

# Constipation

## What is constipation?

Constipation is defined as either a decrease in the frequency of bowel movements or the painful passage of bowel movements. Children 1 to 4 years of age typically have a bowel movement 1 – 2 times a day and over 90% of them go at least every other day. When children are constipated for a long time they may begin to soil their underwear. This fecal soiling is involuntary, and the child has no control over it.

## How common is constipation?

Constipation is very common in children of all ages, especially during potty-training and in school-aged children. Of all visits to the pediatrician, 3% are in some way related to constipation. At least 25% of visits to a pediatric gastroenterologist are due to problems with constipation. Millions of prescriptions are written every year for laxatives and stool softeners.

## Why does constipation happen?

Constipation is often defined as being organic or functional. Organic means there is an identifiable cause such as colon disease or a neurological problem. Fortunately, most constipation is functional meaning there is no identifiable cause. The constipation is still a problem, but there is usually no worrisome cause behind it.

In some infants, straining and difficulties in expelling a bowel movement (often a soft one) are due to their immature nervous system and uncoordinated defecation. Also, it should be

remembered that some healthy breast-fed infants can skip several days without having a movement.

In children, constipation can begin when there are changes in the diet or routine, during toilet training, or after an illness. Occasionally, children may hold stools when they are reluctant to use unfamiliar toilet facilities. School or summer camps, with facilities that are not clean or private enough, are common triggers for withholding in this age group.

Once the child has been constipated for more than a few days, the retained stool can fill up the large intestine (the colon) and cause it to stretch. An over-stretched colon cannot work properly, and more stool is retained. Defecation becomes very painful and many children will attempt to withhold stool because of the pain. Withholding behaviors include tensing up, crossing the legs or tightening up leg/buttock muscles when the urge to have a bowel movement is felt. Many times these withholding behaviors are misinterpreted as attempts to push the stool out. Stool withholding will make constipation worse and treatment more challenging.

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### SPECIAL INSTRUCTIONS :



# Constipation continued

## How does your health care provider know this is a problem for your child?

- ◆ If your child has hard or small stools that are difficult or painful to pass
- ◆ If your child consistently skips days without having normal bowel movements
- ◆ If your child has large stools that clog the toilet
- ◆ Other symptoms that can accompany constipation are stomach pain, poor appetite, crankiness, and bleeding from a fissure (tear in the anus from passing hard stool).

In most cases there is no need for testing prior to treatment for constipation. However, sometimes, depending on the severity of the problem your doctor may order X-rays or other tests to clarify the situation.

## How is constipation treated?

Treatment of constipation varies according to the source of the problem and the child's age and personality. Some children may only require changes in diet such as an increase in fiber, fresh fruits, or in the amount of water they drink each day. Other patients may require medications such as stool softeners or laxatives. Stool softeners are not habit forming and may be taken for a longtime without worrisome side effects.

A few children may require an initial "clean-out" to help empty the colon of the large amount of stool. This typically entails the use of laxatives by mouth or even suppositories or enemas for a short period of time.

It is often helpful to start a bowel training routine where the child sits on the toilet for 5 – 10 minutes after every meal or before the evening bath. It is important to do this consistently in order to encourage good behavior habits. Praise your child for trying. If the child is not toilet trained yet, it is best to wait until constipation is under control.

To locate a pediatric gastroenterologist in your area please visit our website at: [www.naspghan.org](http://www.naspghan.org)

**IMPORTANT REMINDER:** This information from the North American Society for Pediatric Gastroenterology, Hepatology and Nutrition (NASPGHAN) is intended only to provide general information and not as a definitive basis for diagnosis or treatment in any particular case. It is very important that you consult your doctor about your specific condition.

### LINKS:

[http://digestive.niddk.nih.gov/ddiseases/pubs/constipation\\_ez/](http://digestive.niddk.nih.gov/ddiseases/pubs/constipation_ez/)

