

# Understanding the management of faecal impaction and constipation

## A guide for parents and carers

It is not easy to know when a child has constipation and can be even more difficult to know when it started or what caused it. Constipation in children does not usually get better on its own. It nearly always needs treatment with laxatives. If treated early, it may resolve quickly. However, if it is missed for some time faecal impaction may develop. If constipation has gone unnoticed for a few weeks, then treatment often needs to be continued for many weeks or months.

### Treating constipation

When treating your child's constipation, the aim is to give them enough laxative to make sure that they are passing a medium to large amounts of type 4 or type 5 poos (see Bristol stool chart below for types of poo) once to three times most days. Laxatives for children should be prescribed by a healthcare professional.

The laxative usually tried first, when treating constipation in children, is from the group called Macrogols. The macrogols that are usually prescribed are Macrogol 3350. These include Cosmocol, Laxido and Movicol. The usual doses of these macrogols for children with constipation is:



### Chart showing maintenance doses of Macrogol laxatives

Child's age	Recommended daily dose of Macrogol 3350
1-12 months	½ - 1 sachets (paediatric)
1-6 years old	1-4 sachets (paediatric)
6-12 years old	2-4 sachets (paediatric)
12-18 years old	1-2 sachets (adult)

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If the Macrogol on its own is not working, or your child will not take it, then they may be prescribed a stimulant laxative. The ones used most often are sodium picosulfate or senna. It is not unusual for a child to need more than one type of medicine to treat their constipation.

The Macrogols work by adding water to the poo to soften it and make it easier to pass. The stimulant laxatives make the muscles of the bowel wall work more effectively, so the poo is moved along the bowel more quickly. This helps to keep the poo soft.

## Faecal impaction

Some children are so constipated they cannot clear out all the poo that has built up in their bowel. These children are said to be impacted or to have faecal impaction. It is not always easy to know when a child has faecal impaction. Often the first sign this has happened is that the child starts to soil (there is poo in their pants). This is not their fault; they are not being naughty or lazy. They cannot stop the poo going in their pants and often do not realise it has happened until someone tells them. It is a sign that they need laxatives to treat the problem.

## Treating impaction

The poo that has become stuck has to be cleared out of the bowel, otherwise the soiling will continue, and the constipation will not get better. To achieve this your child may need to take increasing doses of laxatives. This is often called a disimpaction regime. Macrogol laxatives are usually used for this.

Your doctor or nurse will tell you how many sachets of macrogol your child needs to take and for how long. The usual doses for children with faecal impaction are:

### Chart showing disimpaction doses of Macrogol in sachets

Recommended dose of Macrogol in sachets							
Child's age	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
1-12 months	½ - 1	½ - 1	½ - 1	½ - 1	½ - 1	½ - 1	½ - 1
1-5 years old	2	4	4	6	6	8	8
5-12 years old	4	6	8	10	12	12	12
12-18 years old (adult sachets)	4	6	8	8	8	8	8

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It usually takes 2 – 3 days for the macrogols to start to work. By day three you may start to notice a change in your child's bowel movements. The number of days your child will need to stay on the increasing or higher doses will depend on how long it takes for them to completely empty out their bowel. You will know that their bowel has emptied because their poo will be watery (Type 7 on the poo chart overleaf). The watery poo may have little 'bits' in it from undigested foods and may be any shade of brown, but if disimpaction is complete it will have no big lumps in it. This usually takes between five and seven days, although it could take longer. Do not continue with disimpaction for more than two weeks unless advised to do so by your healthcare professional.








If you are unsure if your child has disimpacted, you could try giving your child some sweetcorn to eat. If appears in your child's poo within 24 hours it is very likely that the impaction has cleared.

## What happens after the impaction has been treated?

When your child has been passing type 7 poos, with no lumps of poo in them, the laxative dose will be reduced. This may be done immediately, or it may be done gradually. Your healthcare professional will tell you when to reduce the dose and what the new dose should be. The aim is to reduce the dose until your child is passing type 4 or type 5 stools every day. The dose at which this happens is called the maintenance dose. For many children the usual maintenance dose is about half the disimpaction dose. The dose may need to be adjusted according to your child's progress.

