CONSTIPATION

Information for Children and Parents

(This information provides a general overview on managing constipation in children and may not apply to everyone. A discussion with your doctor is necessary to find out if this information applies to your child and to get more information on this subject).

What is Chronic Constipation?

Constipation is the infrequent and difficult passage of stool. The frequency of bowel movements among healthy people varies greatly ranging from three movements a day to three a week. As a rule, if more than 3 days pass without a bowel movement, the intestinal contents may harden, and a person may have difficulty or even pain during elimination. Constipation may result in pain when the child has bowel movements. Cracks in the skin, coiled fissures, may develop in the anus. These fissures can bleed or increase pain, causing a child to withhold his or her stool.

Children may withhold their stools for other reasons as well. Some find it inconvenient to use toilets outside the home. Also, severe emotional stress caused by family crises or difficulties at school may cause children to withhold their stools. In these instances, the periods between bowel movements may become quite long, in some cases lasting longer than 1 or 2 weeks. These children may develop fecal impaction, a situation where the stool is packed so tightly in the bowel that the normal pushing action of the bowel is not enough to expel the stool spontaneously.

Children with chronic constipation (constipation that goes on for some time) resist the urge to have a bowel movement they do this by tightening their anal muscles squeezing their buttocks together and standing up straight or lying down flat. After a while, the urge to have a bowel movement goes away.

As they continue to do this, stool builds up in the lower bowel. The stool becomes harder and larger, and passage of stool causes great pain. The pain increases the child's desire not to have bowel movements.

If the child doesn't pass the huge stool after some time, the rectal and anal muscles may get tired and partly relax and soft or liquid stool may leak out around the hard stool that has collected in the lower bowel. It is often foul smelling and may stain the child's clothing. This is called stool soiling. The child cannot prevent it the leakage of liquid diarrhea-like stool into clothing also called "encopresis".

Is Constipation Serious?

Although it may be extremely bothersome, constipation itself usually is not serious. Constipation can lead to complications, such as hemorrhoids caused by extreme straining or fissures caused by the hard stool stretching the sphincters. Bleeding can occur for either of these reasons and appears as bright red streaks on the surface of the stool. Fissures may be quite painful and can aggravate the constipation that originally caused them. Fecal impaction tends to occur in very young children and in alder adults and may be accompanied by a loss of control of stool, with liquid stool flowing around the hard impaction.

Occasionally straining causes a small amount of intestinal lining to push out from the rectal opening. This condition is known as rectal prolapse and may lead to secretion of mucus that may stain underpants. In children, mucus may be a feature of cystic fibrosis.

How Did My Child Develop Chronic Constipation?

This question isn't always easy to answer. Chronic constipation may start as simple constipation caused by not eating enough fiber or drinking enough fluids. One large stool can cause a crack in the anus that makes having a bowel movement painful, so the child resists the urge. Sometimes, a tendency toward constipation runs in family.

An illness that leads to poor food intake, physical inactivity or fever can also result in constipation that lasts after the illness goes away. Perhaps the child has had hard, painful stools. Some children naturally have dry, hard stools.

A diet change, viral illness, hot weather, or travel can lead to hard stools. A bad diaper rash can cause painful passage of stool. Older children may start holding bowel movements when they go to school or summer camp and are faced with a toilet that is less private than the one they have at home. At any age, fear of discomfort or embarrassment can make a child try not to have a bowel movement if this continues, the result is constipation. The initial cause may have occurred many years before the child is seen by a doctor for treatment of constipation.

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A few children withhold stools because of emotional problems. In many children, no cause can be found whatever the cause of stool withholding, once it begins, the large, hard stools that result make the pattern continue.

Stool that is held back eventually fills up the colon and stretches it out of its normal shape. Stool retained in the colon dries out as the colon absorbs water from it the longer the stool Is held in the colon, the larger and harder it becomes, making bowel movements even more painful. This starts a vicious cycle. In the normal colon; muscles try to push stool out Nerves tell the child that a stool needs to come out. However, the stretched-out, flabby colon muscles cannot push. Hard stool gets stuck. Sometimes only liquid can pass around the rocklike stool. Stretched nerves become less sensitive. The child may no longer realize that he needs to have a bowel movement, and he may be afraid to try to go.

What Are the Signs of Constipation In Children?

