

Constipation

What is constipation?

Constipation is having difficulty with stools (bowel movements).

What are the signs of constipation?

- Pain with passing stools
- Hard, pebbly, rock-like stools
- Abdominal (belly) pain
- Very infrequent stools (only one in 3 to 7 days)
- Stool soiling in underwear

How do I prevent constipation in my child?

Check with your doctor or nurse to help you decide what would work best for your child. A satisfactory program for preventing constipation requires trial and error, time and patience. Keep in mind that each bowel program is different for each child. Try various methods until the successful one is found for your child.

1. If your child is toilet trained, have him or her sit on the toilet for 5-10 minutes after breakfast and dinner.
2. If the child's feet do not touch the floor when sitting on the toilet, put a box under the feet so the knees are higher than the hips. This squat position helps in passing the stool.
3. Praise your child for sitting the desired amount of time even if he or she does not have a bowel movement. You may want to use a reward system.
4. Clean the skin well after each bowel movement or accident. This prevents skin irritation. When the skin hurts, children may try to hold the stool.
5. Encourage active play and exercise, because a lack of activity tends to slow bowel function.

What should my child eat to prevent constipation?

Encourage drinking water and fruit juices during the day. Make sure your child is eating fruits, vegetables, and whole grain products each day.

Add bran to the daily diet. It may be mixed in jelly, cereal, hamburger, casseroles or other foods, or be taken alone.

- Children less than 6 years: 2 heaping teaspoons per day
- Children over 6 years: 3 heaping teaspoons per day

Limit apples, bananas, rice, jelly, and cheese. limit

milk and dairy products (substitute with non-dairy cream or soy bean milk) until child is not constipated.

What method should I use to help my child pass a stool?

Talk to your child's nurse or doctor about **which** of these methods to use, **when**, and **how**:

- **Stool softener:** medicine that prevents hardening of stool. It can be taken on a regular basis. Your doctor can tell you which one is best for your child.
- **Suppository:** medicine inserted into the rectum that stimulates the bowel and causes it to contract.
- **Digital stimulation:** insert a gloved finger about 1/2 to 1 inch into the rectum and use a gentle circular motion of one minute to stimulate bowel movement.
- **Manual evacuation:** removing stool from the rectum with a gloved finger may be necessary if other techniques are not successful.
- **Enema:** A liquid is inserted into the intestine through the rectum to stimulate the bowel. Enemas are one of the last methods to try.

What else do I need to know?

Many children who have wetting problems also have constipation. Constipation can make the wetting problem worse. When a child is constipated, the rectum may be quite full of hard stool. This can affect the bladder so it does not hold as much as it should. A bowel program needs to be used, along with a bladder retraining program for successful bladder control.

When should I call the doctor?

- Any red streaks of blood in the stool
- Constipation continues and no stool is passed in 48 hours
- Abdominal pain
- Continues soiling in the underwear

Questions?

If you have any questions or concerns, please call your child's doctor at Pediatric Surgical Associates at (612) 813-8000 or 1-800-992-6983. For more information, a book, Childhood Constipation and Soiling: a Practical Guide for Parents and Children, is available for purchase from Children's Hospitals and Clinics. Call Family Resources, 813-6816

