

## CHRONIC CONSTIPATION

### TREATMENT AND INFORMATION SHEET (Adapted from ACH GI Clinic)

**Treatment should only be started with the approval and guidance of your physician.**

- Many children develop chronic constipation; which can cause irritability, cramps, and poor appetite
- Constipated children withhold stool because having a bowel movement is painful.
- This can enlarge the lower bowel (rectum) and cause soiling of stool.
- Because they cannot feel it, children usually have little control over the soiling,
- The goal is to have one moderate-sized soft, pudding-like consistency and painless bowel movement every day with no soiling.
- Most children need treatment for a minimum of 4-6 months.
- Adequate fluid intake is essential for any of the following therapies to be effective.

#### **□ Fleet Enema**

Instructions:

For children over 2 years of age, give one fleet enema:  Pediatric OR  Adult every 12 hours until clear, up to a total of 4-6 enemas over 2-3 days: i.e. one enema in the morning, the other enema in the evening.

- Fleet enemas can be bought at the local pharmacy.
- If there is no bowel movement from an enema, do not immediately repeat with another enema: give one again in 12 hours.
- Do not continue to give the enemas if the enema fluid itself does not come out.

#### **□ Mineral Oil or Lactulose (Stool softeners)**

Instructions:

Give \_\_\_\_\_ mL of mineral oil each night at bedtime.

Dose: 1-3 mL per kilogram per day up to a maximum of 60 mL (4 tablespoons).

Give \_\_\_\_\_ mL Lactulose \_\_\_\_\_

Dose: 1-3 mL per kilogram per day up to a maximum of 60 mL (4 tablespoons).

- Do not use mineral oil in children under 1 year of age or those who cannot protect their airway.
- Adjust the amount of mineral oil or lactulose up or down by 5 mL (1 teaspoon) every 2-3 days up to a maximum of 60 mL (4 tablespoons), until your child has one bowel movement each day.
- When weaning, decrease by 5 mL (1 teaspoon) every 2-3 days - do, not stop suddenly.
- To reduce the possibility of inadequate vitamin absorption, give mineral oil 2-3 hours after the evening meal. It may be mixed with chocolate milk or fruit juice. Shake well or mix in a blender.
- If your child is leaking mineral oil into their underpants and is having at least one bowel movement a day decrease the dose of mineral oil.
- If your child is leaking mineral oil into their underpants and is not having a daily bowel movement, give one fleet enema that evening.
- If you are having trouble getting your child to take mineral oil, mineral oil popsicles may help.

## **Mineral Oil Popsicles**

### *Ingredients:*

1-85 gram package Jello jelly powder                    ·250 mL (1 cup) half and half cereal cream  
250 mL (1 cup) hot water                                    250 mL (1 cup) mineral oil

### *Directions:*

Mix jelly powder and hot water together in a large bowl. Set aside and cool to room temperature. Stir in cream and mineral oil. Pour into a blender or food processor and blend well. Pour evenly into 8 popsicle molds and freeze. Each popsicle contains 30 mL (2 Tbsp.) mineral oil.

## **□ Dulcolax (Bisacodyl)**

Dulcolax is intended for occasional use only when the child has not had a stool after 2-3 days of stool softener use. Use as directed by physician.

### Instructions:

- Suppository:  
6-11 yrs - ½ suppository once daily as needed  
>12 yrs – 1 suppository
- Tablets:(do not crush or chew)
- 6-11 yrs - 1 tab once daily as needed
- >12 yrs – 1-3 tabs once daily as needed

## **□ Polyethylene Glycol 3350 (PEG3350)** (*Lax-A-Day, Restoralax, Relaxa, Pegalax*)

### Instructions:

Give \_\_\_\_\_grams of PEG3350 orally once daily.

Dose: start at 1 g/kg/day. Children >15 kg can start at 17g (adult dose).

Maintenance doses usually range from 0.5 -1.5 g/kg/day.

- Measure dose using an appropriate medicine cup. Each brand has their own measuring device that measures out 17 grams = 25 mL =1.5 level tablespoons. For other doses, some approximate equivalents would be:
  - 4 grams = 5 mL = 1 level teaspoon
  - 7.5 grams = 10 mL = 2 level teaspoons
  - 12 grams = 15 mL = 1 level tablespoons
  - 20 grams = 30 mL = 2 level tablespoons
- Mix powder in approximately 1 cup (240mL) of fluid, such as water, *Crystal Lite*, *Kool-Aid*, juice, tea or milk. Note that smaller volumes of fluid can be used for doses less than 30 g.
- Adequate FLUID INTAKE is required throughout the day for effectiveness. (REFER TO CHART BELOW)
- Initially it may take 2-4 days to produce a bowel movement
- Increase by ¼ of a dose every 3-5 days until desired goal is achieved or decrease dose by ¼ of a dose if child develops persistent diarrhea.
- PEG3350 is tasteless, odourless, grit-free and gluten-free
- Do not use colonoscopy preparation products PEG3350 with electrolytes products, such as *Go-Lytely*, *PegLyte*, *Colyte* etc.

