The Poo Passport

From 1 year of age

For the child and parent

Part 2 of 2

Please use in combination with the Poo Passport Part 1

Give this booklet to the parent

Patient name: _____

Date of Birth: _____

PHN name: _____

GP Name: _____

Date of next appointment:

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-
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-
-

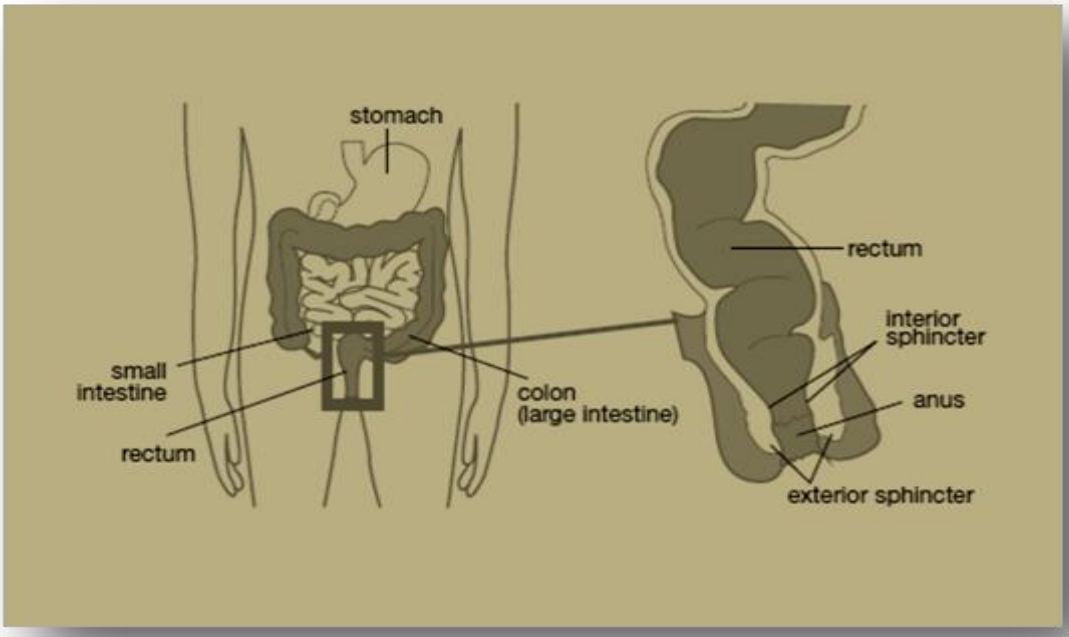
NORMAL BOWEL FUNCTION

Defaecation (having a poo) is a complex process that we sometimes take for granted – until there is a problem! The process involves your abdominal and pelvic muscles and also your anal sphincters.

When the rectum is full of poo the internal sphincter is told to relax to let the poo out. However the external sphincter will hold in poo until we have found a toilet and then we relax this muscle to let the poo out.

We also have what is called the 'gastrocolic reflex'. When we eat a meal, the stomach distends and sends a signal to the rectum to contract. This is why we feel like making a poo after a meal. The reflex can take up to 30 minutes to work. This is the reason you are told to bring your child to the toilet 20-30 minutes after eating their main meals.

Infants will defaecate without realising until they reach Toilet Training age – approximately 2 and half or 3 years of age.



CONSTIPATION

Constipation is a very common condition in children and occurs when your child does not pass a stool often enough. Your child has been diagnosed with Idiopathic Constipation. This means there is no known cause for it. However, there are a number of risk factors:

RISK FACTORS FOR CONSTIPATION

- Poor diet and/or low fluid intake
- Avoidance of passing stool (often a consequence of the fear of pain when passing stool or embarrassment)
- Not enough exercise
- Change in daily routine
- Medications (eg. cough medicines, anticonvulsants, antihistamines)

It is reassuring to know that there is nothing structurally amiss and that it can be treated. However, it will **take time, effort and patience**. Medication may need to be used for what seems like a long length of time **but this is necessary**. Your child may initially need a 'clear out' dose of medication. This means that the back log is being cleared out. Once this is done it is extremely important to stay on medication as directed by your doctor. **Do not stop giving medication unless you speak with your doctor.**

