# Dr Jenny Epstein

## MB ChB MRCPCH PhD

## Consultant Paediatric Gastroenterologist

**Department of Paediatric Gastroenterology**
**Chelsea & Westminster Hospital**
**369 Fulham Road**
**London SW10 9NH**

**Personal Assistant**
**Madolyn Palmer**
**Tel: 020 3917 6923**
**Email: admin@paedsgastro.com**
**Website: www.paedsgastro.com**

**The Chiswick Outpatients & Diagnostic Centre**
**HCA Healthcare**
**Bond House**
**347-363 Chiswick High Road**
**London W4 4HS**


## Constipation in Childhood

Constipation means the colon (large bowel) moves too slowly. It usually has no specific underlying cause ('idiopathic'). Historically when cholera and dysentery were big diarrhoeal killers, those of our ancestors able to constipate their stool had a survival advantage. Thus, 'slow colon' genes were naturally selected into the population, and this is probably why constipation is so common today.

**How do I recognise if my child is constipated?**
Classic signs of constipation are hard, infrequent, painful stools. Fear of a painful poo may lead to stool withholding which often contributes to the problem, especially in pre-school children. It is crucially important to treat constipation promptly and effectively so the mental link between pain and poo is broken, particularly in the lead up to toilet training.

**Why do I see loose stool or soiling accidents if the real problem is constipation?**
Soiling or 'overflow' diarrhoea commonly complicates the picture. It occurs when retained hard stool builds up over a prolonged period of time and the rectum distends with impacted stool. Normal sensation in the walls of the rectum is lost and the child loses the feeling of the need to defaecate. Overflow stool bypasses the mass and the child is usually unaware when he or she soils.

**Does my child need any tests?**
The diagnosis can often be made based on the history and abdominal examination. Rectal exam is sometimes done when additional clarity is needed. In some cases, blood tests may be carried out; the purpose is to rule out unusual causes such as coeliac or thyroid disease. Bloods and colonic transit tests are usually reserved for children presenting with more severe or atypical features, or those who do not respond as well as expected to treatment. Very occasionally a rectal biopsy is required to rule out a rare abnormality of the nerves in the bowel called Hirschprung's disease.

**What is the treatment and why do I need to continue it for such a long time?**
Constipation is treated with laxatives, which *often need to be continued for months or years*.
Laxatives fall into two categories; **softeners** (Movicol, lactulose) which draw water into the stool and **stimulants** which increase the power of the bowel (senna, picosulfate, many others). A combination of softener and stimulant together is often an effective approach. Commonly, especially when it was already a problem before treatment, soiling worsens temporarily in the first days and weeks after starting treatment. If possible, continue the treatment. If you feel the medications aren't right for your child please speak to Dr Epstein and she will help you find an alternative. *Stopping laxatives prematurely is probably the biggest reason for treatment failure.*
Successful laxative treatment results in the following process. (1) Empty rectum after every bowel movement; (2) Rectal walls shrink to normal size; (3) Rectal sensation returns; (4) Child re-learns the feeling of need to poo; (5) Child achieves faecal continence. This process often takes a long time.

**Won't my child get used to the laxatives / become dependent on them / develop 'lazy bowel'?**
It is understandable that families prefer not to give their child a long term medication. Mild constipation responds to increasing fibre and water in the diet, and this should of course be done in all cases. However children suffering from significant constipation need more help to keep the bowel moving. Laxatives are safe with no serious side effects. The best thing we can do for a child's long term bowel health is to ensure they empty their bowels regularly, effectively and painlessly.

**Dr Epstein greatly values your feedback and always strives to improve. She would really appreciate if you find a few moments to visit this link and leave a review of the care she provided to your child.**
**http://bit.ly/doctifyJenny** (case sensitive)