- Small, very hard, dry, rock-like stools (even If your child has a bowel movement dally).
- Arm stools that are passed with difficulty pain or crying.
- Blood-streaked stools.
- Stool soiling.
- Long straining during a bowel movement.
- Abdominal pain and bloating.
- Crankiness and/or listlessness.
- Loss of appetite.
- Fear of using the toilet.
- Screaming that occurs when your child has the urge to have a bowel movement or during a bowel movement.
- Other symptoms include stomachaches, cramps, vomiting, nausea, bloating, cranky behavior poor appetite, flushing or pallor, headaches, and even weight loss. Some children with constipation may wet the bed at night or even wet their clothing during the daytime. This wetting is called "enuresis". These children may have urinary tract Infections because stool masses press on the urinary tract and can block normal urine flow.

How to Manage your Child's Constipation?

The first step treatment involves removing the stool that been gathered in the lower bowel. This must be done before your child can begin to learn or relearn normal bowel habits by using a series of Fleet enemas or big doses of laxatives (e.g. Golytely) to remove the stool.

After the stool is removed, It Is important to be sure that your child can have bowel movements easily in order to prevent another large collection of stool. During this part of retraining, your child's bowel should be kept empty so it can regain tone and function. The treatment Includes changing your child's diet and giving dally laxatives to help soften the stools.

For most people, dietary and lifestyle improvements can lessen the chances of constipation. A well balanced diet that includes fiber-rich foods, such as unprocessed bran, whole-grain bread, and fresh fruits and vegetables, is recommended. Drinking plenty of fluids an exercising regularly will help to stimulate intestinal activity.

Bowel habits also are important. Sufficient time should be set aside to allow for undisturbed visits to the bathroom. In addition, the urge to have a bowel ,pavement should not be ignored.

In most cases, laxatives should be the last resort and taken only under a doctor's supervision. A doctor Is best qualified to determine when a laxative Is needed and which type is best There are various types of oral laxatives, and they work In different ways.

Above all, it Is necessary to recognize that a successful treatment program requires persistent effort and time. Constipation does not occur overnight, and It is not reasonable to expect that constipation can be relieved overnight.

What Changes Must be Made In My Child's Diet?

Your child should drink more fluids and eat more fiber. Recommended amounts of fluid each day are:

- 2 cups for a 7-lb child
- 3 cups for a 12-lb child
- 5 cups fora 21-lb child
- 7 cups for a 35-lb child
- 9 cups for a 60-fb child

Only foods from plants contain fiber. These foods include fruits, vegetables, whole-grain cereals and breads, nuts, seeds and beans. *(See suggestions later)*

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What About Laxatives?

Your doctor can tell you which laxatives to use and how much to give your child. The laxative ***must be taken every day*** to get your child's body into rhythm. Laxatives may be given for ***three months or longer***. The laxative your doctor prescribes will be ***safe*** for young children, even if it is used for a long time. If your child's stools are too loose, you can reduce the amount of laxative, but keep giving your child a laxative every day. Some laxatives taste better if they are mixed into orange juice, milk or other drinks.

If your doctor thinks emotional problems are part of the cause of stool withholding and constipation, your child should have help to deal with these problems during this part of the treatment Your doctor can suggest a ***child counselor***.

Your child may try to withhold stools at first in spite of the loose bowel movements produced by diet changes and laxatives. He or she may still be afraid of painful bowel movements. The stool withholding will stop after a while.

ORAL LAXATIVES

Bulk-forming laxatives are generally considered the safest laxative form but can Interfere with the absorption of some drugs. These laxatives, which should be taken with 5 ounces of water: absorb -water In the intestine and make the stool softer: Bulk laxatives include psyllium (Metamucil), methylcellulose (Citrucel), calcium polycarbophil (FlberCon), and bran (In food and supplements). See the table later.

Stimulants cause rhythmic muscular contractions in the small or large intestine. These agents can lead to dependency and can damage the bowel with prolonged dally use. These products include phenolphthalein (Correctol, Ex-tax), bisacodyl (Dulcolax), castor oil (Purge, Neoloid), and senna (Senokot, Fletcher's Castoria).

Stool softeners, or wetting agents, provide moisture to the stool and prevent excessive dehydration. Products Include those with docusate (Colace, Dialose and Surfak).

Lubricants grease the stool and make It slip through the intestine more easily. Mineral oil is the most commonly used lubricant.