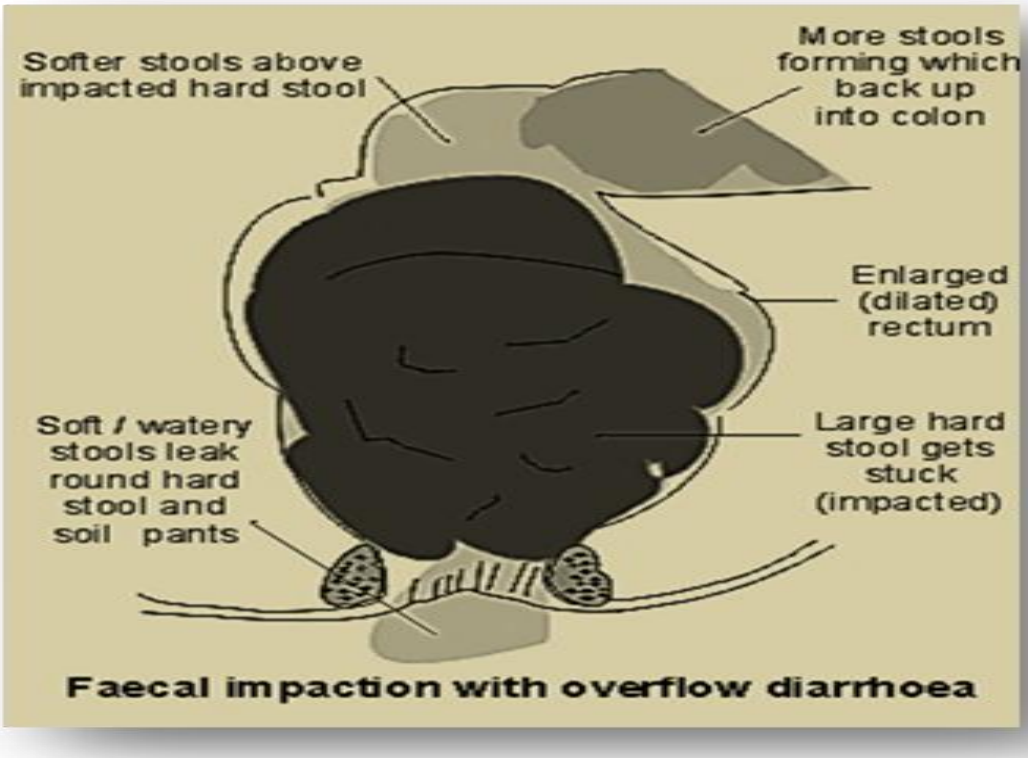
It is a common misconception that long term use of medication is harmful- **it is not**. In order for your child to gain control of their bowel motions it is important that the stool is kept soft and moving. It is sometimes necessary to repeat the 'clear out' medication at certain intervals. This again may become frustrating but it is common for stool to build up again. Medications may need to change and/or doses adjusted until the correct formula is reached for your child. This is why it is so important that you and your child keep a diary of what is happening.

CONSTIPATION WITH SOILING

Some children with long-term constipation may also have a soiling problem. When your child has been constipated for some time, the poo builds up and starts to stretch the rectum or lower bowel. This can mean your child loses the 'need to go' feeling because the rectum is always stretched. Poo can then leak out because your child has no control. Your child is therefore unable to control the soiling.

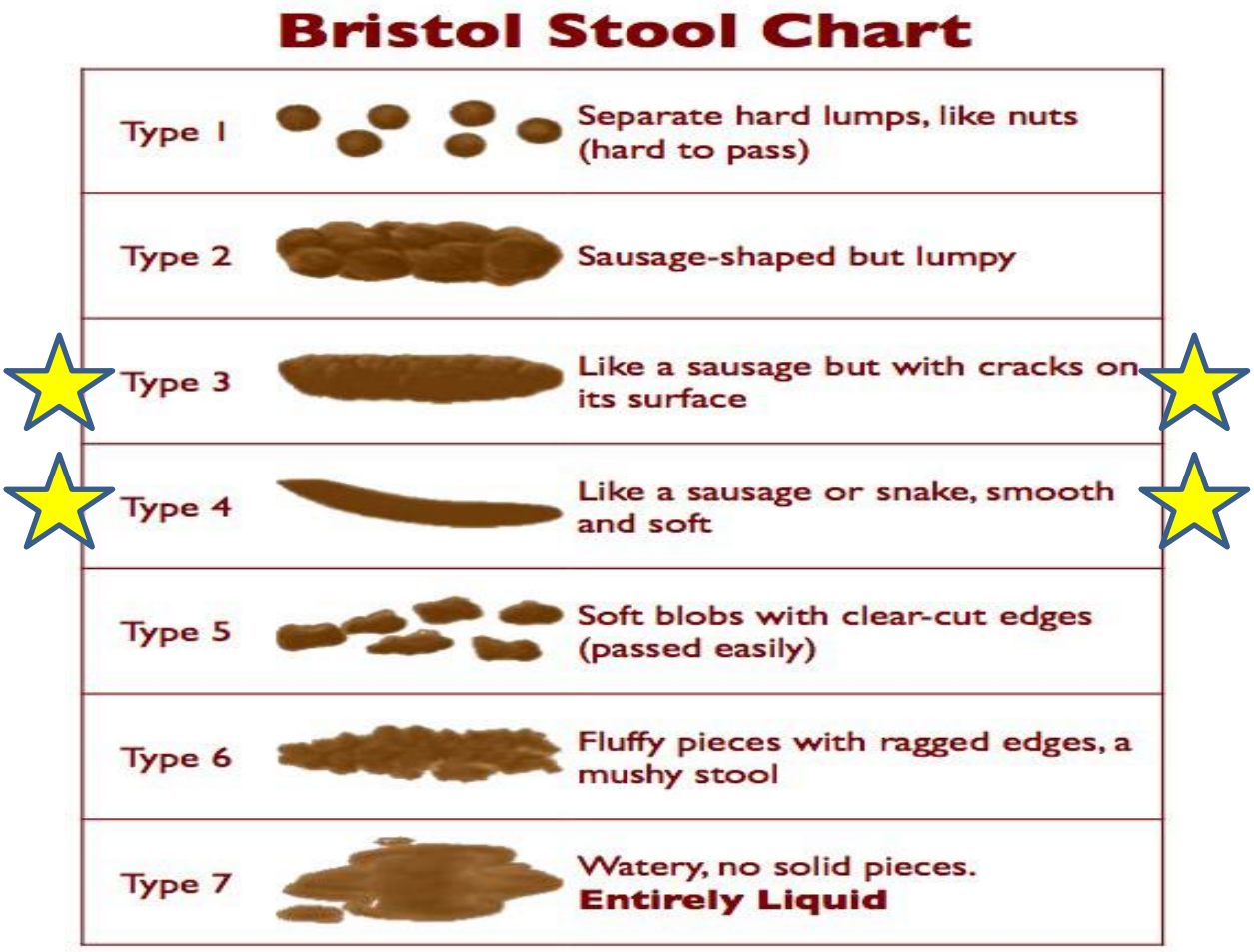
Soiling is usually because of constipation.

