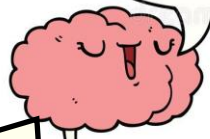
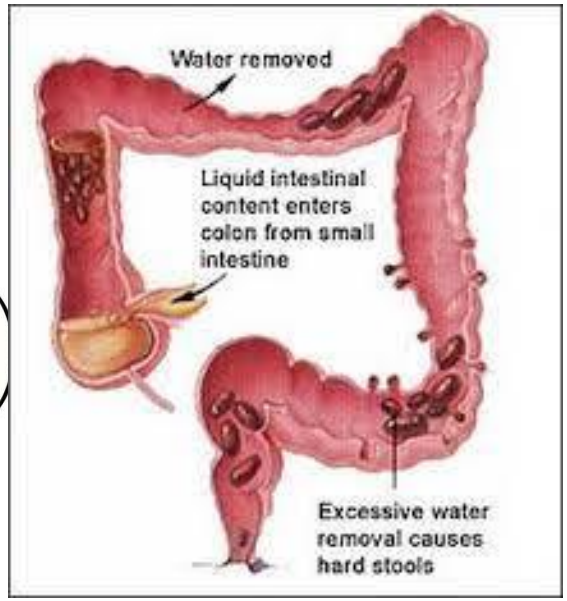
Constipation: how to identify

When the rectum is full, poop knocks on The door every 15 minutes

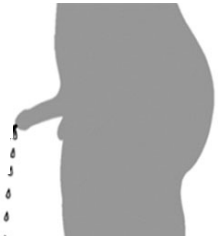


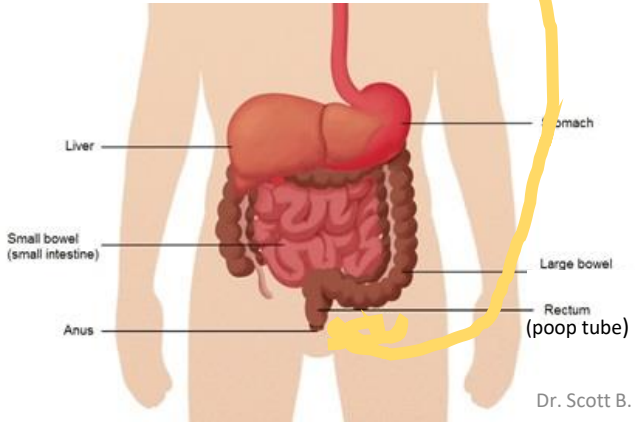
If your child suddenly stops, squats or sits on their heel, this is a sign they need to poo. Poop knocks 3 times, then if not allowed out There can be a poo-mergency 2 hours later



The longer the poop sits in the rectum, the drier and harder it gets.

Type 1 and type 2 poops are evidence of constipation. Some patients that are constipated can also have diarrhea because they haven't moved the hard impacted poop.





Children also often develop bladder spasm, and feel the urge to frequently pee, but dribble instead. This is because they are trying to relax the bladder, while still holding in poop. Bladder infections may occur as a result of bladder spasms as well.

Painful poops perpetuate the problem and interfere with toilet training as well.

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Constipation: how to treat

Treatment:

I)Fix constipation and remodelling using PEG3350 (Lax-A-day, RestoraLax, generic)

17 grams of power= 1 capful=27mL=2 tablespoons (Even though the bottle says “don’t use for under 18” it is very, very safe to use in infants and children)

<u>Step 1</u>: Twice a day for 3 days

- Start Friday morning
- If they need to toot/fart, do it on the toilet for the first 3 days just in case
- Even if they get diarrhea, don’t stop

<u>Step 2</u>: Once a day for 1 week minimum

- If hard poop or pain, or miss a day of pooping go back to step 1

<u>Step 3</u>: For as many months as they have been constipated : Treat so that they are pooping easily with no pain and poop is soft

- Go back to Step 2 if they have hard poop or pain
- Go back to Step 1 if they miss a day of poop

	Age 0-12 months	Age 1-5	Age 5 and above
Step 1	2 tsp	2 Tbs twice a day	1 cap twice a day
Step 2	1 tsp	1 Tbs once a day	1 cap once a day
Step 3	½ tsp	½ Tbs	½ cap a day