Osmotics are salts or carbohydrates that cause water to remain In the intestine for easier movement of stool. Laxatives in the group include milk of magnesia, magnesium citrate, lactulose, and Epsom salts.

Should I try to Toilet Train My Child Now?

No. The first goal In treating a child with constipation is regular, painless, easy-to-pass bowel movements. Wait until about a month after starting treatment to begin toilet training if your child is old enough.

Encourage the child to sit on the toilet with proper support for the feet. Have your child sit on the toilet at one-three times every day for 5 minutes to try to have a bowel movement. ***After meals Is the best time*** for this. Give rewards and praise for sitting on the toilet and, later, for having bowel movements into the toilet.

How Do I Know if the Treatment is Working?

Every day, keep a written record of bowel movements and the use of medicines. This record will help you and your doctor figure out if the treatment is working. Your child should have daily bowel movements while taking laxatives. ***Large, hard bowel movements, soiling***, or abdominal bloating and pain usually mean that your child needs to take larger amount of laxative.

What's the Final Step of Treatment?

After the retraining phase, based on your physicians's Instruction you can slowly reduce the laxative your child is taking, cutting the dose down a little every week. For many children, constipation returns If the laxative is stopped all at once. If your child's constipation comes back after he or she has stopped taking the laxative, you should began giving the laxative again at a dose that prevents the constipation problem.

Chronic constipation requires patience and effort on your part. Talk with your doctor regularly so he or she can follow the treatments progress and help you make needed changes in the treatment plan.

HOW TO USE THE STAR CALENDAR

1. Start using the Star Calendar when your child has his first accident-free day.
2. Write the month at the top of the calendar. Write the dates for each day of the month in the squares.
3. Every night check your child's Bowel Tracking Sheet before he goes to bed.
   - If he has had no accidents that day, tell him/her how proud you are of him. Let him put a star on that day on the Star Calendar.
   - If he did have an accident, have him put a line through that day.
4. At first, give your child a small treat for every star (every accident-free day).

5. As your child gets better, you can expect more from him. When it Is easy for him/her to have 1 accident-free day (he does it 2 or 3 times in one week), tell him that 1 star is not enough to get a treat from now on. Now he will have to get 2 stars in a row (a accident-free days in a row) to get a treat. When 2 stars become easy for him, tell him he will need 3 stars in a row to get a treat.
6. As he gets better, earning treats will get harder. But it should never be too hard for him to get a treat. That way, he will like to try and will keep trying harder each day. He will learn what he needs to do to stop having accidents.
7. Sometimes this part of the program can be difficult. Call your nurse If you need help.

FOODS THAT WILL HELP YOUR CHILD TO HAVE BOWEL CONTROL

Your child needs to eat plenty of fiber foods like raw vegetables, whole grain breads and cereals, fruits, and nuts. He/She also needs to drink enough fluid each day.

BREAKFAST. *For fiber, have at /east 1 fruit, fiber cereal or bread, and juice.*
- Bran cereal: All Bran, Puffed Wheat, Shredded Wheat, Nabisco 100% Bran, cornflakes.
- Pancakes: Make with whole wheat flour.
- Toast: Make from whole wheat bread. Make French toast.
- Fruit juice: Orange, apple, or mixed fruit juice. Warm apple juice helps child to go bathroom in morning.
- Fruits: Apple slices, orange sections, berries, or other fruit. Dried fruits like raisins and apricots. Not bananas.

LUNCH. *For fiber, have at least 1 fruit and 1 vegetable.*
- Sandwiches: Whole wheat bread: Peanut butter, limit cheese.
- Salads: Lettuce, carrots, celery, tomatoes.
- Soups: Vegetable soups.

DINNER. *For fiber, have at least 1 vegetable and a whole grain product.*
- Salads: Mixed vegetables or fruits.
- Vegetables: My raw or cooked vegetable, like spinach, broccoli, carrots.
- Grains: Use whole wheat macaroni, brown rice, and whole barley.

DRINKS.
Give your child 2 glasses of low fat or skim milk a day. Give 4-6 glasses of juice or water a day.

SNACKS.
Fruits, celery with peanut butter, nuts, sunflower seeds, raw carrots, dipped in salad dressing. If you bake, add bran to your batter.

HINTS.
If your child eats these foods, but still has hard stool or watery. stools, talk to your nurse about giving extra fiber. If your child often has hard stools, limit cheese, whole milk, and bananas.

