

**Sodium Picosulfate:**

This is also a stimulant, like senna, and may also have some 'osmotic' qualities like lactulose. It is 'stronger' so lower doses can be used, and even 1ml may make a difference.

Can be very useful in order to 'clear out' the bowel.

**Macrogols (Movicol):**

Powerful iso-osmotic laxatives, which work in a number of ways. These are very safe in children. They are usually very well tolerated and seem good at getting and achieving the right result. They do need to be taken with liquid, so children who do not drink very much may find this hard. A few children complain about the taste.

**Will they make the bowels lazy and will my child become dependant on them?**

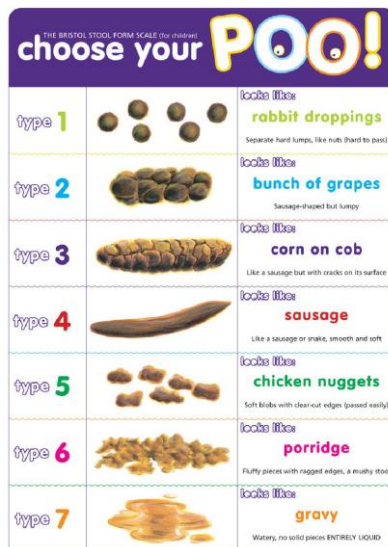
Every parent asks this question. Happily the answer is no.

However, because changing a habit takes a long time, your child may need to be on laxatives for months or even years.

If they are stopped before the holding on habit has been changed, then your child may go back to square one. It will then look as if your child has become dependant on laxatives.

On the other hand, if we can see the whole process through, we should be able to throw the laxatives away forever.

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**MOVICOL<sup>®</sup> Paediatric Plain**  
macrogol 3350, sodium bicarbonate, sodium chloride, potassium chloride

The Bristol Stool Form Scale, is helpful in describing stools. Type 4 is normal. (At least a picture is better than showing real live specimens!)

.....knows how to be kind to Mr Poo  
 She knows exactly, what she has to do  
 When she hears him calling, he wants to come and play  
 She takes him to the toilet  
 Every single day!

A poem to help Mr Poo- written by a five year old girl- and her mother.

Further Information

ERIC- education and research into childhood continence. (www.eric.org.uk)  
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**Constipation/stool withholding Information for families**

Constipation/ stool withholding is very common in children – you are not alone.

**How does it start?**

Normally, the problem starts when for some reason going for a poo becomes painful. Even tiny babies can feel and anticipate pain and will try to avoid it.

The only way not to feel the pain of pooing, is not to poo. So, the child tries to keep the poo in. However, the longer it stays in for, the harder it gets and when it finally comes out, it will hurt even more.

A vicious cycle can develop whereby the more a child holds on; the more painful pooing becomes which makes the child want to hold on even more.

This can develop into a habit or reflex, which can become deeply ingrained.

So, instead of constipation, it is actually trying to stop the poo or 'stool withholding.'

Sometimes, stopping the poo is not entirely successful and the child may be incontinent. If there is a big hold-up of poo, sometimes liquid poo seeps through, causing some leakage- called overflow or seepage.

As stopping the poo becomes harder and harder it will begin to dominate your child's life: and probably everybody else's as well. You may find that your child becomes increasingly irritable, unsettled and short tempered. There may be lots of straining, which is actually trying *not* to go. Loss of appetite is also common.

After going for a poo, the child will return to their normal happy self.

All of this is a result of the effort to stop the poo coming out

### Are the bowels lazy?

No, most of the time the bowels are working at least as well as normal, it is simply the bottom- and often the rest of the body- stopping the poo coming out.

There is effectively a battle going on between the bowels, which are trying to squeeze the poo out, and the bottom trying to hold it in.

In stool withholding, the bottom is in control so we need to help the bowels. The three things that help the bowels are fluid, fibre and laxatives.

### Is it something serious?

Almost certainly not. Hernias, blockages or obstructions do not present like this. One of the rules of medicine is that the longer you have something for and are not getting worse, the less likely it is to be anything serious.

Most children will actually say that they are stopping their poo. Occasionally further tests are required, but only if your child is unwell, or has other symptoms.

### What is the treatment?

Obviously if your child is in pain then we want to make this better, and that will involve 'clearing them out.' We don't like using enemas or suppositories – and certainly children usually hate them. So we will try using increasing doses of medicine to shift the backlog. This might take a few days, and if your child has overflow or seepage this might increase during the clear out – the so-called 'dyno-rod' effect.

If your child has got to this stage it would suggest that there has actually been an underlying problem for some time. We then want to treat this.

### Aim for a soft easy daily stool?

Ideally we want a soft easy daily stool. There are a number of ways to help this.

- ❖ Avoid excessive milk intake - a maximum of 1 pint (560ml/day) in children over 1 year of age
- ❖ Encourage other liquids.
- ❖ Increase fruit and fibre.

If your child can sit on the potty or toilet:

- ❖ Use an appropriate seat.
- ❖ Sit for five minutes at least once a day
- ❖ Sit with feet supported on a box.
- ❖ Encourage them to blow for example a trumpet or windmills are good.



If all of this does not work, then we are going to have to use laxatives. It doesn't matter which ones you use. *We don't worry about what goes in - only about what comes out!* And we are aiming for a soft easy daily stool

### Common Laxatives and how they work.

Ultimately all laxatives will do the job if you give enough of them. They are generally very safe. All can have side effects of causing abdominal pain and diarrhoea. It is important to try to work out if that is just because they are working and getting things moving, or if the dose is too high. We need to find the right medication for your child so that they will take it easily to produce the desired effect. Remember:

- It's a combination of fluid, fibre and laxatives- the more fluid and fibre your child has the less laxative they will need.
- The right dose is the one that works.
- The commonest reason for not solving this problem is not giving enough laxative and/or stopping it too soon.

### Lactulose:

Lactulose is an osmotic laxative. That is, it draws water into the bowel making the stool bigger, softer and more slippery. The stool should then pass along more quickly. It is a very 'mild' laxative.

It is known to be very safe. It's sweet taste means that most children have little problem taking it, but it can cause tooth decay so good dental hygiene is important for children on lactulose, and it should be avoided if teeth cleaning is a problem

### Senna:

This is a natural plant extract. It is a stimulant laxative, which works by stimulating the muscles in the bowel making them work harder and faster. This means that stool is pushed along more quickly. If the stool moves along the bowel more quickly, it will retain more water, stay softer and come out more easily.



