

# Constipation

## I. Definition

### A. Diagnostic Findings:

- **Painful passage of stools:** The most reliable sign of constipation is discomfort with the passage of a bowel movement (BM).
- **Inability to pass stools:** These children feel a desperate urge to have a BM, have discomfort in the anal area, and strain, but are unable to pass anything.
- **Infrequent bowel movements:** going 4 or more days without a BM can be considered constipation, even though this may cause no pain in some children and can even be normal for a few.

### B. Common misconceptions in defining constipation:

- Large or hard BMs unaccompanied by any of the conditions just described are usually normal variations in BMs. Some people have hard BMs daily without any pain.
- Babies less than 6 months of age commonly grunt, push, strain, draw up their legs, and become flushed in the face during passage of BMs. However, they don't cry. These behaviors are normal and should remind us that it is difficult to have a bowel movement while lying down.

### C. Cause:

- Constipation is often due to a diet that does not include enough fiber.
- Drinking or eating too many milk products can cause constipation.
- It's also caused by repeatedly waiting too long to go to the bathroom.
- **NOTE:** If constipation begins during toilet training, usually the parent is applying too much psychological pressure (see Toilet Training Basics).

### D. Expected Course:

- Changes in the diet usually relieve constipation. After your child is better, be sure to keep him on a nonconstipating diet so that it doesn't happen again.
- Sometimes the trauma to the anal canal during constipation causes an anal fissure (a small tear). This is confirmed by finding small amount of bright red blood on the toilet tissue or stool surface.

## II. Home Care

### A. Diet treatment for infants (less than 1 year old):

- **Less than 4 months old:** Give fruit juices (like grape or prune juice) twice a day. Also, switching to soy formula may also result in looser stools.
- **More than 4 months old:** add strained apricots, prunes, peaches, pears, plums, beans, peas, squash, and apples to your baby's diet.

### B. Diet treatment for older children (more than 1 year old):

- **Fruits and Vegetables:** Make sure that your child eats fruits or vegetables at least 3 times a day (raw unpeeled fruits and vegetables are best). Some examples are prunes, figs, dates, raisins, peaches, pears, apricots, beans, celery, cucumber, lettuce, and cabbage. A puree of kidney beans can be made in a blender, 1-2 tablespoons of this puree can be added to tomato sauce or soups without the child knowing.
  - a. **WARNING:** avoid any foods your child can't chew easily!!!
- **Increase bran:** Bran is an excellent natural laxative because it has high fiber content. Make sure that your child's daily diet includes a source of bran

### C. Sitting on the toilet (for those children who are toilet trained):

- Encourage your child to establish a regular bowel pattern by sitting on the toilet for 10 minutes after meals, especially breakfast. If your child is resisting toilet training by holding back, stop the toilet training for a while.

#### D. Natural laxative medicine:

##### a. Miralax

- Mix 1 cap of miralax in 8 oz of water, juice, Gatorade etc. This solution can be kept in the refrigerator for 1 week.
- Give the following daily dose depending on your child's wt
- 22 lbs = 2 oz, 44 lbs =4 oz, 66lbs = 5 oz
- After 80lbs give adult does as on bottle
- These are the starting doses, increase every 4 days a small amount till your child has soft stools. Decrease likewise if too soft.

#### E. Mineral oil:

- Mineral oil may sometimes be prescribed for resistant cases. Mineral oil should never be used for more than two weeks.
- **Dose:** 1 tablespoon for each 30lbs of body weight. Your child's dose is \_\_\_\_\_.
- If after 48 hours there is no result or there is leakage of mineral oil around the stool, more is needed. Increase the dose to: the above dose plus 1 teaspoon more, every other day until the desired result is obtained.
- After several days of soft, easily evacuated BMs, start decreasing the dose by 1 teaspoon every other day, till no more is given.
- **Note:** it is important to follow the above diet while giving mineral oil so that when the mineral oil is removed, the constipation will be controlled by diet alone.

#### F. Common mistakes in treating constipation:

- Don't use any suppositories or enemas without your physician's advice. These can cause irritation or fissures (tears) of the anus, resulting in pain and stool holding.
- Do not given your child strong oral laxatives without asking you physician because they can cause cramping and can become habit-forming.

#### G. Enemas for acute constipation:

- If your child has acute rectal pain needing immediate relief and your physician has said it is OK to give an enema, one of the following will usually provide quick relief: glycerin suppository, a gentle rectal dilation with a lubricated finger (covered with plastic wrap), or a normal saline enema. **DO THIS ONLY UNDER PHYSICIAN ADVICE!!!!!!**
  - a. The normal saline solution is made by adding 2 teaspoons of table salt to a quart of lukewarm water.
  - b. The amount of normal saline to be given to children at various ages is:
    - **1 year-** 4 ounces; **1-3 years-** 6 ounces; **3-6 years-** 8 ounces; **6-12 years-** 12 ounces; **Adolescent to adults-**16 ounces.
- Your child should lie on his or her stomach with knees pulled under him. The enema tube should be lubricated and inserted 1 ½ to 2 inches into the rectum. The enema fluid should be delivered gradually by gravity, with the enema bag no more than 2 feet above the level of the anus. Your child should hold the enema until a strong need to have a BM is felt (2-10 minutes).
  - a. **NOTE:** If you do not have an enema apparatus, you can use a rubber bulb syringe.
- **NOTE:** using enemas with hydrogen peroxide, soapsuds, or tap water is dangerous!

### III. Call our Office:

#### A. Immediately for advice about enema or suppository use if:

- Your child develops extreme pain.
- Pain becomes constant AND persists for more than 2 hours.

#### B. During office hours if:

- Your child does not have a BM after 3 days on the nonconstipating diet.
- The anal area develops any tears (or fissures) that won't heal.
- Your child soils himself (leaking BM).
- Constipation becomes a recurrent problem for your child.
- You have other concerns or questions.

Adapted from B.D Schmitt, M.D., author of “Your Child’s Health,” Bantam Books.

Provided as a service to medicine by Wyeth Pediatrics, makers of SMA\* and Nursoy\* infant formulas.

\*Registered Trademark

Copyright 1986-1991 Clinical Reference Systems, Ltd