

CHRONIC CONSTIPATION OR STOOL SOILING IN CHILDREN

Chronic constipation is an extremely common problem in childhood. In order to understand how to help your child, it is important to understand how chronic constipation happens.

The initial cause of chronic constipation in children is usually painful bowel movements. Young children are unable to accept the idea of voluntarily allowing pain. When a painful bowel movement occurs, the child quickly learns to withhold stool.

When the urge to have a bowel movement occurs, we all have the ability to squeeze our muscles tightly for a few minutes until the urge passes. Adults do this anytime their urge for a bowel movement occurs at an inconvenient time, but adults understand that they must release the bowel movement soon thereafter. A child who delays a bowel movement because of fear of pain will repeatedly withhold rather than let the stool out.

This leads to an accumulation of large hard stool in the rectum. With time, the rectum dilates and becomes less sensitive to stretching. Pieces of stool will break off and be passed into the underwear without the child even knowing it. (The “tip of the iceberg”) Sometimes, as the colon contracts, liquid stool squirts around the hard mass in the rectum, giving the false impression that the constipated child has diarrhea.

It is critically important to break the connection in the child’s mind between passing stool and pain. This is a fixable problem but it will take six to twelve months to resolve. This is because children have very good memories for pain, and because the dilated rectum will take time to return to normal.

Once your child has been evaluated in our office and found to be otherwise healthy, treatment consists of three phases.

Step 1 – Empty the Rectum

For most children this can be accomplished with large doses of laxatives. Rarely, enemas will be necessary as well. Miralax is often used for this purpose.

Step 2 – Keep the Rectum Empty

While it can be normal to have a bowel movement every two or three days, this is not the goal for children being treated for chronic constipation. These children should have daily bowel movements to insure that they are not re-accumulating a mass of stool in the rectum. The daily bowel movement should be soft and easy to pass, so it doesn’t hurt. The four most common laxatives used for this six to twelve month period of time are mineral oil, milk of magnesia, lactulose, or miralax. These laxatives do not stimulate the colon so they are safe for long-term use.

The dose must be adjusted up or down to achieve the desired result: one to two loose bowel movements per day. Mixing the laxative with juice or food may help the child accept it. The biggest mistake parents make in helping the child overcome constipation is decreasing the laxative too quickly.

Diet therapy is also begun in Step 2. There are no constipating foods. Instead, the focus is on two equally important goals. First, give enough fiber. Take the child's age in years and add five. This equals the grams of fiber needed per day. Fiber is found mostly in fruits, vegetables, and grains (starches). Whole grain choices have more fiber. For older children, popcorn is an easy fiber source. Please see attached fiber table for more information.

The other dietary goal is to drink enough fluid, *at least* 32-40 ounces per day. Ideally, 16 – 24 ounces should be skim milk and 8 ounces should be 100% fruit juice, plus unlimited amounts of water. The combination of increased fiber and fluid will make the stools larger and softer, therefore easier to pass.

Using an immediate reward to reinforce “letting the poop out” is important. For older children, the school must be notified to allow unlimited bathroom access.

Step 3 – Weaning the Laxative

When the child has had no trouble with bowel movements for several months, the laxative dose is slowly decreased, about 25% every one to two weeks. If pain reoccurs or daily bowel movements stop, go back to the previous dose for one to two weeks and try again. Continue your dietary approach, which is a healthy, lifelong habit.

While chronic constipation may seem overwhelming to your family, the outlook is excellent. We are here to help you overcome this problem and return to healthy function.

Dietary Fiber Content

Food Group	Amount	Grams of Fiber
Fruits		
Pear	½ large	3
Apple	1 med	3
Blackberries	½ cup	3
Raisins	3 Tbls	3
Strawberries	1 cup	3
Grapefruit (fresh)	1 med	3
Blueberries	½ cup	2
Dates (dried)	3	2
Figs (dried)	1 cup	2
Mango	1	2
Nectarine	1 med	2
Orange	1 med	2
Peach (fresh)	1 med	2
Peaches (canned)	1 cup	2
Pear (canned)	1 cup	2
Pineapple	1 cup	2
Plums	2 med	2
Prunes	2 med	2
Tangerine	1 large	2
Grapes	1 cup	1
Applesauce	½ cup	1
Apricots	2 med	1
Banana	½ med	1
Cantaloupe	1 cup	1
Cherries	10 large	1
Honeydew melon	1 cup	1
Watermelon	1 cup	1
Meats, eggs, fish, cheese		
Peanut Butter (smooth)	2 Tbls	2
Beef, lamb, pork, fish	Any	0
Eggs, cheese		
Starches (potato)		
Sweet	1"-5" long	4
Baked	1 med	3
Boiled (peeled)	1 med	2
French fries	10 strips	1
Mashed	½ cup	1
Dried Peas and Beans		
Baked beans	½ cup	9
Kidney beans	½ cup	7
Navy beans	½ cup	6
Pinto beans	½ cup	5
Dried peas	½ cup	5
Lima beans	½ cup	4
Lentils	½ cup	4

Food Group	Amount	Grams of Fiber
Corn		
Drained solids	½ cup	3
Cob	1" to 4"	1
Rice (cooked)		
Brown	½ cup	2
White	½ cup	0
Pasta		
Whole wheat spaghetti	1 cup	4
Macaroni	1 cup	1
Noodles	1 cup	1
Spaghetti	1 cup	1
Soups		
Bean, lentil, pea soups	2/3 cup	5
Minestrone	1 cup	4
Broth	Any	0
Vegetables		
Lima beans	½ cup	2
Peas	½ cup	2
Turnip Greens	2/3 cup	2
Tomato (raw)	1 large	2
Broccoli (boiled)	½ cup	2
Green beans	½ cup	2
String beans	½ cup	2
Beets	½ cup	2
Brussel sprouts	½ cup	2
Cabbage	½ cup	2
Carrots (raw)	1 large	2
Carrots (boiled)	½ cup	2
Cauliflower	¾ cup	2
Coleslaw	½ cup	2
Eggplant	1/3 cup	2
Okra	½ cup	2
Desserts		
Fruit pie	1/8 of 9" pie	2
Coffee cake w/ nuts	1" x 2 ½" sq.	1
Cupcake (frosted)	1" - 2 ½" dia.	1
Gelatin, ice cream, pudding	Any	0
Popcorn	1 cup	1