Soiling is a source of major tension within a family where the parents believe that the soiling is intentional and that the child is just misbehaving. The child, through shame or fear, may hide the soiled underwear thus confirming the parent's impression of bad behaviour. By emptying out the rectum with the 'clear out' medication and maintance medication this problem should resolve over time



DIFFERENT TYPES OF POO

The bristol stool chart is used to describe the type of stool your child is passing. It is important that you know what type of poo that is being produced as it can tell your doctor a lot. For instance, type 1 can indicate constipation as they are generally hard little lumps that look like rabbit droppings. Also some children will pass type 7 poo along with type 1 and this can be overflow diarrhoea with constipated stool. Involve your child with deciding what their poo looks like and keep it recorded in the diary section.
Type 3 & 4 are the ideal poo as they are soft and easy to pass.



TREATMENT PATHWAY

Medication alone will not cure constipation. We must look at the risk factors contributing to the problem and fix these issues too.

Solving constipation takes time – it is a marathon, not a sprint.

STEP 1: Diagnose Idiopathic Constipation

STEP 2: Empty out the build-up of poo – DISIMPACTION

STEP 3: Identify areas of daily routine that need modification, i.e. – fluid and dietary intake, toileting pattern, exercise.

STEP 4: Keep on medication until such time that your child is passing poo without problem and has stopped soiling only after discussing this with your doctor.

STEP 5: Keep a record of intake, poos passed and medication taken each day.

MEDICATONS FOR CONSTIPATION

There is a variety of medications/laxatives that the doctor may prescribe for your child to help treat their constipation. These medications may need to be taken regularly for some time before your child's bowels return to normal. They will not make your child's bowel "LAZY".
The types of laxatives available for children are divided into different groups depending on how they work:

BULK-FORMING LAXATIVES

- Used if fibre intake is low
- Increase size of stool so stimulating peristalsis
- Must have an adequate fluid intake
- Do not take before bedtime
- Once mixed with water , drink immediately
- Used in management of haemorrhoids & anal fissures
- E.G: Fybogel (over 6years of age only)

STIMULANT LAXATIVES

- Stimulant laxatives which stimulate contractions of the muscles in the bowel, shortening the time it takes stool to pass through the bowel.
- Some can take 8-12 hours to work
- E.G: Senna (Senokot), Bisacodyl (Dulcolax), Docusate Sodium, Glycerol, Sodium Picosulphate

STOOL SOFTENERS

- As the name suggests, these products ease the process of passing stool by softening the stool and lubricating its passage through the anus.
- E.G. Liquid Paraffin, Olive Oil Enema

