CONSTITUTION

Clinical features
Distinguish between...

1) True constipation
Infrequent or irregular passage of unduly hard stools - most common in children under 5 years, associated with an anal fissure.

2) Faecal loading
Ineffective and incomplete evacuation of stool from the colon, with faecal build-up:
- stools may not be hard and faeces may not be felt on abdominal palpation
- common over 5 years of age, presenting with abdominal pain and/or soiling (involuntary leakage of small amounts of soft or watery stool)

UNCOMMONLY, constipation may be due to organic causes such as anorectal malformations, Hirschsprung's disease and hypothyroidism, or in the older child degenerative leiomyopathy (pseudohirschsprung's)

3) Encopresis
Apparently "wilful" passage of normal stool in inappropriate places; usually associated with severe psychological problems.

Investigations
1) X-ray abdomen - straight film only
2) Urine dipstick
3) Others to exclude organic causes, as clinically indicated (in the older child, consider a rectal biopsy if leiomyopathy may be the cause)

Management

Faecal Loading
Management is similar no matter what the underlying cause/origin

1) Faecal clearance
1) Fleet or Microlax enema twice a day for 3 days (if not already used)
2) BALANCED ELECTROLYTE/POLYETHYLENE GLYCOL solution (Golytely) catharsis (20ml/kg/hr until stools become water-like, 4-8 hours)
   - Requires admission
   - Check effectiveness with repeat x-ray abdomen

2) Explanation
The bowel needs to be re-educated (this takes time i.e. months not days)

3) Maintenance
1) Fibre: bran, fruit, vegetables, whole grain bread and cereals
2) Metamucil / Fybogel

4) Bowel re-training
1) Regular toilet after meals, regardless of whether urge is present. An unhurried approach is important (read a book while sitting)
2) Star chart, with rewards for producing the goods

5) Encouragement
Involve child as much as possible in management

6) Laxatives
Use in severe cases only
- First line: (osmotic laxative) SORBITOL (3-15ml 24H, after breakfast)
- If no response: (peristaltic laxative) SENOKOT (1-2 tabs 24H nocte) or BISACODYL (Dulcolax, 5-10mg 24H nocte)

Acute Constipation + Anal Fissure

1) Treat this seriously, to avoid development of chronic faecal loading
2) Fibre: as above
3) Laxatives: as above
4) If fissure present, use anaesthetic cream applied to the anal verge

Follow up all cases of faecal loading and constipation until "resolved"