

Treating childhood constipation and soiling with a laxative regime (disimpaction)

Children's Hospital

Information for Patients

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What is constipation and soiling?

Your child has been diagnosed by the doctor/nurse as having constipation and/or constipation and soiling.

Constipation is where poo has built up in the bowel and becomes harder to pass. Soiling happens when poo has built up in the bowel and liquid poo works its way around the solid poo and leaks out of the bottom into underwear. Soiling can also happen because your child has lost feeling in their bowel and cannot feel when they need to poo so poo leaks out through the day and night.

Causes of constipation in children

Constipation in children has many possible causes. Sometimes there is no obvious reason. Some possible causes include

- not eating enough high fibre foods like fruit and vegetables
- not drinking enough fluids
- feeling pressured or being repeatedly interrupted while potty/toilet training
- feeling worried or anxious about something – moving house, arrival of new baby, starting nursery/school, life events (separation/divorce, death of family member)

Children can get constipated and then find it painful to poo, which may mean they do not want to try to poo. This can then create a vicious circle: the more they hold it in, the more constipated they get.

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or call 111 for non-emergency medical advice**

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How is it treated?

To treat this, they need to follow a treatment which clears the build up of poo out of your child's bowel. You may hear this being called a disimpaction treatment programme. This means giving medication which helps move the poo along (laxatives), in large quantities to 'clear out' all the poo that has built up. It is important to follow the doctor or nurses advice. If your child does not have the full disimpaction treatment, their symptoms of constipation and soiling may continue for longer.

The aim is to empty your child's bowel of poo so that all the build up of poo is cleared - this can take many days, sometimes 1 or 2 weeks. Your child may pass a large amount of poo all at once or many small poos over a period of time.

If your child has been soiling (leaking poo into their pants), this may get worse in the beginning, whilst the bowel is clearing out. This is normal. It is important not to stop or slow down the treatment as it will mean your child does not get all of their poo cleared. The only way to be sure that your child's bowel has been cleared is to continue until your child is passing really watery poo, that is, brown water with small bits in it.

What medication is used?

The medication that your child will be given is known as movicol, cosmocol or laxido. They are all the same laxative medicine, they are just sold under different names.

This type of laxative is taken by mouth and is absorbed straight into the bowel – unlike other medications which are absorbed into the bloodstream. In the bowel, it will soften, break large poos into smaller poos, moisten and soften the poo and help the poo to move through the bowel

It may be necessary for your child to spend some time at home away from nursery or school whilst taking this medicine in these amounts. Your child may have more tummy ache as the poo moves along the bowel. Reassure your child that this is normal and a good sign. Baths, warm water bottles and paracetamol will all help with this discomfort.

Disimpaction doses

Child 1- 5 years

Day 1 – 2 sachets daily
Day 2 – 4 sachets daily
Day 3 - 4 sachets daily
Day 4 - 6 sachets daily
Day 5 – 6 sachets daily
Day 6 – 8 sachets daily
Day 7 – 8 sachets daily

Child 5- 12 years

Day 1 – 4 sachets daily
Day 2 – 6 sachets daily
Day 3 - 8 sachets daily
Day 4 - 10 sachets daily
Day 5 – 12 sachets daily
Day 6 – 12 sachets daily
Day 7 – 12 sachets daily

It is important to mix each sachet with 65ml water – this can then be flavoured with squash. You can mix 2 sachets together as long as you mix it with twice the amount of water (130ml).

The doses can be taken over a few hours or over the whole day.

When can the disimpaction treatment programme be stopped?

When your child is passing watery poo and the appearance is of brown bitty water at least once the disimpaction programme can be stopped. The disimpaction programme can be stopped before 7 days if they are passing the watery, bitty poo.

Your child will need to continue to take their medication, but it can be given in smaller quantities as detailed below. Laxative treatment needs to continue to prevent the constipation from coming back and to allow the stretched bowel to regain its tone. This is known as a maintenance dose.