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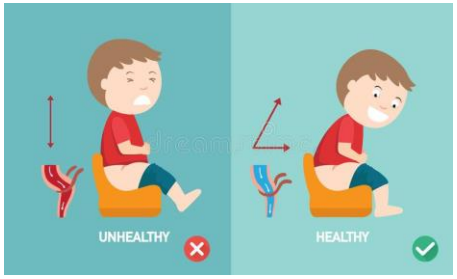
Preventing it from Happening Again:

II) Prevention of constipation recurrence (once the rectum is back to normal)

- Increase fruits and vegetables, fibre in diet- (real fruit, not fruit pouches)
- Make time for poop (listen for knock on door)
- Increase daily fluid intake – 1 extra glass of fluids per day
- Get a squatty potty (pooping stool)
- If toilet training, use a ground based potty with no sides/arms on it
- No books/video games in toilet
- Go to the bathroom at school



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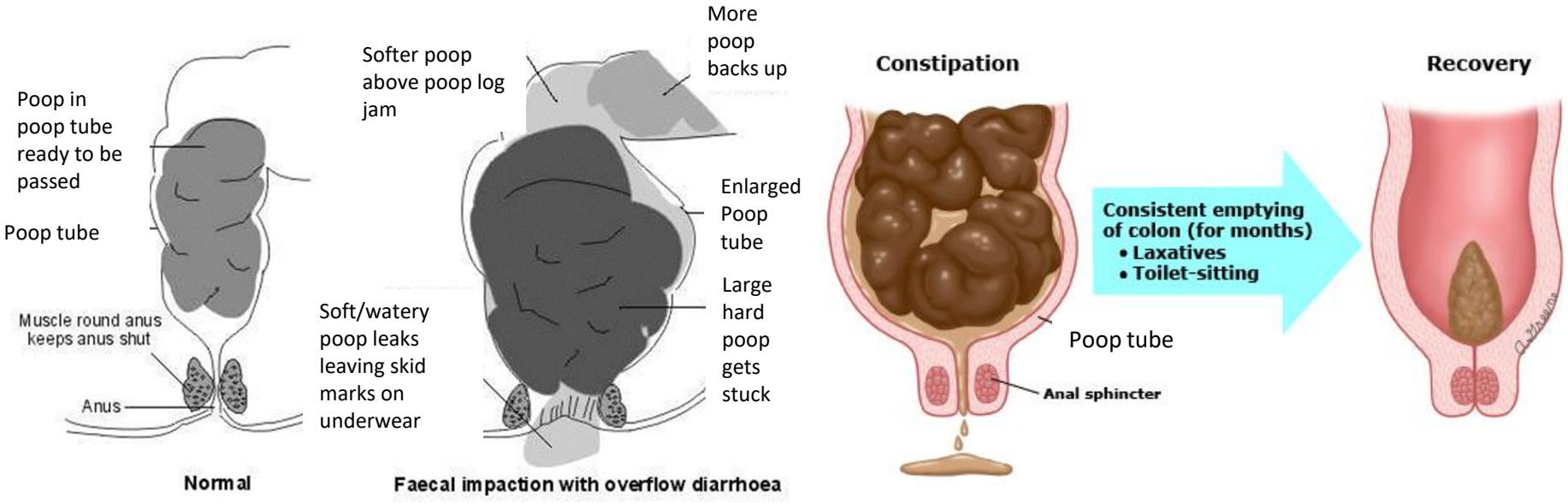
Constipation: common problems & therapy goals



Common mistakes in treatment:

1) Stopping PEG too early- If you stop too early, the problem will recur within the month. You need the "poop tube" to shrink back down. This can take months.
2) Thinking that they are not constipated if they poop every day- look at how hard the poops are, and how long they take to poop, as well as how thick the poop is. Just because they are going every day, doesn't mean you're done with treatment.
3) Stopping PEG3350 because of diarrhea. Often, children starting on medication get overflow diarrhea, but haven't moved their giant logjam of poop yet. Stick with the medication until they have passed a lot of poop.
4) Not increasing the dose of PEG 3350 when your child has a hard poop or misses a day of poop.
5) Taking it every second day instead of every day.

Treatment goals:

The goal is to clear out the poop tube and keep it from getting overstuffed again. This lets the poop tube go back to a normal size and function properly.

We often need to treat with medication for as many months as your child has been constipated. If they have been constipated for 6 months- need to treat for at least 6 months, as well as implementing some changes that will prevent this from coming back long term.

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