

Constipation

Normal bowel habits vary tremendously among children. It's normal for some children to have two to three BM's a day while another normal child may have one stool per week. The child with a genuine bowel problem will exhibit a definite symptom besides infrequent BM's. Pain with defecation, abdominal cramps, blood on the stools from a tiny tear in the anus, inability to complete a BM though the urge is strong, or involuntary soiling or leaking of feces all constitute symptoms that deserve attention. A child that experiences pain with defecation may then resist the urge to go the next time. This withholding of stool in the rectum just compounds the problem by enlarging the mass of stool that needs to be passed and stretching the rectum sometimes to the point that the child can no longer feel the normal urge to have a BM.

Your physician will determine if there is any medical cause for your child's constipation. Regardless of the cause, treatment usually means: 1) removal of the hard feces in the lower colon and rectum and 2) use of diet and/or medicines to soften the stool.

Your physician will instruct you on the use of enemas, suppositories, laxatives, or stool softeners to relieve the fecal mass in the rectum if this is necessary. You should not use these methods yourself without first checking with your child's doctor.

Diet

Diet is very important in keeping stools bulky and soft. Certain foods may cause constipation if taken in large amounts, but there is lots of individual variation. Thus, you should observe the effect of a food on your child before prohibiting it. The list of foods that **may** cause constipation include sweets, breads and cereals made with refined grains, pasta, rice, potatoes, dairy products, peanut butter, meats, pears, apples, bananas, and "junk" foods. Generally, a diet high in fiber prevents constipation. Learn to read labels and choose foods high in fiber. A general "rule of thumb" is to add 5 to the child's age and this gives the number of daily grams of fiber recommended.

A suggested diet to avoid constipation:

Breakfast: Whole grain cereal with bran (Bran Chex, Raisin Bran, Corn Bran), rolled oats, fresh fruit, bran muffins. Make pancakes waffles, or French toast with addition of "Miller's Bran" to the batter.

Lunch: Make sandwiches with whole grain breads. Fresh fruits and vegetables.

Dinner: Include salad and vegetables, brown rice. Add Miller's Bran" to home baked breads, muffins, or pastries, or sprinkle it on yogurt or applesauce.

Snack: Dried fruits (raisins, prunes, apricots, etc.), fresh fruits and vegetables, popcorn.

Beverage: Fruit juices, especially prune juice. Water, 4 to 8 glasses a day.

Another alternative are high fiber cookies and crackers found in the natural foods section of the supermarket, like "Fiberall" wafers, "Fibermed" biscuits, or Fruit-eze.

Toileting

If your child has been withholding stools, then a specific time should be set aside each day when he can sit on the toilet without distractions for 15 minutes. This usually works best right after breakfast and again after dinner. No comment should be made whether or not the child has a BM. Don't punish him for failure. It may take several months to establish regularity, and then the child should again be left to use the toilet when he feels the need.

Medication

If changing your child's diet is impossible or doesn't work, there are some safe over the counter medications that be used.

1. Bulk forming agents: These are the safest and most natural agents and may be used daily without worry.
 - a) psyllium, e.g., Metamucil, Perdiem
 - b) methylcellulose, e.g., Citrucell
 - c) polycarbophil, e.g., FiberCon, Konsyl
 - d) Maltsupex
2. Lubricants. These soften the stool and make it more slippery and easy to pass. They are also very safe even when used daily.
 - a) Mineral oil – plain or flavored (Kondremull)
 - b) Docusate sodium, e.g. Colace, Surfak, Correctol
3. Hyperosmolar agents. These draw water from the body into the intestine, making the stool looser and less dry. Can be used fairly often without worry, though probably not everyday.
 - a) Milk of Magnesia (Phillip's), given by mouth.
 - b) Sodium phosphate enemas (Fleets)
 - c) Glycerin suppositories
4. Stimulant laxatives. These may be used for an occasional bout of constipation or when nothing else works, but probably not more than once a month.
 - a) Cascara, e.g. Nature's Remedy
 - b) Senna, e.g., Senokot, ExLax
 - c) Bisacodyl, e.g., Dulcolax (oral or suppository)
 - d) Castor oil, e.g. Purge

Above all, remember that the frequency or appearance of a child's stool alone is not indicative of health or disease. You should only be concerned if he has symptoms that could be related to constipation. Be sure to call the advice nurse or your pediatrician if you have any questions.