Maintenance dose:

Child 1 to 5 years	½ to 3 sachets daily
Child 5 to 12 years	1 to 4 sachets daily

The dose can be adjusted to ensure your child poos at least 1 soft poo every day. You will need to monitor their poos and increase/ decrease laxative doses so that this happens.

Your child may need to stay on laxatives for many months or even years. You will know if they need less laxatives – just check their poo and decrease the dose if it is too soft/ sloppy. Long term use of laxatives will not hurt your child. Poorly treated constipation will.

When to change the maintenance dose

We often describe poo by referring to something called the Bristol Stool Chart (see next page). This is a useful way to describe your child's poo but also useful to help you decide whether they need more medication, less medication or the same.

- **Type 1 to 2** indicates constipation.
- **Types 3 to 5** normal stool.
- **Types 6 to 7** may indicate diarrhoea.

You are aiming to get your child's poo to a type 3 to 4, 1 to 3 times daily.

- If your child's poo is type 1 to 2, then their medicine needs increasing.
- If your child's poo is type 5 to 7, then their medicine needs decreasing.

POO CHECKER

What's your poo telling you?



TYPE 1

Small hard lumps like rabbit droppings.
This suggests severe constipation.



TYPE 2

Sausage shaped, but hard and lumpy.
This suggests constipation.



TYPE 3

Sausage shaped, but hard, with cracks on the surface.
This suggests constipation.



TYPE 4

A soft, smooth sausage - THE IDEAL POO!



TYPE 5

Separate soft blobs
May be fine if the child is well and softer poos can be accounted for e.g. increased intake of fibre or taking laxative.



TYPE 6

A mushy stool
May be fine if the child is well and softer poos can be accounted for e.g. increased intake of fibre or taking laxative.



TYPE 7

A liquid stool
This could be diarrhoea or overflow.

**Based on the Bristol Stool Form Scale produced by Dr KW Heaton, Reader in Medicine at the University of Bristol.*

Further information about bowel management

- **ERIC - The children's bowel and bladder charity**

Resources of advice, diet, fluids, toileting, school issues (leaflets for parents to print)

www.eric.org.uk

- **Bowel and bladder UK - supporting people with bladder and bowel problems**

Resources regarding constipation, medications, understanding children's bowel problems, toilet training (leaflets for parents to print)

www.bbuk.org.uk

- NICE: www.nice.org.uk/guidance/cg99 national guidance on constipation in children

Books:

- It hurts when I poop! – A story for children who are scared to use the potty by Howard Bennett

A good book to help children understand about hard and soft poo and withholding (holding in a poo instead of passing it out of the body). This book is American so the word 'potty' means 'toilet'.

- Ready Set Potty by Brenda Batts

Toilet training for children with autism and other developmental disorders.

- Toilet training and the autism spectrum (ASD) by Eva Fleming and Lorraine MacAllister
Aimed at professionals but also useful for parents.

- Stool withholding – what to do when your child won't poo! by Sophia J Ferguson

Helpful to give understanding to parents about stool withholding and the importance of keeping stools very soft.

YouTube:

- Poo goes to poo land – teaching a child what happens to poo when it is flushed down the toilet.
- The poo in you"– how poo is made in the digestive system and how it can build up and cause stretching of the bowel.
- The unicorn changed the way I poop– describes how sitting on the toilet in a particular way will enable better pooing.

Equipment - Squatty Potty:

Squatty Potty is a stool to help with positioning on the toilet. It is designed differently to normal toddler steps and helps your child sit at the appropriate angle with knees higher than hips. Available from internet stores; choose 9 inch height.

Contact details

Please contact the secretary for your child's consultant or your GP.

Adapted from ERIC, The Children's Bowel & Bladder Charity, by Rachel Wade Children's Colorectal Specialist Nurse - Leicester Children's Hospital, Leicester Royal Infirmary

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