HIGH FIBER DIET

The U.S. Dietary Guidelines recommend we eat a variety of foods, avoid too much fat, sodium, cholesterol, and sugar, and that we Increase fiber In adult diet to 25 to 30 grams per day.

Dietary fiber is found In plant foods, it is not found In meats or dairy foods. Fiber supplies roughage and bulk that helps keep the digestive system healthy, promotes regular bowel movements, and helps satisfy the appetite. Be sure to drink plenty of fluids, especially water, when following a high fiber diet.

Add high-fiber foods to the diet gradually, giving your body time to adjust. Eat a variety of fruits, vegetables, legumes, whole grain breads and whole grain cereals. Include 1-2 tablespoons of unprocessed bran or ½ cup of any bran cereal daily. Bran can be mixed with beverages, added to cereals, casseroles, meat-loaves, salads, hamburgers, breading, or yogurt.

Limit consumption of foods containing sugar, white flour and fat so that they do not replace fiber-rich foods.

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SUGGESTIONS FOR HIGH FIBER FOODS

CEREALS	BREADS AND GRAINS
Unprocessed or Coarse Bran; All Bran, Bran Buds, Fiber One, 40% Bran Flakes, Grape Nuts, High Fiber Crisp Bread, Rolled Oats, Oat Bran, Cereals from 100% Wheat Flour, Shredded Wheat.	Whole Grain Breads, Multi-grain breads, Rolls, Muffins, Biscuits, Crackers (i.e. Rye, Graham, Bran, pumpernickel, Buckwheat, Cornbread, 100% Whole Wheat}; Barley, Cornmeal, Brown or Wild Rice Whole Wheat Flour, Wheat Germ. *Note: The color of bread does not mean that it is baked from high fiber flour. Wheat bread often is darkened with caramel coloring.*
FRESH OR DRIED FRUITS	**FRESH OR FROZEN VEGETABLES-COOKED OR RAW**
Raisins, Grapes, Strawberries, Peaches with skin, Bananas, Pears with skin, Plums, Apples with skin, Raspberries, Blackberries, Prunes.	Asparagus, Broccoli, Brussel Sprouts, Cabbage, Sauerkraut, Carrots, Corn, Cooked Greens, Peas, Cooked beans Red, Kidney, Navy, Chick Peas, Lima, Pinto, Tomatoes, Yams, Salad Greens, Squash, Potatoes with skins, Turnips, Lentils.
NUTS AND SEEDS	
Almonds, Peanuts, Crunchy Peanut Butter Popcorn, Sunflower Seeds, Sesame Seeds	

SAMPLE MENU

MENU		GRAMS OF FIBER
BREAKFAST:	1/2 Grapefruit	0.3
	1/2 Cup High Fiber Cereal	10.0
		0.4
LUNCH:	Sandwich: 2-3 oz. Sliced Turkey	
	Lettuce & Tomato	0.5
	Whole Grain Bread	0.8
	Mayonnaise	
	Oatmeal Cookie	0.1
	Beverage or Water or Low Fat Milk	
DINNER:	2-3 oz. Sliced Lean Roast Beef	
	Baked Potato With Skin	0.5
	1/2 Cup Steamed Broccoli	1.0
	Tossed Salad/Dressing	0.4
	Whole Grain Dinner Roll/Margarine	0.4
	Fresh Pear With Skin	4.1
	Beverage or Water	
SNACK:	Fresh Apple With Skin	2.9
	Ryekrisp Crackers (12)	3.2
	Crunchy Peanut Butter (2 tablespoons)	0.6
	Beverage or Water	
TOTAL FIBER		**25**

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TABLE FOR THE CALCULATION OF FIBER INTAKE

