

CONSTIPATION IN CHILDHOOD

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Constipation means that the food takes too much time on its passage from the mouth to the toilet and that, consequently, the bowel gets filled with too much stool. This is a common problem, caused partly by genetic factors and partly by the way we live.

What's wrong with the body when the child is constipated?

The rectum (the part of the bowel closest to the anus) is meant to be a "signal station" and not a storage room. When poo arrives in the rectum one is supposed to notice it and go to the toilet. But this mechanism doesn't function properly in children who have been constipated for a while. They are forced to use all of the bowel – including the rectum – to store poo, and thereby lose the ability to notice that the rectum is filled.

The link between the bowel and the bladder is important. If the rectum is filled it will compress the bladder and make it "irritable" and difficult to control. And a child with an irritable bladder often needs to contract the muscles of the lower pelvis in order to stay dry, and this leads to constipation...

What are the symptoms?

Constipation can give many symptoms or none. Some children have complaints from the bowel only, others mostly from the bladder. It is quite possible to be constipated even if you pass stool of normal consistency every day.

BOWEL-RELATED SYMPTOMS

To pass stool, in small or large amounts, in the underclothes. To need to go to the toilet in a rush. Intermittent stomach ache, often after meals. Nausea. Hard and dry stools. Painful passing of stools. Unfrequent bowel movements (every second day or less frequent).

BLADDER-RELATED SYMPTOMS

Urine leakage in the underclothes or the bed. Sudden, unexpected attacks of urgent need to pee. The need to strain to pee. Repeated urinary tract infections.

How is it treated?

For slightly constipated children good advice is often enough. If the child is more constipated more thorough measures are needed: *first* the bowel should be emptied with the help of small enemas and *then* mild laxatives are needed to keep the bowel working while the family works with food, drink and toilet habits.

MEDICINES (NO PRESCRIPTION NEEDED)

Mini enemas (Klyx®) are given on 3-5 successive afternoons. Mild laxatives that act by changing stool consistency (Importal®, a granulat that is poured over food or drink, or Laktulos®/Duphalac® that the child drinks) is given during a month or more while the child follows the advice given below. All these medicines are completely harmless.

FOOD, DRINK AND LIFESTYLE ADVICE

The child should drink a lot of water but not too much milk, eat a lot of fibres (coarse bread, vegetables) and be active. Not too much computer games or TV! The bowel should be emptied at least once every day (after breakfast is a good time) and the toilet visits should not be rushed. And, importantly, the child should never postpone a toilet visit: as soon as the slightest need is felt the child should go immediately to the toilet.

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