KIDFIXERS

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Constipation

At one time or another, virtually every child will become a little "backed up." By far, constipation is the number one physical cause of abdominal pain in children. It is also responsible for 5% of a pediatrician's office visits and 25% of a pediatric gastroenterologist's referrals.

What is it?

Constipation implies not one, but two factors: Hard and infrequent stools. The child who has a regular soft bowel movement, with no complaints, every other day, does not have constipation. Neither does the child with somewhat firm stools on a daily basis. To have constipation, a child must have *both* infrequent and firm stool.

Also, the term constipation is an individual one. For example, if a child's normal bowel pattern is to have one or two soft movements daily, and he begins to skip a day between movements and the stools firm up, then for him, this is constipation. It would not be considered constipation for the child who regularly has a movement every other day.

What causes it?

Why do children become constipated? Pretty much for the same reasons that their parents become constipated, with a few age-specific additions:

• **Functional constipation**: This is the most common diagnosis in kids with constipation. Children will withhold their stools voluntarily after a hard bowel movement, simply because it hurt them to defecate. Once they start to hold back, stool sits in the colon and rectum for a longer period of time than usual. Extra time means that there is more time for the colon to withdraw water from the stool, which is exactly what colons do. This extra drying-out makes the stool harder, which in turn makes movements even more painful. A vicious cycle has begun: Hard stool --> withholding --> harder stool --> more withholding, etc. Kids with functional constipation will do everything to hold back that stool: they squat, twist their bodies, cross their legs, dance; you name it, they do it.

When kids are in the process of toilet training, they often withhold stools simply so that they won't have to decide between having a movement on that scary new potty or in the safe, friendly, familiar diaper. Once they hesitate, the vicious cycle takes place: withholding leads to pain, which leads to further withholding.

• **Dietary**: The typical lunch room, fast-food diet can do a number on a child's belly. For regular bowel movements, a child requires fiber, and there isn't too much of that either on the school lunch line or on the drive-in menu at Burger King.

• **Intestinal diseases**: Much, much less common are intestinal disorders such as Hirschsprung disease, in which a portion of the large intestine (colon) is missing nerve cells responsible for contracting the colon; celiac disease, an intolerance to wheat; milk or formula intolerance; irritable bowel syndrome (IBS); and intestinal obstruction:

• **Medical problems outside the GI tract**: Also rarely a cause of constipation are such conditions as hypothyroidism, an underactive thyroid; cystic fibrosis, a thickening of secretions in the intestinal tract; and neurologic conditions effecting the spinal cord or nerves.

Keep in mind, however, that the great majority of cases of constipation in childhood are merely functional or dietary, and a million dollar workup is seldom necessary.

What does it look like?

Even more than infrequent and hard stools, the number one symptom of constipation is abdominal pain. In children, ***constipation is, by far, the number one physical cause of a belly ache***. Most important to remember is that this may very well be the only symptom of constipation. Often, neither parent nor child will notice the change in frequency and consistency of the stool, but abdominal pain will be noticed. The pain can be constant or intermittent, acute or recurrent, and crampy, sharp or dull. It can be felt in the middle of the abdomen or lower down.

Frequently, the pain of constipation will be higher up in the belly, under each side of the rib cage. The large intestine makes two sharp turns (called flexures) under the ribs, and when stool isn't completely emptied, gas can become trapped in these sharp turns. The result of this trapped gas is sharp pain under the ribs. Kids get a kick out of it when we tell them they have "TFS": trapped fart syndrome.

Most of the time, the diagnosis of constipation can be confirmed simply by examining a child's belly and feeling lumps of hard stool in the colon. A rectal exam will reveal a stool-filled rectum.

How is it treated?

Assuming that your child's constipation proves to be either functional or simply a matter of poor diet, then your treatment options include:

• **Diet**: Fiber is king! Increasing the fiber in a constipated child's diet is frequently all that is necessary to solve the problem. Fiber is found in such foods as fruits, peas, beans, vegetables, dried fruit, bran, multi-grain cereals, oatmeal, popcorn, and whole-grain bread.

• **Toilet time**: Some children become constipated because they're simply "too busy" to take the time to sit. Sitting on the toilet regularly will condition a child's colon to start working whenever he visits the bathroom. Encourage your child to spend at least 5 minutes after each meal sitting in the bathroom (yes, a magazine is fine).

• **Laxatives and stool softeners**: If diet and sitting on the John don't do the trick, then we will recommend medication. A variety of stool softeners and propulsive agents can help to make a constipated child regular, including osmotics, such as Miralax, which act by drawing water into the colon to soften stool; and bowel stimulants (Senokot, Dulcolax), which are effective but sometimes cause cramping.

Sometimes a parent can wait too long, and the usual laxatives are useless. The child in constant pain after a week with no bowel movements may well be impacted. Although a trial of a double dose of one of the laxatives mentioned above might do the trick, often treating impaction with oral medications merely leads to further pain, since the stool has become so hard that it can't be dislodged from above. In that case, a better solution is to use a rectal suppository or a Fleets enema.

Anything else?

Two other common signs of constipation need to be addressed: fecal soiling, also called encopresis, and urinary accidents, called enuresis. Many distraught parents come into our office complaining that their children, although long-since potty trained, are soiling their underwear with stool. Convinced that this represents either some life-threatening illness or else a sign of severe psychopathology, they become frantic. They're often amazed to learn that fecal soiling is a very common complication of constipation. When a child's rectum is literally stretched with stool, the sphincter muscle of the anus can't fully close, and stool leaks out. A quick rectal examination will determine that your child is literally loaded with stool. Thoroughly "cleaning him out" will empty the rectum and once again allow the sphincter to do its job.

Why urinary accidents? A full rectum pushes on the bladder, depriving it of room, and causing a small bladder capacity and dribbling of urine.

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