a viral illness. Older children can begin withholding when they need to go to the bathroom but are reluctant to use the toilet outside of their home. School or summer camps, with facilities that are not clean or private enough, are common triggers for withholding in this age group.

How does your health care provider know this is a problem?

- ◆ If your child has hard or small stools that are difficult to pass
- ◆ If your child consistently skips days without having normal bowel movements
- ◆ If your child has large stools and painful bowel movements
- ◆ Other symptoms that can accompany constipation are stomach pain, poor appetite, crankiness, and bleeding from a fissure (tear in the anus from passing hard stool).



In most cases there is no need for testing prior to treatment for constipation. However, sometimes, depending on the severity of the problem your doctor may order X-rays or other tests to clarify the situation.

How is constipation treated?

Treatment of constipation varies according to the source of the problem and the child's age and personality. Some children may only require changes in diet such as an increase in fiber, fresh fruits, or in the amount of water they drink each day.

Other patients may require medications such as stool softeners or, on occasion, laxatives. Stool softeners are not habit forming and may be taken for a longtime without worrisome side effects.

A few children may require an initial “clean-out” to help empty the colon of the large amount of stool. This typically entails the use of laxatives by mouth or even suppositories or enemas for a short period of time.

It is often helpful to start a bowel training routine where the child sits on the toilet for 5 – 10 minutes after every meal or before the evening bath. It is important to do this consistently in order to encourage good behavior habits. Praise your child for trying. If not yet toilet trained, however, it is best to wait until constipation is under control.

For more information on treatment of Constipation/Encopresis, [press here](#) or to locate a pediatric gastroenterologist in your area please visit our website at: www.naspghan.org

IMPORTANT REMINDER: This information from the North American Society for Pediatric Gastroenterology, Hepatology and Nutrition (NASPGHAN) is intended only to provide general information and not as a definitive basis for diagnosis or treatment in any particular case. It is very important that you consult your doctor about your specific condition.

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