OSMOTIC LAXATIVES

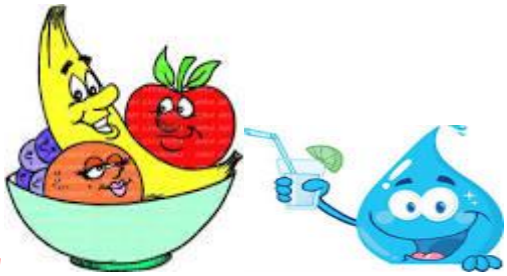
- This group of medications work by drawing fluid from the body into the bowel or by retaining the fluid it is taken with, so softening and increasing the bulk of the stool.
- Some of these medications can take 24-48 hours to act.
- E.G: Lactalose, Macrogols (Movicol), Magnesium Salts, Phosphates (Fleet), Sodium Citrate (Micolette Micro-Enema)

PLEASE KEEP MEDICATIONS LOCKED AWAY FROM CHILDREN IN A SAFE PLACE

IF YOU ARE CONCERNED ABOUT THE EFFECT OF LAXATIVES ON YOUR CHILD AT ANY TIME YOU SHOULD CHECK WITH YOUR DOCTOR.

DO NOT STOP MEDICATIONS WITHOUT CONSULTING YOUR HEALTHCARE PROVIDER

FLUIDS & FIBRE



What goes in must come out!

It is imperative that your child has a healthy well balanced diet. Take note over a few days of what your child is eating and drinking – are they honestly reaching the recommend fluid and fibre intake for their age? It can be difficult to achieve this but make small changes every day and gradually habits will change.

FLUIDS

	Total water intake per day, including water contained in food	Water obtained from drinks per day
Infants 0–6 months	**700 ml assumed to be from breast milk**	
7–12 months	**800 ml from milk and complementary foods and beverages**	**600 ml**
1–3 years	**1300 ml**	**900 ml**
4–8 years	**1700 ml**	**1200 ml**
Boys 9–13 years	**2400 ml**	**1800 ml**
Girls 9–13 years	**2100 ml**	**1600 ml**
Boys 14–18 years	**3300 ml**	**2600 ml**
Girls 14–18 years	**2300 ml**	**1800 ml**

TIPS FOR INCREASING FLUIDS

- ❖ Encourage plenty of non-fizzy drinks for example, water, fruit juice and squash.
- ❖ Avoid excessive milk consumption as children can easily fill up with milk resulting in a poor dietary intake.
- ❖ For children who find it difficult to increase the amount they drink, try to include foods that contain high fluids e.g. gravy, sauces, soups, custard, jelly, ice lollies and fruit
- ❖ For babies, try giving cooled boiled water between feeds

FIBRE

HOW TO CALCULATE HOW MUCH FIBRE YOUR CHILD NEEDS:

Childs age in years + 5 grams for children over 2 years of age.

E.g: if your child is 7 years old, then you calculate it as

7 + 5 = 12.

Therefore a 7 year old should be eating 12 grams of fibre a day

TIPS FOR INCREASING FIBRE

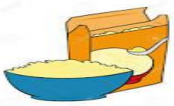
Try to include some of the following fibre containing foods at each meal/snack:-

- Add linseed to breakfast cereals and yogurts (drink plenty of water if adding linseed to cereal)
- Wholemeal bread or Best of Both breads
- Wholemeal pasta and brown rice
- High fibre biscuits such as digestive, fig rolls, cereal and muesli bars
- Homemade muffins with wheatbran added
- Fruit and vegetables
- Pulses e.g. baked beans, kidney beans, chickpeas and lentils. These can often be added to Bolognese, soups, sauces, stews, casseroles for example.
- Potatoes and jacket potatoes with skin left on

A HIGH FIBRE AND FLUID DIET IS A HEALTHY DIET AND IS SUITABLE FOR ALL THE FAMILY.YOU SHOULD ENCOURAGE A REGULAR MEAL PATTERN AND INCREASE THE WHOLE FAMILY'S FIBRE AND FLUID INTAKE AT EVERY MEAL.
BY DOING THIS YOU WILL INCREASE THE WATER CONTENT OF STOOLS MAKING THEM SOFTER AND EASIER TO PASS.

The next few pages detail the amount of fibre in common popular foods. Try at least one new food a week and give it a few tries, don't give up after the first refusal, it can take a few attempts to develop a taste.