The muscles in your child's bowel may have become stretched if your child was constipated for a long time or impacted. These muscles will take time to recover, so your child may need to take the laxatives for a long time. It is usually recommended to continue with the maintenance dose of laxatives for at least three to six months before very slowly trying to reduce them.

### The Bristol Stool Form Scale

Type 1		Separate hard lumps, like nuts (hard to pass)
Type 2		Sausage-shaped but lumpy
Type 3		Like a sausage but with cracks on its surface
Type 4		Like a sausage or snake, smooth and soft
Type 5		Soft blobs with clear-cut edges (passed easily)
Type 6		Fluffy pieces with ragged edges, a mushy stool
Type 7		Watery, no solid pieces ENTIRELY LIQUID

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## How should I try to reduce laxatives?

If you try to reduce the laxatives too quickly your child may struggle to poo – the constipation may come back. Always follow the advice of your healthcare professional when reducing the laxatives.

If your child's poo becomes loose (type 5 – 7) on the Bristol stool chart and they have been going for a medium to large poo most days, that would indicate that they need less laxative. You could start to reduce the dose slightly.

Not all children will develop loose poos as their bowel recovers. If your child has been having soft, medium to large size poos once to three times most days for at least 3-6 months their healthcare professional may suggest that you try to reduce the laxatives slowly. If your child is on more than one laxative, it is usually suggested that you only alter the dose of one at a time.

It is often suggested that after your child has been on a regular maintenance dose with no problems for about six months you could start to reduce Macrogols by half to one sachet at a time. E.g. if your child is having two sachets every day you reduce to one and a half sachets or one sachet a day. Stay at the reduced dose for about four to six weeks

before trying to reduce again. If they open their bowels less often or have any symptoms of constipation then they may need some extra (see the next section for more information).

Stimulant laxatives should also be reduced slowly. These should be reduced by about 2.5mls at a time. E.g. if your child is having 10mls of stimulant laxative (sodium picosulfate or senna) then reduce to 7.5mls a day and stay at that dose for 4-6 weeks, before trying to reduce again.

## What should I do if my child does not poo or the poos are hard?

If your child is on a maintenance dose of laxatives, they may still have occasional days when the poos are smaller or harder than usual. They may also have occasional days when they do not do a poo. The amount and consistency of poo may change if they have become a bit dehydrated, due to not drinking as much as usual or because they have been unwell. The poo may also change if their diet changes or if you are trying to reduce their maintenance dose. This is not usually a problem but may result in withholding (trying not to poo) in children who have been constipated.

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If your child does smaller poos than usual, if the poos are hard (type 1 or 2), if your child appears to be withholding, if they have not done a poo at all for 24 hours or more, or if there are any other symptoms of constipation, then you should give them extra laxatives, so long as your healthcare professional is happy for you to do this.

If you are reducing the maintenance dose and you need to give extra laxative more than once a week, then it is usually suggested that you increase the daily dose to the level at which your child was last doing soft poos most days with no pain, discomfort, withholding or other symptoms of constipation. Ask their healthcare professional for advice.

There is more information on how to adjust the dose of laxatives on the Poo Nurses video at [www.thepoonurses.uk](http://www.thepoonurses.uk)

## Further Advice

You should always read the leaflet that comes with any medicine that has been prescribed for your child.

Laxatives for children under twelve years old should always be prescribed by a healthcare professional.

Always follow the advice given to you by your child's doctor or nurse. Talk to them if you have any concerns or questions.

You may also contact the Bladder & Bowel UK confidential helpline at email: [bbuk@disabledliving.co.uk](mailto:bbuk@disabledliving.co.uk) or Telephone: 0161 214 4591

## Related Information

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These and all the other information leaflets about children's bladder and bowel issues are available at:

<https://www.bbuk.org.uk/children-young-people/children-resources/>

For further information about Bladder & Bowel UK services and resources visit our website at [www.bbuk.org.uk](http://www.bbuk.org.uk)

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