

Children get constipated too

At first the term constipation seems simple to understand but it is important to define this clearly to decide a cause. For example, your child may pass a stool painlessly every 1-3 days and this may be perfectly normal. However, your child needs medical attention if pain, rectal bleeding or soiling occurs.



Your doctor may ask you questions about some of the following:

- Frequency of motions.
- Size and consistency.
- Evidence of pain (abdominal or rectal) or anxiety, eg. is the child avoiding going to the toilet?
- Presence of incontinence of stool and/or urine, including bed wetting.
- Any significant medical or surgical history.
- Appetite and typical diet, especially fluids.
- Any problems with toilet training.
- Any recent family events that may have been distressing to the child, eg. new sibling or death in the family.
- Personality of the child, eg is s/he sensitive to hygiene issues, or too busy playing to take the time to go to the toilet.

Causes of constipation

Many things could be contributing to your child's constipation. A diet poor in fruit, vegetables and fibre is most common and dehydration significantly worsens it. This may lead to hardened stools the child finds difficult to pass, which may even cause tearing in the anal passage. With repeated hard stools, this may develop into a chronic condition.

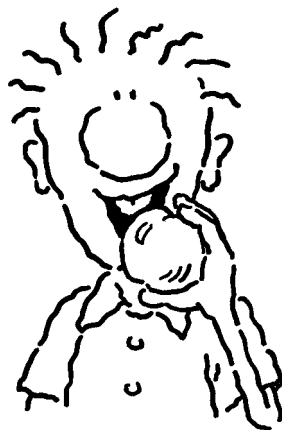
In turn the child will often avoid going to the toilet. The blockage worsens as the stool becomes larger and hardens, which can lead to enlargement of the rectum and loss of normal bowel muscle tone.

The child then loses the sensation of wanting to go to the toilet. S/he may be embarrassed by 'sneaky poos' as liquid stool slips around the obstruction and out the enlarged anus.

The most common age for stool withholding is 2-4 years, usually when toilet training begins. This can become a frustrating time of life for both you and your child. Stressful family events when the child feels their security threatened may worsen the situation. It requires patience, understanding and positive reinforcement of good stool habit rather than pleading or insistence.

Treatment

Treatment begins commonly with a stool softener prescribed by your doctor that may take time to work. To supplement this, foods such as fruit (especially prunes), vegetables, whole-grain cereals and bran should be added to the diet of the whole family to ensure success. Encouraging your child to drink water rather than milk may be as simple as filling a personalised water bottle. Try to persuade your child to drink all the water every day.



Daily routine

Another tip is to instill a daily routine. About 20-30 minutes after breakfast, the child should sit on the toilet for five minutes with a game or a book.

This will lower the risk of accidents during the day. Make sure the child is comfortable and has a stool to rest his or her feet on.



Also important to the long term success of this action plan is the willing cooperation of your child. Many parents use a star chart to give a visual reward for the child's involvement. A calendar can also be used later on, with the child encouraged to circle the days when s/he has a poo without pain, or has no 'sneaky poo' accidents.

Rewards on a weekly and then fortnightly to monthly basis, ensure the child understands they are getting better all the time, but that it is up to them to ensure the problem does not come back.

Regular contact with your GP during this time can be helpful for positive reinforcement and encouragement.

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