



The Doctor Is In

BY DR. DAVID HILL

Constipation: The Scoop on Poop

What is constipation? You'd think the answer would be obvious: it's when your child needs to poop and can't. But in medicine we have to be precise about everything. So we turn to the North American Society for Pediatric Gastroenterology, Hepatology, and Nutrition (NASPGHAN), which defines constipation as, "a delay or difficulty in passage of bowel movements present for two or more weeks, which causes the patient significant distress." In other words, it's when your child needs to poop and can't and is uncomfortable and it lasts more than two weeks.

What isn't constipation?

It's quite normal for infants to strain, turn colors, and cry during bowel movements. Babies have weaker abdominal muscles and are often on their backs, so they have to work hard to poop. While the average newborn has three or four bowel movements a day, there is tremendous variation in what's normal. Many infants will stool with each feeding, and some breastfed babies go seven to ten days between bowel movements.

How do you know when a baby is constipated?

When an infant passes hard, painful balls of stool or bleeds with bowel movements we get concerned. Term newborns should pass meconium within 36 hours of birth, while preemies may take a little longer. Breastfed infants rarely get constipated. Formula-fed infants may have more trouble. Soy-based formulas may cause harder stools while milk-based formulas and hydrolyzed casein formulas (Alimentum, Nutramigen) may loosen stools.

How do you know when a toddler is constipated?

Constipation often begins in the toddler years both because of the switch to cow's milk and because toilet training occurs then. Toddlers hold stool both as a control issue and in response to episodes of rectal pain or trauma. This can cause a vicious cycle where stool-holding leads to larger, more painful bowel movements. Constipated toddlers may pass frequent, small, hard poops or they may have infrequent very large stools preceded by an elaborate "potty dance." In either case parents rarely miss the signs their toddlers are uncomfortable.

How do you know when a school-aged child is constipated?

By this age most children are more private about their bathroom habits. Poor appetite, abdominal pain, or soiling may be the only signs they're having trouble. Soiling (encopresis) is a late and particularly troublesome effect of constipation. Children find these episodes highly embarrassing and may hide the "evidence" or deny there's a problem.

Is soiling always a sign of constipation?

In most cases previously toilet-trained children who begin soiling have become so constipated they no longer feel the urge to poop. Retained stool stretches out the rectal tissue and the nerves that tell the brain it's time to potty stop working. Soft stool from higher in the colon leaks around the retained mass, and the child is unaware of what's happening. Some children soil without constipation, usually as a result of disease or of psychiatric illness.

I hate to bother my doctor with this issue. Shouldn't it respond to a change in diet?

A child who has an occasional hard or painful stool may do great with dietary measures such as decreasing dairy intake and adding more fruits, vegetables, and whole grains. Infants with hard stools will often respond to small amounts of fruit juice (around two ounces of apple or pear juice) or concentrated corn syrup like Karo. Formula-fed infants may benefit from changing to a hydrolyzed casein or whey formula.

When should I seek care for my child's constipation?

Newborns who don't have a bowel movement within 36 hours should be evaluated before they leave the nursery. Any baby or child who passes blood in the stool deserves an examination. Children and toddlers who don't respond to a brief trial of diet or over-the-counter remedies should see their doctors, and any previously potty-trained child who starts soiling needs an evaluation. Ninety-five percent of constipation is "functional," meaning it results from stool-holding. But in five percent, constipation may be a sign of a disorder such as cystic fibrosis, spina bifida, hypothyroidism, or lead poisoning, among others.

What will my child's doctor do?

Ideally you'd come to the appointment with a seven-day record of the child's diet and bowel habits. Your provider will want to know how the problem started and will ask about symptoms like stomach pain or wetting. Medications, home or school stresses, and family history are all important. Problems involving development, behavior, or potty-training are also relevant. Your provider will perform a complete exam with a special focus on what I call the "pooper." There's almost certain to be a rectal exam (you may want to prepare your child in advance). Often the history and exam alone are enough to make a diagnosis, but your doctor may order x-rays, urine analysis, or blood tests.

What are the best treatments for constipation?

Usually by the time constipation comes to a doctor's attention the problem is complex and chronic. The first step is the "cleanout," getting the accumulated stool out of the rectum. Stool softeners, laxatives, and enemas are often used in combination. Until the clog is gone, normal bowel movements can't return. The second step is to keep stool soft and frequent. Patients usually need a daily stool softener for months. Several options exist, but polyethylene glycol powder (Miralax, Glycolax) is popular because it's easy for children to take and it doesn't cause fluid or electrolyte problems. At the same time the child must learn to have normal bowel movements, usually by sitting on the potty for ten minutes after each meal. After several months medicines can sometimes be weaned, but constipation returns as often as half the time and may require prolonged treatment.

What mistakes can we make?

The most important is not to punish or blame the child. Constipation, especially when it involves soiling, can be a frustrating problem. But remember it's even more frustrating for the child. With patience and a relentlessly positive focus you can ensure it all comes out okay in the end.

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