

# Constipation

## FAST FACTS

~15%

of all children have chronic constipation at some point during childhood

~50%

of children with chronic constipation will still need medications 6 months into treatment

**quality of life ratings** similar to children with inflammatory bowel disease or cancer undergoing therapy

Constipation is a common condition for children, and a source of discomfort, frustration and diminished quality of life for patients and families. Chronic constipation is characterized by difficult or painful bowel movements that lasts for more than one month.

## ASSESSMENT

Perform a standard health history and physical exam with specific questions about bowel movement frequency, consistency of stools, and associated symptoms like pain, fecal incontinence, or blood in stools. Ask additional questions around family history of constipation, IBS, celiac and thyroid disease.

## HISTORY AND PHYSICAL EXAM RED FLAGS

### In infants and children:

- Fever, bilious emesis, bloody diarrhea
- Poor feeding or poor weight gain
- Anal stenosis, lumbosacral abnormality
- Tight, empty rectum

### In children:

- Plateaued height or weight, weight loss
- Perianal abscess, fistula
- Toe walking
- Back pain
- Loss of bladder continence

## MANAGEMENT/TREATMENT

### 1. Cleanout and Maintenance model of management

**2. Cleanouts as needed:** If patient is passing <3 stools per week, has encopresis or firm stool on abdominal or rectal exam, do a cleanout at home.

### 3. Maintenance

- Daily oral medication:** PEG 3350 0.5–1.0 g/kg/day and titrate dose to 1–2 soft BMs/day
- Rescue medication:** Senna 7.5–30 mg as needed if no BM for 1–2 days. Add daily stimulant (e.g. Senna) if <3 stools per week or stool accidents despite a cleanout
- Behavioral intervention:** Sit on toilet 2–3x/day for 5–10 minutes. Use incentives like sticker charts to earn desired prizes or activities
- Diet and exercise:** Fiber (Age + 5–10 g/day), plenty of water, exercise
- Education:** Counsel about long-term management
- Resources:** GIKids.org/Constipation
- Follow-up communication and return visit plan**

## WHEN TO REFER

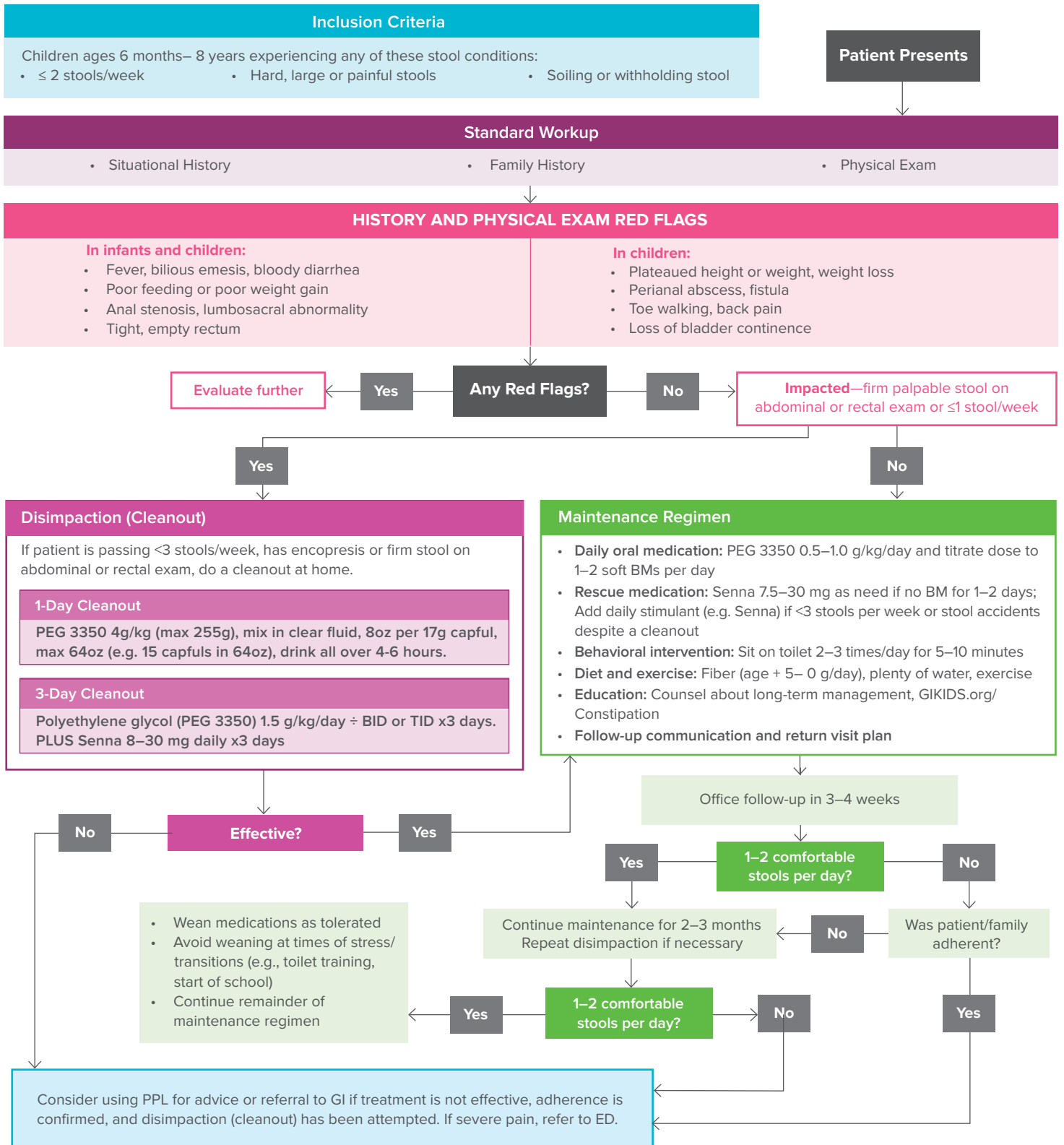
If red flags (see above) are present upon HPE, or if constipation does not improve after a maintenance regimen has been instituted with good adherence and cleanout has been done, patient should be referred to the Gastroenterology team at Cincinnati Children's. When referring, please include:

- Growth curves
- Infant stooling history (delayed meconium passage, rectal stimulation use under six months)
- Family stressors
- Treatment history
- Pertinent labs and radiology results if available

If you would like additional copies of this tool, or would like more information, please contact the Physician Outreach and Engagement team at Cincinnati Children's.

If you have clinical questions about patients with chronic constipation, call the Physician Priority Link® at 513-636-7997.

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For urgent issues, or to speak with the specialist on call 24/7, call the Physician Priority Link® at 1-888-987-7997.