

Constipation

Dear [Dr ____],

Advice and guidance response pertaining to [Patient name].

You may wish to try the following:

Ask about non-medical factors – toilets and toileting behaviour.

- Is the child withholding?
- Are there emotional issues?
- Reward charts can help (important to only reward what is achievable, such as taking medication or sitting on the toilet)

Examination:

- examine abdomen;
- palpate for stool; and
- for early onset constipation - examine spine and neurology especially in legs.

Management should include:

- lifestyle measures – fluid and fibre intake AND treatment with laxatives.
- NICE Guidance suggests macrogols. Macrogols can be mixed with squash to make them more palatable but use whatever laxatives a child will take.
- If impacted, advise increasing doses of laxatives, and continue for 2 days after it appears the child has “cleared out” – when the child will probably have fluffy light loose stools, before reducing doses again. Clinicians should review after dis-impaction to check it has worked.

If red flags are identified, a referral would be appropriate.

Red flags for referral include:

- constipation from birth/neonatal period;
- failure/delay in passing meconium > 48hrs;
- weakness in legs/locomotor delay;
- abdominal distension + /-vomiting;
- abnormal appearance of anus (do not do a PR);
- abnormal examination of spine;
- abnormal neuromuscular signs or reflexes; or
- persistent constipation not responding to maximal doses of laxatives.

Constipation is a very common problem in children and young people and is one of the commonest causes of chronic abdominal pain. Establish frequency of bowel openings and use Bristol Stool chart to characterise stool consistency – types 1 and 2 suggest constipation, but passing large stool which block the toilet is also characteristic. Diarrhoea can be a sign of overflow – soiling/diarrhoea with sticky tarry or smelly stool is characteristic of impaction/constipation with overflow. Pain in LIF also suggestive of constipation.

Let the family know that it is a chronic condition, there is no quick fix, and treatment may be needed for months – a good estimate is that a child will need laxatives for as long as they have been constipated for e.g. if constipated for a year, may need treatment for a year. Some children need laxatives even longer term. You can reassure parents that children do not get “reliant” on laxatives and there are no long-term side effects.

See ERIC guidance for constipation, including videos for children and families (<https://eric.org.uk/advice-for-children-with-constipation/>)

If referring, please state that the referral has already been through Advice and Guidance and include previous correspondence, so we don't duplicate advice.

With kind regards,

[Responding clinician name and role]