

Constipation/Retentive Soiling

BACKGROUND

- Chronic constipation with fecal incontinence is commonly seen by general practitioners
- It affects 4% of preschool children and 2% of school children
- Male:female ratio of 3:1
- Stool softeners are often required for up to 12 months and are safe
- Rectal therapies are strongly discouraged
- Pitfalls of treatment include inadequate clear out, early cessation of medication and poor compliance

DEFINITIONS

Chronic Constipation

- Two or more of the following in the past 8 weeks:
 - ✓ < 3 bowel movements per week
 - ✓ > 1 episode of fecal incontinence per week
 - ✓ Large stool in rectum
 - ✓ Passing of stool that obstructs the toilet
 - ✓ Retentive posturing with withholding behaviours
 - ✓ Pain on defecation

Fecal Incontinence

- The passage of stool in an inappropriate place

REFERENCES

- NICE Guideline CG99 May 2010: *Constipation in children and young people*
- The Paris Consensus J *Pediatr Gastroenterol Nutr* 2005; 40(3): 273-5

HISTORY

- Frequency of defecation
- Consistency of stool
- Soiling or incontinence
- Bleeding per rectum
- Treatments tried
- Effects on child and family

EXAMINATION

- Centiles
- Palpate abdomen for masses
- Inspect perianal area for anal fissure
- Examine back and spine for spina bifida
- Ankle jerks

INVESTIGATIONS

- Urinalysis to exclude UTI
- Plain X-ray not routinely recommended
- Barium enema/TFTs/Ca²⁺ not recommended

TREATMENT

- Ensure adequate fluid intake
- Avoid excess milk
- High fibre diet
- Post-meal sits for 5-10 minutes
- Disimpaction with Movicol
- Stimulants or lactulose can be added
- Maintenance treatment with Movicol to achieve soft daily stools with "toothpaste consistency"

TAKE HOME MESSAGES

- Constipation can and should be managed in primary care
- It is a marathon, not a sprint
- Movicol (PEG 3350) is the preferred medication
- Very few require investigation or referral

REFERRAL

- Delayed passage of meconium > 24 hours
- Failure to thrive
- Indolent constipation from birth
- Abdominal distension/vomiting
- Perianal abnormalities (large tags, fissures)
- Features of inflammatory bowel disease
- Abnormal neurological exam
- Spinal abnormalities

FIBRE-RICH FOODS

- Wholegrain cereal
- Wholegrain and wholemeal bread
- Brown pasta/rice
- Vegetables e.g. beans, sweet corn, peas
- Lentils
- Fruits e.g. berries, passion fruit, kiwi
- Dried apricots, raisins, figs, prunes

STOOL SOFTENERS

- PEG 3350 (Movicol Paediatric) is first line and may be mixed with a cold drink
- Increased dose used to achieve disimpaction
- Lactulose 2.5-20ml BD is an alternative

STIMULANTS

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

BOWEL FITNESS TRAINING

- Regular sits for 5-10 minutes after meals
- Should be continued for at least 6 months