BREAKFAST CEREALS



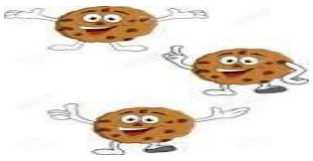
TYPE	PORTION	FIBRE G'S
ALL BRAN	SMALL BOWL	7.2
BRAN BUDS	SMALL BOWL	6.6
MINI SHREDDED WHEATS	SMALL BOWL	3.4
BRAN FLAKES	SMALL BOWL	2.6
RAISIN SPLITZ	SMALL BOWL	2.3
MUSELI	SMALL BOWL	2.0
SULTANA BRAN	SMALL BOWL	2.0
WEETABIX	1 BISCUIT	1.9
FRUIT'N'FIBRE	SMALL BOW;	1.4
COUNTRY STORE	SMALL BOWL	1.2
CORNFLAKES	SMALL BOWL	0.2

NUTS

OVER 5'S ONLY DUE TO RISK OF CHOKING

TYPE	PORTION	FIBRE G'S
PEANUT BUTTER	THICKLY SPREAD	1.4
ALMONDS	6	1.0
PEANUTS	10	0.8
BRAZILS	3	0.6

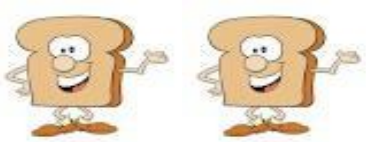
BISCUITS & PASTRIES



TYPE	PORTION	FIBRE G'S
WHOLEMEAL SCONE	1	2.6
CERAL BAR	1	1.0

OAT CAKES	1	0.7
JACOBS FIG ROLL	1	0.7
CRACKER	1	0.4
RICH TEA	1	0.4
DIGESTIVE BISCUITS	1	0.3

BREAD



TYPE	PORTION	FIBRE G'S
WHOLEMEAL PITTA	1 MINI	1.8
WHOLEMEAL BREAD	1 SMALL SLICE	1.5
BROWN	1 SMALL SLICE	0.9
HIGH FIBRE WHITE	1 SMALL SLICE	0.8
HOVIS	1 SMALL SLICE	0.8

VEGETABLE

TYPE	PORTION	FIBRE G'S
BROAD BEANS	2 TABLESPOONS	7.8
RED KIDNEY BEANS	2 TABLESPOONS	4.3
BUTTER BEANS	2 TABLESPOONS	3.7
PEAS	2 TABLESPOONS	3.0
BAKED BEANS	2 TABLESPOONS	3.0
CHICK PEAS	2 TABLESPOONS	2.9
POTATO WITH SKIN	1 SMALL	2.7
CORN ON THE COB	1	2.7
BROCCOLI	2 SPEARS	2.4
CARROTS	2 TABLESPOONS	2.0
SPINACH	2 TABLESPOONS	1.7
LENTILS SPLIT-BOILED	2 TABLESPOONS	1.5
POTATOES-NEW	2	1.2
OVEN CHIPS	SMALL PORTION	1.2

CABBAGE	2 TABLESPOONS	1.1
LEEKS	STEM	1.1
SWEETCORN	2 TABLESPOONS	0.9
TURNIP	1 TABLESPOON	0.8
BEETROOT	4 SLICES	0.8
TOMATOES-RAW	1 SMALL	0.7

RICE&PASTA

TYPE	PORTION	FIBRE G'S
WHOLEMEAL SPAGHETTI	3 TABLESPOONS	3.1
BROWN BOILED RICE	2 HEAPED TABLESPOONS	0.6

FRUIT

TYPE	PORTION	FIBRE G'S
PEARS	1 MEDIUM	3.3
DATES-DRIED	5	3.0
AVOCADO	½	2.6
PRUNES-DRIED	5	2.3
ORANGE	1 SMALL	2.0
BLACKBERRIES	10	1.5
MELON-CANTELOPE	1 SLICE	1.5
APPLE	1 SMALL	1.3
FRUIT COCKTAIL	SMALL BOWL	1.2
KIWI FRUIT	1MEDIUM	1.1
BANANA	1 MEDIUM	1.1
PEACH	1 MEDIUM	1.1
RASPBERRIES	10	1.0
PINEAPPLE	1 LARGE SLICE	1.0
GRAPEFRUIT	½	1.0
MANGO	1 SLICE	1.0
STRAWBERRIES	5	0.7