NO FIBER	1 GRAM	2 GRAM	3 GRAM	4 GRAM OR HIGHER
Milk, yoghurt, pudding ice cream				
Eggs, beef, chicken, turkey, fish		2 tablespoon peanut butter	½ cup garbanzo beans, lima beans	½ cup northern beans, navy beans, kidney beans, lentils
Fruit juice	½ cup canned pears, pineapple, fruit cocktail, peaches; fresh grapes	1 fresh peach; 3 fresh apricots; ½ grapefruit; ½ cup apple-sauce, blueberries or strawberries;	1 fresh: apple, orange or banana; 3 dates: ½ cups of raspberries: ¼ cup of raisins, dried apricots, peaches of apples;	1 fresh pear 3 plums 3 prunes ½ avocado
	½ cup tomato Juice, lettuce, spinach, celery, cauliflower	½ cup tomato or cabbage	½ cup sweet potato, broccoli, carrots, peas, potato salad or corn	1 baked potato with skin
NO FIBER	**1 GRAM**	**2 GRAM**	**3 GRAM**	**4 GRAM OR HIGHER**
French bread, Italian bread, white bread, pancake, doughnut, corn flakes, macaroni	1 slice of bread: cracked wheat rye or pumpernickel; 1 tortilla; ½ cup of oatmeal, Nutrigrain, egg noodles or white rice; 2 graham crackers; 1 granola bar	1 slice of 100% whole bread; ½ cup Shredded wheat, Granola, Crispy wheats n'Raisins, brown rice; 2 Harvest Wheats crackers, 3 Triscuits	1 slice of Branola bread 1 bran muffin ½ cup bran flakes, raisin bran or Grapenuts; 1 rye crisp crackers	1/3 cup of 100% bran ¼ cup of unprocessed wheat bran; 1 Fiber med crackers
Chocolate chip cookies	Oatmeal cookies	Fig Newtons		
Beverages, sweets, fats				

OVER THE COUNTER DIETARY FIBER SUPPLEMENTS

	ACTIVE INGREDIENT	DOSE	HOW TO USE?
CITRUCEL	Methylcellulose	2g/tablespoon powder 0.5g/caplet	Take one tablespoon with 8 oz fluid Take 2 caplets with 8 oz. of fluid
METAMUCIL	Psyllium husk from Plantago ovata	**Original powder:** 3 g/tablespoon; **Smooth texture powder:** 3 grounded teaspoon **Wafer:** 3 grams (It contains gluten!) **Capsule:** 3grams/6 capsules (Gluten-free)	Dissolve one tablespoon in 8 oz fluid. Drink 8 oz of liquid with the wafers and capsules

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BENEFIBER	Guar gum from	4g/tablespoon **powder** cluster bean	Take 1 tablespoon with 4 oz of fluid (not with carbonated beverages!!) Max. 15 tablets/day
FIBERCLEAR	Resistant maltodextrin from corn starch	3g/rounded **teaspoon**	In non-carbonated drinks, apple sauce, yoghurt etc.
FIBERCON	Calcium polycarbophil	0.5g /**caplet** (+O, 122g of Ca++)	Take with 8 oz. of fluid

DIETARY FIBER IN FRUITS, NUTS, VEGETABLES, AND GRAINS

FOOD*	SERVING SIZE	DIETARY FIBER	FOOD	SERVING SIZE	DIETARY FIBER
FRUITS			**VEGETABLES**		
Apples	1 med	3.2	Asparagus	4 spears	0.9
Apricots	3	2.4	Beans, baked	1 cup	18.6
Banana	1 med	5.9	Broccoli tops	1 cup	5.6
Cherries	10	1.3	Brussel sprouts	1 cup	6.5
Cranberries	1/2 cups	2.3	Cabbage	1 cup	1.9
Dates, dried	10	7.0	Carrots	1 cup	3.2
Figs, dried	2	18.5	Cauliflower	1 cup	2.5
Grapes, green	20	1.1	Celery	1 stalk	0.7
Mango	1	4.5	Cucumber	6 slices	0.2
Cantaloupe	1/4 melon	2.5	Green beans	1 cup	3.2
Honeydew	1/4 melon	2.7	Lettuce	1 cup	0.8
Orange	1 med	4.5	Mushrooms	1 cup	1.8
Peach	1 med	2.1	Onions	1 small	1.4
Pear	1 med	3.1	Peas	1 cup	11.3
Pineapple	1 cup	2.2	Pepper, sweet	1 cup	0.9
Pineapple, fresh	1 cup	1.9	Potato, boiled	1 med	1.4
Plums	2	2.5	Spinach	1 cup	3.5
Prunes, dried	4	5.2	Tomato	1 med	3.0
Raisins	1/2 cup	5.4	**BREADS AND CEREALS**		
Strawberries	1 cup	3.3	White bread	1 slice	0.8
	NUTS		Whole-wheat	1 slice	2.4
Almonds	10	3.6	All-Bran	1/2 cup	9.9
Brazil nuts	10	5.4	Cornflakes	1 cup	2.8
Peanuts	1/2	5.7	Grape Nuts	1 cup	5.3
Peanut butter	2 tablespoons	2.1	Rice Krispies	1 cup	5.3
			Shredded	1 biscuit	3.0
			Special K	1 cup	1.7

All foods fresh unless stated otherwise. From : L. Slavin and A.. S. Levine. Dietary fiber and gastrointestinal disease. Pract. Gastroenterol. 10:56,1986.

