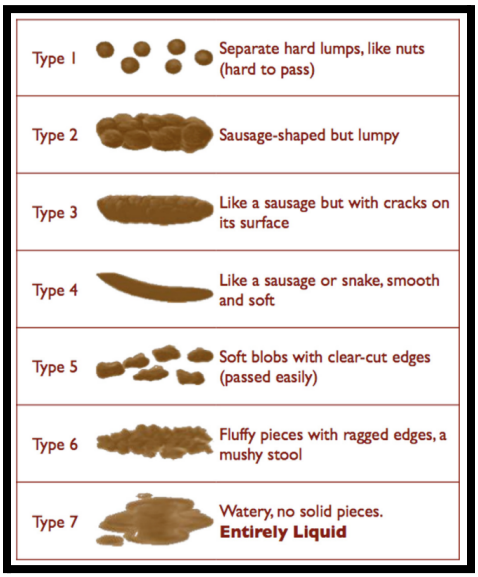
Functional Constipation After Discharge Resources

☐ Watch The Poo in You Educational Video https://www.youtube.com/watch?v=SgBj7Mc_4sc

☐ Check Out GIKids Resources https://gikids.org/constipation/

- ☐ Complete Constipation Care Package
- ☐ Fluid And Fiber
- ☐ Toilet Training Tips
- ☐ Water Tracker Tool
- ☐ Bowel Management Record Tool

☐ Bristol Stool: Aim for Daily Type 4 Stool



Fecal Incontinence in Children (The Basics):

What is fecal incontinence?
Fecal incontinence in children is when a toilet-trained child has bowel movements in places other than the toilet. It happens when a child loses control of their bowels. For example, a child might leak a bowel movement into their underwear or have a bowel movement while asleep. Other terms for fecal incontinence are "encopresis" or "soiling."

What causes fecal incontinence in children?
Constipation is the most common cause of fecal incontinence in children. Constipation can make bowel movements hurt. Constipation can also cause bowel movements to be hard or small, or happen less often than normal. (Most children normally have about 1 soft bowel movement a day.) Sometimes, a child with constipation might try to avoid having bowel movements. This can make the constipation worse.

When a child is constipated, bowel movements (also called "stool") can build up inside the body. As a result, the nerves and muscles that control the release of bowel movements stop working as well as they should. This causes some of the bowel movement to leak out.

Other causes of fecal incontinence can include:
- Problems with toilet training
- Emotional stress or changes in a child's schedule
- Some medical conditions

Should my child see a doctor or nurse?
If your child often leaks bowel movements in their underwear or has bowel movements in places other than the toilet, talk to your doctor or nurse.

Will my child need tests?
Maybe. The doctor or nurse will do an exam and talk with you and your child. Most children don't need tests. But if your child does, possible tests can include:
- An X-ray of the belly – This can show if bowel movements have built up inside the body.
- Blood tests – These can check for a medical condition that could cause fecal incontinence.
- Urine tests – Some children with fecal incontinence also have daytime wetting or wet the bed at night. A possible cause of this is a urinary tract infection. Doctors might test a sample of your child's urine to look for infections.

How is fecal incontinence in children treated?
It depends on the cause. For fecal incontinence from constipation, doctors can:
- Give medicines to get rid of bowel movements that have built up – This treatment is sometimes called a "clean out."
- Give medicines to help your child have normal bowel movements – These medicines are called "laxatives." They make bowel movements easier to get out.
- Show you how to help your child develop good bowel habits. Here are some things you can do:
  - Have your child sit on the toilet for a few minutes after each meal
  - Give your child rewards for sitting on the toilet, whether they have a bowel movement or not
  - Keep track of when your child has bowel movements – Write down when they try to use the toilet and when they have a bowel movement. This gives you and the

doctor more information about any problems.
- Stay positive and calm, even if your child still has fecal incontinence. Avoid scolding your child. This can be stressful and make the problem worse.

If another medical condition is causing fecal incontinence, doctors can find it and treat it. If stress is the cause, good bowel habits can help. Sometimes, talking to a therapist can help with stress.

Ask your doctor if some simple diet changes could help your child. For example, it might help to:
- Give your child more fruit, vegetables, cereal, and other foods with fiber
- Avoid milk, yogurt, cheese, and ice cream
- Make sure your child drinks plenty of water

But if your child has fecal incontinence, making diet changes alone probably won't fix the problem.

