

Constipation

What is constipation?

Constipation is defined as either a decreased frequency of bowel movements or painful passage of bowel movements. Children 1–4 years of age typically have a bowel movement 1–4 times a day. If not daily, more than 90% of children go at least every other day, although these children may be constipated. When children are constipated for a long time, they may begin to soil their underwear. This fecal soiling is involuntary – the child has no control over it.

How common is constipation?

Constipation is common in children of all ages, especially during potty training and school years. Of all visits to the pediatrician, 3% are in some way related to constipation. At least 25% of visits to a pediatric gastroenterologist are due to problems with constipation. In addition, millions of prescriptions are written every year for laxatives and stool softeners.

Why does constipation happen?

Constipation is often defined as organic or functional. Organic constipation has an identifiable cause, such as colon disease or a neurological problem. Fortunately, most constipation is functional, meaning there is no identifiable cause. Functional constipation is still a problem, but there is usually no cause for worry.

In some infants, straining and difficulties expelling an often-soft bowel movement are due to an immature nervous system and/or uncoordinated defecation. Some healthy breast-fed infants also can skip several days without having a movement.

In children, constipation can begin when there are changes in the diet or routine, during toilet training, or after an illness. Occasionally, children may hold stool when they are reluctant to use unfamiliar toilet facilities. School or summer camps, with facilities that are not clean or private enough, are common triggers for withholding in children.



Once the child has been constipated for more than a few days, retained stool can fill up and stretch the large intestine (colon). An over-stretched colon cannot work properly and thus retains more stool. Defecation becomes very painful, so many children will attempt to withhold stool. Withholding behaviors include tensing up, crossing the legs, or tightening leg/buttock muscles when the urge to have a bowel movement is felt. These withholding behaviors are often misinterpreted as attempts to push the stool out. Stool withholding makes constipation worse and treatment more challenging.

How does your healthcare provider know this is a problem for your child?

- Your child has hard or small stools that are difficult or painful to pass.
- Your child consistently skips days without having normal bowel movements.
- Your child has large stools that clog the toilet.
- Other symptoms that can accompany constipation are stomach pain, poor appetite, crankiness, and bleeding from a fissure (tear in the anus from passing hard stool).

In most cases, there is no need for testing prior to treatment for constipation. However, depending on severity, your doctor may order X-rays or other tests to clarify your child's situation.

How is constipation treated?

Treatment of constipation varies according to the source of the problem and the child's age and personality. Some children may only require changes in diet, such as an increase in fiber (often fresh fruits and vegetables) or the amount of water they drink. Others may require medications, such as stool softeners or laxatives. Stool softeners are not habit-forming and may be taken for a long time without worrisome side effects.

Some children may require an initial "cleanout" to help empty the colon of a large amount of stool. This typically entails use of oral laxatives or even suppositories or enemas for a short period of time.

It is often helpful to start a bowel training/retraining routine where the child sits on the toilet for 5–10 minutes after every meal or before an evening bath. It is important to do this consistently to encourage good behavior habits. Praise your child for trying. If the child is not toilet trained yet, it is best to wait until constipation is under control.

→ Locate a Pediatric Gastroenterologist

IMPORTANT REMINDER: This information from the North American Society for Pediatric Gastroenterology, Hepatology and Nutrition (NASPGHAN) is intended only to provide general information and not as a definitive basis for diagnosis or treatment in any particular case. It is very important that you consult your doctor about your specific condition.



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