MANAGEMENT OF CONSTIPATION

CONSTIPATION IS CURABLE! Children who follow the treatment plan will be able to control their bowel movements. It may take many months for the intestine to regain strength and feeling after being stretched out for a long time. Some children will continue to have constipation into adult life. Continuing a high fiber diet and using the stool softeners as necessary can successfully treat this. Replacing is one of the main problems in long-term management. Some patients will do well for months or years and then gradually become constipated again. Restarting the initial clean out, followed by maintenance therapy, will bring back control.

First, the initial clean out clears retained stool out of the colon. Second, maintenance therapy prevents stool buildup, allows the colon to return to Its normal shape and muscle tone, and encourages regular bowel movements in the toilet. Clean-outs can be very messy since the child often cannot control the passage of the stool and medicine mixture. Younger children may have to wear diapers again during the clean-out. Older children may have to remain home from school so as to be able to reach the bathroom quickly.

Increase physical activity if it seems below average for your child's age. Exercise helps move stool down in the colon. Your child should drink proper amount of fluid each day.

For the long-term resolution of the constipation your child should have good dally fluid and fiber intake and develop a regular stooling habit, which means that he/she goes to the bathroom at the same time every day.

1. **<u>COLON CLEAN OUT</u> PROCEDURES (THIS IS A <u>SINGLE AND NOT AN EVERYDAY</u> PROCEDURE!!! YOU WILL TRY ONE OF THE TREATMENTS LISTED BELOW.)**

- **<u>ORAL CLEAN OUTS:</u>**

  A. Your child drinks .... ml (...........ounces) of **MAGNESIUM CITRATE**. (It is a favored over-the-counter preparation which works slowly within 24 hours; If your child does not pass stool within a day, you may try to repeat the dose).

OR

  B. Your child drinks .... ml (...........ounces) of **ORAL PHOSPHO-SODA SOLUTION** followed by at least 8 ounces of clear liquid (e.g, water, Sprite etc). (see the figure) It is an over-the-counter solution. It is a very salty fluid which works within six hours. Your child should stay close to the bathroom. Patients *with kidney, heart problems or congenital intestinal diseases* (e.g. possibility of Hirschsprung's disease) *must not take* this solution II Do not repeat it next day Without consulting with us II

OR

  C. Your child drinks .... ml (...........ounces) of **<u>GOLYTELY, NULYTELY</u>**. Every 10 minutes until he/she drinks .... ml (...........ounces). You need prescription to get this preparation.

OR

  D. Your child drinks .... ml (...........ounces) of **<u>MIRALAX</u>**. Solve ..... measuring cap(s) (17g) of Miralax in ..... oz of clear fluid (.e.g diet Snapple, Sprite, juice, water etc). You need prescription to get this preparation. Give ...... ounces ....
  - times a day. He/she should drink it within an hour. Repeat this procedure next day if she/he does not pass stool until he/she passes only liquid stool.

- **<u>RECTAL CLEAN OUT</u>**

  A. Use series of **<u>FLEET ENEMA</u>** solution. It is an over-the-counter preparation. Choose the type of preparation recommended to the age of you child. Apply some lubricating jelly or Vaseline to the tip of the applicator before inserting it into the rectum. Follow the instructions for administration in the box. Use it morning and evening for .... days. Give additional enemas if your child still passes formed or solid stool pieces.

  If your child does not allow to the administration of enema or does not drink the solutions call your doctor for advise.

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2. <u>STOOL SOFTENER THERAPY</u> PROCEDURES (IT HAS TO BE GIVEN <u>EVERY DAY WITHOUT INTERRUPTION</u>!!!)