GRAPES	10	0.6
RAISINS	1 TABLESPOON	0.6
TANGERINE	1 SMALL	0.6
PLUM	1 SMALL	0.5

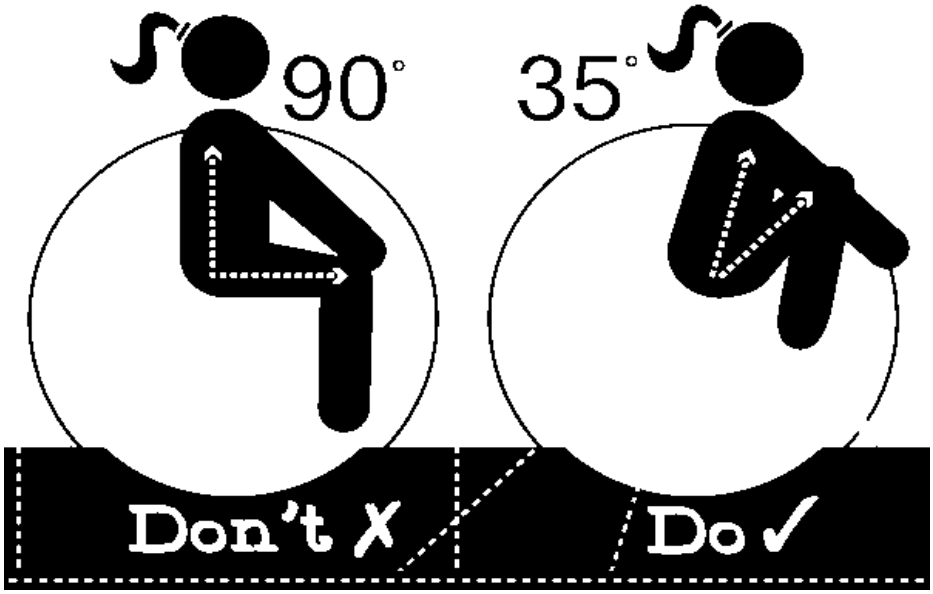
TOILETING TIPS

It can prove difficult to get your child to sit on the toilet, let alone correctly!
Children tend to find that they haven't the time to spend on the toilet and so quickly hop on and off it without concentrating on what they should be doing! Correct positioning can help to empty the bowel more efficiently- here are a few tips on achieving this.

- Make sure the bathroom is warm and inviting! Close the windows and maybe put up some posters for your child to look at.
- Take advantage of the body's natural 'gastrocolic reflex'. This is strongest in the morning and about 20-30 minutes after main meals.
- Try to keep to a routine, using the toilet around the same times every day and also when your child says they feel the need to go – always respond to the body's urge to poop!
- Stay with your child. Do not leave the child sitting on the toilet by themselves for long periods of time.
- Ensure the toilet is comfortable to sit on. Some children fear that they will fall into the toilet and so it is important to get an add-on seat for smaller children.
- A footstool is very important to ensure your child has good support for their feet.

- Put some toilet paper into the bowl first so that there is no splash back when a pooh is passed. Some children get a fright if there is a splash!
- When sitting on the toilet your child should be able to lean forward and rest their elbows on their knees with their knees higher than the hips
- Your child should be relaxed when sitting on the toilet and not straining.
- Talk to your child when following these steps so that they know what you are trying to achieve.

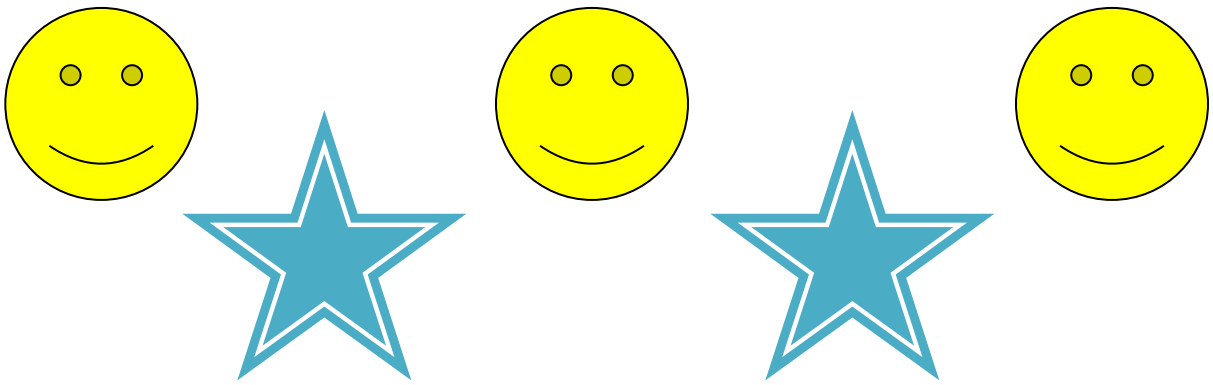
CORRECT TOILET POSITION



MAKE IT FUN

The success or failure of the whole treatment programme rests with the child's adherence to this sitting regime so <u>make it as fun as possible</u>

- Allow your child to blow bubbles or blow up a balloon so to increase their inter-abdominal pressure.
- Encourage your child to flush the toilet as part of the process of going to the toilet. You can put some food colouring into the cistern and your child can guess what colour the water will be as a way of making a game of it.
- Teach your child how to wash their hands after using the toilet.
- Use a sticker reward chart to praise positive behaviour
- Avoid letting your child use anything that may distract them while on the toilet eg computer games/mobile phones as this may prevent them from concentrating on making a poo.



EXERCISE

Regular *physical activity* helps stimulate normal bowel function. Children should be active for at least 60 minutes a day. Include the whole family and make it fun! Ideal activities include cycling, swimming and going to the playground.

