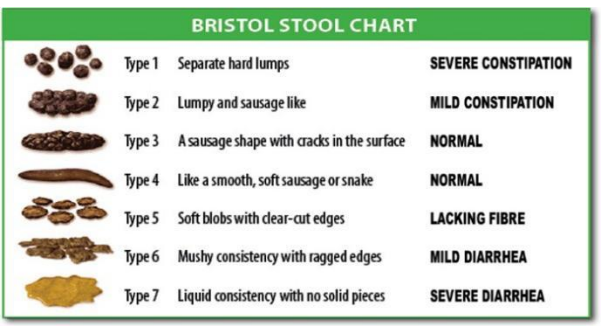
Patient Information Sheet

CONSTIPATION



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CONSULTANT PEDIATRIC SURGEON

What is constipation ?

Failure to pass stools regularly or passage of inordinately hard stools is defined as constipation. If it lasts for more than 8 weeks is termed as chronic constipation. It is referred to as 'idiopathic constipation' if it cannot be explained by structural or functional causes.

What causes this problem and how common is it ?

Constipation is a common problem in children. In routine pediatric practice, ~ 10% of children present with constipation. It is noted in the first year of life in 17-40% of cases; 95% cases of constipation are functional and only 5% are due to organic reasons.

Sedentary life style due to internet, television and mobile phones have significantly decreased outdoor playtime in the recent years. The child thus tries to postpone defecation. In a child < 1 year, it could result from changes in infant formula, bottle feeding, weaning and insufficient intake. In toddlers, toilet training or acute events such as infections, moving house, starting nursery/school, fears and phobias, major change in family, anticonvulsants, antacids and cold medications can also constipation. This has led to an increase in the prevalence of functional constipation. The organic causes could include Hirschsprung's disease, hypothyroidism, nervous system problems and lead poisoning.

What are the symptoms ?

The child could generally look well with weight and height within normal limits. However, sometimes the child may have failure to thrive with a very poor appetite. There could be a history of poor fiber intake in diet and/or insufficient fluid intake. Child passes occasional enormous stools or frequent small pellets and this may be accompanied by either withholding or straining to pass stools. Soiling or overflow, lower abdominal pain, distension or discomfort, poor appetite, lack of energy, an unhappy, angry or irritable mood and general malaise could also be noted. Infrequent bowel activity with foul smelling wind and stools may be present. They can have excessive flatulence, irregular stool texture and urinary

complaints like retention or increased frequency of urination. The Bristol Stool Chart gives a classification of constipation.

When to see your doctor :

- Persistence of constipation beyond 8 weeks
- When the child is standing to pass stools or straining significantly to defecate
- Child is afraid to evacuate or cries while passing stools
- Pain or Bleeding while passing stools
- 'Ribbon stools' (more likely in a child younger than 1 year)
- Abdominal distension with vomiting accompanied by constipation
- Urinary tract symptoms like retention of urine, urine infection or incontinence
- Failure to pass meconium/delay (more than 48 hours after birth in a full term baby)

How is it diagnosed ?

Mainly by history taking and clinical examination including a per rectal examination. In case of a pathological disease, the perineum appears to be abnormal and the abdomen is distended. There may be tenderness around the navel or the lower abdomen. Abnormality of the spine like asymmetry or flattening, discolored skin, naevi or hairy patch may be seen. Deformity in lower limb may be associated. Plain x-ray abdomen and contrast enema is done for confirmation for establishing the exact reason for constipation.

What are the treatments available ?

Home remedies include increase in the dietary fibre eg green leafy vegetables, fresh fruits and drinking plenty of water. Isabgol husk also adds dietary fibre. Sitz bath and application of a moist, warm cloth to the anus gently help in pain relief and relaxation. For relief of hard stools, medicines like oral Lactulose, Sodium Picosulfate, Polyethylene glycol with Electrolytes, Bisacodyl, Docusate Sodium may be required. These are usually prescribed by a doctor. Glycerine Suppository could be inserted or a simple enema may be necessary, if the stools are impacted. If the child does not settle with the conservative management, then surgical

diseases eg Hirschsprung's disease and other organic disease cases should be looked for and referred to higher centres with pediatric surgical services.

Are there any alternatives to surgery ?

Yes. Functional constipation does not require surgery. Adequate liquid and fiber consumption alongwith lifestyle modifications may cure the problem.

What does the operation involve ?

If the child does not settle with the conservative management, then surgical treatment is necessary. A manual disimpaction of stools may need to be done though the anus, quite often under a general anaesthetic.
For the diagnosis of Hirschsprung's disease a rectal biopsy is necessary. Further surgical requirement entails removl of the defective intestine and joining the upstream normal intestine to the anus.

What are the possible complications / what happens after the operation?

After the surgery for Hirschsprung's disease, most of the children start passing normal stools. However, some children present with post-operative complications like abdominal distension, vomiting, fecal mass in abdomen and diarrhoea which is due to overflow incontinence of stools. Rarely, the constipation may persist or recur.

What is the outlook or future of these children?

Majority of the patients having constipation do well with medical management and appropriate dietary management. Recurrence depends on the patient's long-term compliance with therapy. Post-treatment, these patients often experience a greatly improved quality of life.