Can fecal incontinence in children be prevented?
If constipation or stressful situations are the cause, you can reduce your child's chances of getting fecal incontinence again. You can:
- Give your child the medicines the doctor prescribes, exactly as directed
- Make sure your child maintains good bowel habits
- Be patient. It can take several months or longer for children to get over fecal incontinence.
- Talk to the doctor or nurse about things that could be causing stress for your child. They might have ideas for how to help your child handle the stress.

If the doctor or nurse prescribes laxatives, don't stop giving them to your child without asking the doctor. Some parents worry that laxatives are not safe or will cause problems for their child in the future. But the fact is, laxatives prescribed for children are very safe. Stopping them too early could make fecal incontinence come back or get worse.

Functional Constipation Discharge Plan

Your child has developed functional constipation that causes painful, hard, large stools, and stool retention that may lead to stool accidents. This occurs after your child has experienced a painful stool that has led their body to hold in the stool, called withholding. The withholding of stool causes the rectum, colon, muscles and nerves to stretch, leading to decreased sensation and function, and sometimes stool leakage. Regaining control and restoring sensation/nerve function requires bowel retraining.

Successful Bowel retraining requires the following:

- **Giving the medications prescribed exactly as directed without missing doses.**
- Do not stop medications unless prescribed by your doctor.
- Encouraging your child to eat high fiber foods, such as fruits, vegetables, and whole grains.
- Avoid excessive intake of constipating foods like milk, yogurt, cheese and ice cream.
- Encourage your child to drink plenty of water
- Begin timed toilet sitting for about 1-2 minutes, 5-10 minutes after meals.
- Praise and reward your child for stooling on the toilet.
- Stay calm and avoid scolding your child because this can be stressful and make things worse.
- Keep a daily bowel chart to give your pediatrician or gastroenterologist more information about your child's bowel habits and success of treatment. The goal is to have at least one type 4 stool per day.
- Remain patient as functional constipation and stool accidents take a minimum of 2 months or up to a year or more to resolve.

Medications

Osmotic laxatives pull water out from the body into the colon to soften stool and make them easier to pass.

- **Miralax** is a white powder that can be mixed in sports drinks, juice, or water, and is generally well tolerated by children. It can be used as both a daily maintenance medication at lower doses, or at higher doses as a clean out.

Instructions for home adjustments of Miralax

1) Maintenance doses of Miralax can be adjusted at home by increasing or decreasing the dose by ½ -1 teaspoon everyday or every other day to keep the stools at a soft or loose consistency. Caregivers can be proactive with maintaining stool consistency by titrating the doses up or down as needed.
2) If there is concern for constipation, hard stools or straining, increase the frequency of the maintenance dose to twice a day until your child's stools are soft again.

- **Lactulose** is well tolerated by infants and is recommended for infants under 12 months of age or under 10 kg, however it can be given in an older child if your child does not tolerate Miralax well.

- **Glycerin Suppositories** are given as needed, and recommend giving one glycerin suppository if there is no stool in 24-48 hours in infants under 12 months of age.

- **Magnesium hydroxide (Milk of Magnesia)** is a liquid that is used in addition to Miralax or Lactulose in the treatment of constipation requiring a significant clean out, or when your child has new constipation while already taking maintenance Miralax or Lactulose at home. MOM should be avoided if your child has kidney disease and may cause cramping.

Stimulant Laxatives increase muscle contractions in the bowel wall to help squeeze the stool through the colon. Your physician will discuss with you which medications will be best tolerated by your child. Stimulant laxatives may cause cramping and should be taken for a **minimum of 2 weeks** and not continued unless otherwise prescribed by your child's pediatrician or gastroenterologist. Stimulants can be used for **rescue** after attempting to double the maintenance Miralax dose, if there is no BM in 3-4 days.

- **Senna or Sennoside** is sometimes used in addition to the Miralax or Lactulose if your child requires a significant clean out, or is already on maintenance of Miralax or Lactulose at home and develops new constipation. It comes in liquid, tablet and chocolate squares.
- **Bisacodyl** is also sometimes used in addition to the Miralax or Lactulose if your child requires a significant clean out, or is already on Miralax or Lactulose at home and develops new constipation. It is only available as a delayed release tablet, and cannot be crushed.