## **No Bowel Movement?**

- If your child has no bowel movement after 2-3 days, increase the mineral oil, PEG3350 or lactulose and stay on this dose. Also increase water and fibre intake.
- After increasing the dose, if your child still has no bowel movement after 2-3 days, give one fleet enema that evening and increase the mineral oil, PEG3350 or lactulose.

## **Fluid Intake**

- Increase intake of water and other fluids.
- This helps make bowel movements more frequent and regular.
- The following table gives a recommended fluid intake based on weight - these are guidelines only.
- Individual fluid needs may be different. Extra fluid may be needed if you are very active, as well as during dry winter months and on hot summer days.

<b>Guidelines for Recommended Fluid Intake</b>	
<b>Weight</b>	<b>Fluid needed per day</b>
5 kg (11pounds)	½ litre = 500mL = 16 ounces
10 kg (22 pounds)	1 litre = 1000mL = 32 ounces
15 kg (33 pounds)	1 ¼ litre = 1250mL = 40 ounces
20 kg (44 pounds)	1 ½ litre = 1500mL = 48 ounces
25 -35 kg (55-77 pounds)	1 ¾ litre = 1750mL = 62 ounces
>35 k~ (>77 pounds)	>2 litres = >2000mL = >70 ounces

## **Diet and Fibre Intake**

Encourage your child to eat a non-constipating diet. Have your child eat plenty of fruits and vegetables every day (raw ones are best). Some examples are figs, dates, raisins, peaches, pears, apricots, celery, cabbage and corn.

Bran is an excellent natural laxative because it has a high fiber content. Have your child eat bran daily by including such foods as the new "natural" cereals, bran flakes, bran muffins, or whole-wheat bread in his diet. Popcorn, nuts, shredded wheat, oatmeal, brown rice, lima beans, navy beans, chili beans, and peas are also good sources of fiber.

Only milk products (milk, cheese, yogurt, ice cream) and cooked carrots have been proven to be constipating. Your child should limit his intake of milk products to 2 glasses or the equivalent per day. Encourage lots of fruit juices because they increase BMs. (Exception: orange juice doesn't help.) However, don't pressure your child about diet; instead, offer choices and include your child in the decisions about what foods to eat.

- Increase intake of dietary fibre.
- This helps make bowel movements more frequent and regular.
- A diet high in fibre is healthy for the whole family. Choose more whole grains, vegetables, fruits and legumes such as whole wheat bread, bran cereals, broccoli, pears, berries, and baked beans.
- By using the following formula, your child will eventually meet the recommended fibre intake for an adult of 25 to 35 grams per day.

Guidelines for Recommended Fibre Intake	
Age	Formula to calculate fibre needed per day
<2 years	Gradually add foods with fibre into the diet
>2 years	<b>Age in years + 5</b> = grams of fibre to eat each day. Example for 5 year old: 5+5 = 10 grams fibre each day
Child with constipation	<b>Age in years + 10</b> = grams of fibre to eat each day Example for 5 year old: 5 + 10 = 15 grams fibre each day

### Bathroom Routine

- Establish daily bathroom routine.
- Within 30 minutes after each meal, have your child sit on the toilet for 10 minutes (may need to adjust for age).
- If your child's feet do not touch the floor while sitting on the toilet, use a footstool for support for feet.

### Behavior Tips

- Use a calendar with stickers to keep track of bowel movements to give positive reinforcement. Or keep a stool diary.
- Praise for progress; neutrality for struggles and relapses.
- Avoid punishment and embarrassment. **Remember your child has no control over soiling episodes.**
- **If your child has significant behavioural problems, developmental delays or hyperactivity ask for resources, supports and further assessment.**

### When should the laxative be stopped?

- Only consider reducing treatment once desired goal has been achieved and maintained for at least 1-2 months – this might take 4-6 months or more
- Stopping treatment too early or too quickly is the most common cause for relapse
- Proper implementation of treatment protocol will not cause dependency – incomplete treatment will potentially lead to years of struggle and frustration.
- TAPER SLOWLY - one change every 2 weeks
- After stopping laxative therapy, continue to keep a stool diary for 1-3 months
- Continue the bathroom routine, dietary and behavioral changes as part of a preventative lifestyle.
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### Other Tips

- Herbal preparations which contain cascara and/or senna should not be used for constipation in children because they cause laxative dependency.
- Consult a physician before attempting any of the laxative treatments in an infant less than 1 years of age.