

PARENTAL
INFORMATION

Constipation





Constipation

Symptoms of constipation appear relatively frequently in childhood. If children are constipated, considerable patience and a consistent therapy for restoring a normal bowel movement is required.

The normal bowel movement

- Breast-fed infants:
10x/d to once every 10 days
- Bottle-fed infants:
approx. every 1-2 days
- Toddlers, children, adults:
approx. every 2 days

Constipation

- The infant / child continually has abdominal pains in connection with the bowel movement
- Defecation of small, hard faecal lumps (scybalum), partial evacuation of soft stool (diarrhoea-like), possible before or after
- Children who were clean beforehand suddenly have traces of stool again in their underwear or involuntary stool discharge
- Blood on toilet paper or light deposits of blood on the stool due to small cracks in the mucous membrane in the anus (rhagades) is possible
- Infrequent vomiting

Causes

The bowel movement can become firmer due to various factors (change in diet, infectious diseases, malnutrition, travel, reluctance to go to the toilet) and the child experiences that the bowel movement is painful.

Therefore the child starts to voluntarily or involuntarily hold back stool and does not go to the toilet. As a result, the stool becomes even harder and the child once again has pain when defecating. A vicious circle emerges. If this vicious circle is not interrupted, the child accumulates more and more stool in the large intestine. An overflow occurs: paradoxically, the child suddenly has diarrhoea, can involuntarily shed stool or have stool streaks (stool smearing) in their underwear. The problem should be clarified and consistently treated at the latest then.

Various influences can have a negative effect on your child's stool behaviour (such as malnutrition or

not enough exercise). But these factors are never the sole cause of constipation.

Serious illnesses as a cause of constipation are rare. Sometimes certain medications (iron preparations) can lead to impaired defecation. Occasionally there are children with whom the rectum is not properly supplied by nerves (Hirschsprung's disease). These children suffer from constipation from birth onwards.

Treatment

- Enemas: sometimes the hard clumps of stool must be taken out of the rectum by means of an enema. But this should happen in consultation with a doctor and may not be utilised as a sole measure against constipation.
- Laxatives (purgatives): the vicious cycle of constipation often has to be interrupted by means of medications. These purgatives soften the stool and therefore enable a pain-free bowel movement. No dependency ensues, even if laxatives are regularly taken over a long period of time.
- Age-appropriate, healthy well-balanced diet
- «Toilet training»: an activation of the intestine and possibly defecation (gastro-colic reflex) occur after every meal due to the intake of food. That is why the child should be placed on the toilet 1-3 times per day after eating in order to utilise this reflex. It is important that a good position for the child is kept in mind (footstool to prop up the legs so that the child does not «dangle» in the toilet bowl).
- By all means avoid: do not stimulate/manipulate the anus with the fever thermometer, because this can lead to injuries.



When should you consult a doctor?

- If your child complains about persistent, increasingly stronger abdominal pains
- If your child has severe diarrhoea (with/without vomiting)
- If your child suffers from constipation since birth or since a long time
- If your child repeatedly has admixtures of blood or mucus in stool
- If your child no longer gains weight
- If you are worried about your child for any other reason

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UNIVERSITY
**CHILDREN'S HOSPITAL
ZÜRICH**

 *The hospital of the
Eleonore Foundation*

Universitäts-Kinderspital Zürich
Lenggstrasse 30
CH-8008 Zürich

www.kispi.uzh.ch
Telefon +41 44 249 49 49