Your child will probably need to remain on medication for several months.
Volume calculation; <u>1 teaspoon = 5 cc [ml], 1 tablespoon = 15 cc [ml])</u>

A. Give **<u>LACTULOSE</u>** .... ml (=cc) morning and .... ml evening. It is a sweat sugar solution. You need prescription to get it.
- **INCREASE** the starting dose by .... ml in **every third day** If your child still does not have regular stools or his/her stool is still hard In consistency. (E.g. increase from 10 to ml to 15 ml on the 3d day, from 15 ml to 20 ml on the 6th day, from 20 ml to 25 ml on the 9th day and so on).
- He/she should have one or two soft stool (pudding consistency) per day or every other day.
- If the stool became watery *cut back* the dosage with ...... ml (e.g. from 25 ml morning and evening to 20 ml morning and evening). **DO NOT DISCONTINUE IT**.
- If the beginning of this therapy your child still does not have stool, or the stool is hard, give a Fleet enema after three days to avoid stool impaction. If he/she still has accidents, it suggests an impaction again and use one or two Fleet enemas.

B. Give **<u>MINERAL OIL</u>** ...... ml morning and .... ml evening. It is an over-the counter preparation.
INCREASE the starting dose by .... ml (...... teaspoon) in **every third day** if your child still does not have regular stools or his/her stool is still hard in consistency. The stool should have **<u>pudding/yoghurt consistency</u>**.

C. **MIRALAX** (it is a powder; *1 measuring cap=17q= 4 teaspoons; it should be solved in B oz =240 cc of fluid, such as water; juice, Sprite. etc)*. You need prescription to get this preparation.
<u>Give</u> .... teaspoon(s)= .... oz =~ .... cap .... -times a day.
- **INCREASE** the starting dose by ...... teaspoon of Miralax in .... oz of liquid in **every third day** If your child still does not have regular stools or his/her stool is still hard in consistency. The stool should have **<u>pudding/yoghurt consistency</u>** (E.g. increase from 2 oz to ml to 3 oz on the 3rd day, from 3 oz to 120ml 4 oz on thee" day, from 4 oz to 5 oz on the 9th day and so on).
- If the stool became watery cut back the dosage with .... teaspoon (...... oz; e.g. from 5oz ml to 4oz one of the doses). **DO NOT DISCONTINUE IT**.

3. <u>FIBER IN THE DIET</u> (See the Instructions In this booklet.)
Increase fiber intake by encouraging whole grains, fruits, vegetables, peanut butter, dried fruits, and salads. Younger child may get milk-shake, which consist of milk, orange and/or other high fiber fruit and table sugar mixed in a blender.
Your child needs approximately .... g fiber EVERY day.

4. <u>TOILET TRAINING</u>
Your child needs to be allowed to go to the toilet any time he/she has the urge to go. However, since stretching of the intestine by retained stool reduces its sensation; your child **must also sit on the toilet at regular times** even if no urge is present. The best time for this is **after the main meals**; when the intestines are stimulated. After meals, especially after breakfast, is the best time for this "toileting practice" or "sit", because a full stomach makes most people feel the need to have a bowel movement A large hot drink may increase this feeling. You should send your child to the bathroom **<u>within 15 minutes</u>** after mean meal(s) (breakfast. lunch or dinner) and he/she should try to pass stool for **<u>maximum 5 minutes</u>**. If he/she does not have bowel movement do not force It.

Place a box or stool under the feet of smaller children to raise their knees higher than their hips. The best position for a bowel movement is with the child's bottom sinking into the toilet- as long as the child does not feel he is falling! Very small children may feel safer if they face backwards on the toilet, or use a potty chair. If your child is not potty trained yet, make no attempt at toilet training for now. The goal now Is to keep the Intestine empty so that it will shrink back down and regain muscle tone and sensation.

5. If your child is nor collaborative please try to use a **REWARD SYSTEM** (see Star calendar system inside). It is important in children between 2-6 years of age when so-called withholding behavior is a frequent problem. Help your child keep a diary or calendar of his/her bowel habits Including stools passed in the toilet, soiling accidents, need for enemas, etc. Stickers are useful. This should be the child's project and Is an important part of the training. Bring to the office on follow up visits. Have your child take responsibility for washing any soiled clothing. Do not let the child see that this is upsetting you, and do not punish him/her. Remember that accidents are involuntary - the child has poor control of bowel function.

6. Schedule a return visit in _______ week(s).

Sources:

1.How to ~I with Your Child's chronic Constipation American Academy of Family Physicians
2. UMMS Nutrition Service Guideline,
3.Manua/ of Pediatric nutrition, Mosby-Year Book, 1990