



FECAL IMPACTION: HOW TO TREAT

We see many children with chronic constipation in the office. As the stool builds up in the rectum and lower intestine, water is drawn out of the stool and it often becomes impacted. Impacted stool is very large and hard making it very difficult to come out. Before we can treat the constipated patient, the impacted stool needs to be completely cleared. Treatment usually involves modifying the child's diet. We sometimes recommend laxatives and encouraging regular times when the child sits on the toilet and tries having a bowel movement. Sometimes enemas or suppositories are needed to treat impaction. These treatments work well but are uncomfortable and often unpleasant to use.

As an alternative to enemas or suppositories your provider is prescribing MIRALAX, a powder with no taste that can be mixed with any beverage. The usual dilution is 1 capful (17 grams) of MiraLax in 8oz (250ml) beverage. This medicine can be used to "clean out" the impaction over the course of a few days and then on a regular basis to treat the chronic constipation. Your provider will discuss with you a suitable dose of Miralax based on the weight of your child and will prescribe the medicine. For example: a child weighing 20 lbs. would take $\frac{1}{2}$ capful in 8oz (250ml) fluid divided into 2 doses daily. A child weighing 40 lbs. would take 1capful in 8 oz. (250ml) divided into 2 doses daily.

In addition to cleaning out the impaction, the child will need to be on high fiber diet to prevent recurrence of the constipation. Please see the separate handout about "High Fiber Diet".

You provider may also recommend sitting periods on the toilet to help with the constipation. In this case, the child is told to sit on the toilet after breakfast and after supper for 10 minutes

each time. The child is requested to try to push out the bowel movement even if he/she doesn't think he/she needs to go.

In general, clean out is complete when the child is having soft bowel movements that are easy to pass. The frequency of bowel movements can vary from daily, every other day, or up to 2-3 times a day. The most important goal is for the child to be able to easily pass a bowel movement without pain or needing to strain. After clean out is complete the medicine is adjusted in small increments to maintain the above goals. Once it is easy for the child to pass the stool and stooling is not painful, the child will stop holding back and should start to stool regularly.

This takes time so be patient and encouraging. If initially there is occasional staining or leakage help your child clean up without embarrassment. Your child will probably need a few follow-up appointments in the office to check on progress.