



## CONSTIPATION

### DEFINITION

#### Usual Findings

1. Painful passage of stools: The most reliable sign of constipation is discomfort with the passage of a bowel movement.
2. Difficulty passing stools: These children often need to strain in order to have a bowel movement (BM) and sometimes are unable to pass anything.
3. Infrequent movements: Going 4 or more days without a BM can be considered constipation, even though this may cause no pain in some children and even be normal for a few. **EXCEPTION:** After the second month or so of life, many breast-fed babies pass normal, large, soft BMs at infrequent intervals (up to 7 days is not abnormal) without pain.
4. Other symptoms may include abdominal pain, decreased appetite, and irritability

#### Common Misconceptions in Defining Constipation

Large or hard BMs unaccompanied by any of the conditions just described are usually normal variations in BMs. Some normal people have hard BMs daily without any pain. Babies less than 6 months of age commonly grunt, push, strain, draw up the legs, and become flushed in the face during passage of BMs. However, they don't cry. These behaviors are normal and should remind us that it is difficult to have a BM while lying down.

## **Causes**

Constipation is often due to a diet that does not include enough fiber. Drinking or eating too many milk products can cause constipation. It's also caused by repeatedly waiting too long to go to the bathroom. If constipation begins during toilet training, usually the parent is applying too much psychologic pressure. The tendency to constipation can also be inherited.

## **Expected Course**

Changes in the diet usually relieve constipation. After your child is better, be sure to keep him on a non-constipating diet so that it doesn't happen again. Sometimes the trauma to the anal canal during constipation causes an anal fissure (a small tear). This is confirmed by finding small amounts of bright red blood on the toilet tissue or the stool surface.

## **HOME CARE**

### **Diet Treatment for Infants (Less than 1 Year Old)**

**For babies less than 4 months of age**, add Karo syrup (corn syrup) to the bottle. Start with 1 tsp. of Karo per bottle in 3 bottles a day. Increase or decrease the number of bottles that you add Karo to until the baby is having soft stools that he/she passes easily.

**If your baby is over 4 months old**, add strained foods with a high fiber content, such as apricots, prunes, peaches, pears, plums, beans, peas, or spinach twice daily. Limit cereals, strained carrots, squash, bananas, and apples.

### **Diet Treatment for Older Children (More than 1 Year Old)**

- Make sure that your child eats fruits or vegetables at least three times each day (raw unpeeled fruits and vegetables are best). Some examples are prunes, figs, dates, raisins, peaches, pears, apricots, beans, celery, peas, cauliflower, broccoli, and cabbage. **WARNING:** Avoid any foods your child can't chew easily.
- Increase bran. Bran is an excellent natural stool softener because it has a high fiber content. Make sure that your child's daily diet includes a source of bran, such as one of

the new "natural" cereals, unmilled bran, bran flakes, bran muffins, shredded wheat, graham crackers, oatmeal, high-fiber cookies, brown rice, or whole wheat bread. Popcorn is one of the best high-fiber foods (use plain unflavored popcorn only). Do not give popcorn under 3-4 years of age due to potential choking hazard.

- Decrease consumption of constipating foods, such as milk, ice cream, yogurt, cheese, and cooked carrots.
- Increase the amount of water your child drinks.

For more dietary advice, see our separate handout: "High Fiber Diet".

### **Sitting on the Toilet (Children Who Are Toilet Trained)**

Encourage your child to establish a regular bowel pattern by sitting on the toilet for 10 minutes after meals, especially breakfast. Some children and adults repeatedly get blocked up if they don't do this. If your child is resisting toilet training by holding back, stop the toilet training for a while and put him back in diapers or Pull-ups.

### **Stool Softeners**

If a change in diet doesn't relieve the constipation, give your child a stool softener with dinner every night for 1 week. Stool softeners (unlike laxatives) are not habit-forming. They work 8 to 12 hours after they are taken. Examples of stool softeners that you can buy at your drugstore without a prescription are Maltsupex (2 tablets), Haley's M-O (1 tablespoon), Metamucil or Citrucel (1 teaspoon), or plain mineral oil (1-2 tablespoons). Miralax (1/2 cap-1cap) is also recommended.

### **Suppositories for Acute Constipation**

If your child is in pain needing immediate relief, one of the following will usually provide quick relief:

For newborns: a gentle rectal dilation with a Vaseline lubricated pinky finger (covered with plastic wrap)

For infants and toddlers: a glycerin suppository (available without a prescription)

For children 6 years old and older: a Dulcolax suppository (available without a prescription)

### **CALL OUR OFFICE**

**Immediately if**

- Your child develops extreme pain.
- Pain become constant and persists for more than 2 hours.

**During regular hours if**

- Your child does not have a bowel movement after 5-7 days on a non-constipating diet.
- The anal area develops any tears (fissures) that won't heal.
- Your child soils himself (leaking BMs).
- Constipation becomes a recurrent problem for your child.
- You have other concerns or questions.