Physiotherapy can help too!

Your physiotherapist can provide instructions on activities to stretch and strengthen your abdominals and pelvic floor muscles. Deep breathing exercises and being regularly physically active can also stimulate the bowels and ease constipation.

Here are some exercises for you to try at home…

1. **Frog Squat**

   This exercise mimics the squatting position that is helpful for using the toilet, stretching the pelvic muscles to prepare for pooping and peeing. Do this at the end of the day when the muscles are tightest.

Instruct your child to squat down to the ground with feet wide apart, heels on the ground, knees spread wide apart and hands on the ground like a sitting frog.

Have your child look up, as if she is a frog looking for flies. Now, have her take deep breaths and be patient as she waits of the flies to come.

Tell your child to place her palms together with her elbows pushing against the inside of her knees or to keep her hands on the floor for balance. Have her straighten her back and lean slightly forwards, feeling a gentle stretch between her legs. Hold for 10 – 15 seconds and repeat 3-5 times.

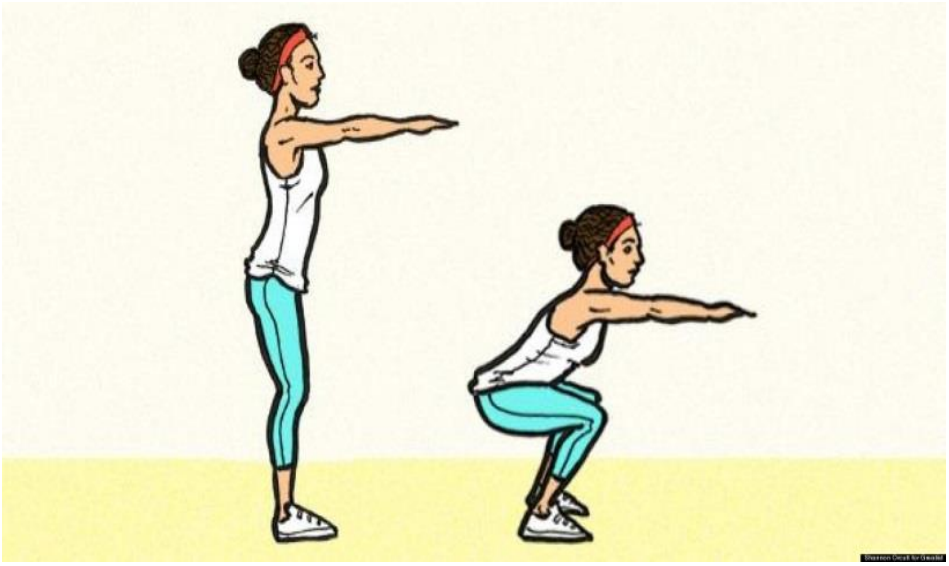
2. Press Up

This exercise strengthens the spinal muscles and stretches the abdominals in addition to massaging the colon and the tissues surrounding the bladder and rectum. Have your child lie on the floor on his belly with his palms flat on the floor under his shoulders. He should keep his hips and legs on the floor.

Instruct your child to slowly press up his head, shoulder and chest, as if peeling himself off the floor. Tell him to lift his head as high as he can, like a cobra. Have him relax his belly when he is all the way up. Hold it for 5 seconds and slowly lower to starting position. Repeat x 10

3. Invisible Chair

This exercise strengthens the lower back muscles and helps train the child to keep his spine straight as he leans forward on the toilet. This exercise stretches the potty muscles which get tight from holding pee and poop and from sitting down.



Have your child pretend to sit on a low chair; feet shoulder distance apart and reaching forward with her arms, tailbone pointing back. Instruct her to lower slowly until she is two or three inches above the chair, keeping her weight on her heels. Have her hover over the “chair” for 5 seconds and then stand back up. Repeat x 10

4. Kiddie Kegals

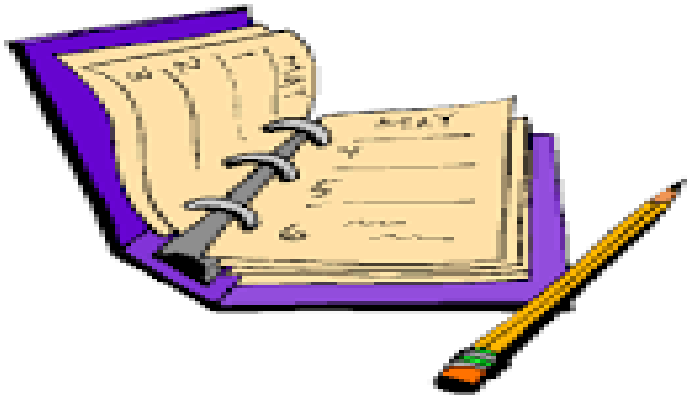
These exercises strengthen and improve the coordination of the muscles you use to go to the toilet.

1. Have your child either lying down with knees bent up or sitting with legs crosses (tailor style). If sitting, tell her to lean slightly forward so that her back is straight and her elbows rest on her knees.
2. Relax in the position for 2 -3 seconds without holding your breath.
3. Instruct your child to take a deep breath in and as you exhale and count aloud as she squeezes her bottom muscles. Tell her to imagine pulling the openings where her poo and pee come out up towards her belly button or to imagine trying to stop passing wind.
4. It is important that she does not squeeze her buttocks or tighten her abs or inner thighs.
5. Have your child relax all her muscles for 10 -15 seconds.
6. Repeat this ten times several times a day if possible.
7. To check if your child is activating the right muscles, when your child is going to the bathroom, ask them to try to stop the flow of urine. Then switch off the muscles to continue peeing. This uses the pelvic floor muscles responsible for bladder control.

5. **Belly breathing**

1. Lay on the floor or sit up straight with your feet supported.
2. Put one hand on your chest and the other hand over your belly.
3. Breath in slowly through your nose to fill up your lungs all the way to the top, as you feel your belly, abdomen and chest expanding out like a big balloon. It may help to rest a teddy on your tummy to watch it rise and fall as you breath in and out!
4. Now open your mouth and slowly blow out all of the air back out of your lungs, letting your belly sink down flat as if deflating that imaginary balloon.
5. Do it slowly - inhale to the count of 3 seconds and exhale to the count of 6.
7. Keep your shoulders as relaxed as possible; they should not rise as you inhale. Repeat x 10

DIARY



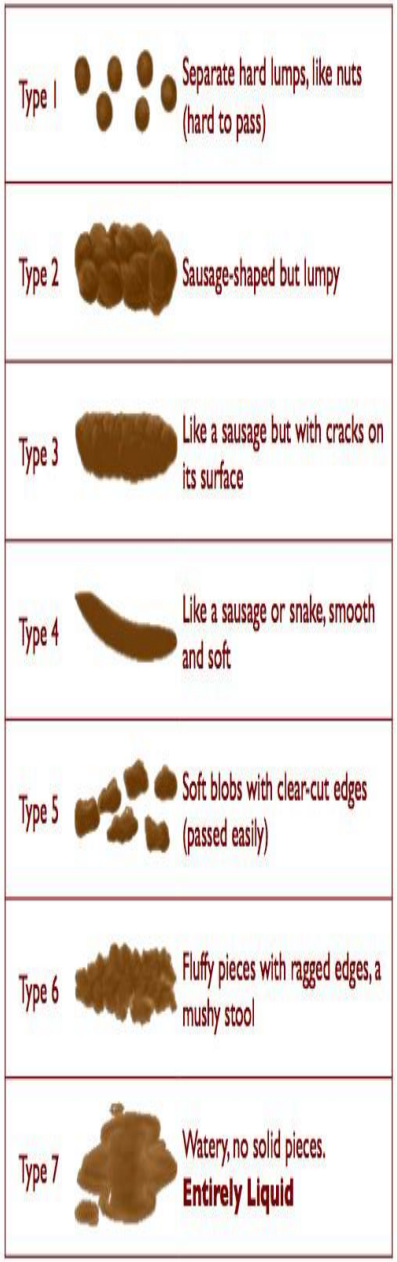
☺Update diary daily with your child, encouraging them to participate

☺It is easier to see a change in pattern when it is written down

☺Be truthful about how much they are drinking and eating

☺Use the Bristol Stool Chart to document types of poo.

Bristol Stool Chart



DAY &TIME	FIBRE AMOUNT	FLUID AMOUNT	TYPE OF POOH	MEDICATION TYPE & AMOUNT

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Bristol Stool Chart

Type 1		Separate hard lumps, like nuts (hard to pass)
Type 2		Sausage-shaped but lumpy
Type 3		Like a sausage but with cracks on its surface
Type 4		Like a sausage or snake, smooth and soft
Type 5		Soft blobs with clear-cut edges (passed easily)
Type 6		Fluffy pieces with ragged edges, a mushy stool
Type 7		Watery, no solid pieces. **Entirely Liquid**

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DAY &TIME	FIBRE AMOUNT	FLUID AMOUNT	TYPE OF POOH	MEDICATION TYPE & AMOUNT

MEDICATION PLAN

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
DULCOLAX							
SENOKOT							
MOVICOL							
DULCOSOFT							
DULCO LIQUID							
LIQUID PARAFIN							

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY

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Guidelines on treatment adapted from National Institute for Health and Care Excellence. Constipation in children and young people: diagnosis and management of idiopathic constipation in primary and secondary care 2010: bit.ly/1$_2$Wt 2FU

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