Constipation and Encopresis

Case Study

Billy is a four-year-old boy. He was toilet trained for the age of two years. However he is avoiding the toilet for several reasons. Billy will hold on for days at a time then complain of pain as he is having a hard stool. He had occasional hard stools as an older infant. Billy was a picky eater as a toddler. He is very quiet and9

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It has been drawn to our attention that the photo included on page 4 of Community Paediatric Review Vol 15 No 3 September 2006 shows a child sleeping on their side, which contravenes SIDS safe sleeping recommendations.

Apologies for this oversight.

Thank you to everyone who returned the survey from the September edition. Your feedback supports your work.

Tips for increasing physical activity

• Children learn by example, so if parents are active, children will be more active.
• Involve children in everyday activities around the house such as gardening, sweeping, washing the car and hanging out the washing.
• Walk short distances instead of driving.
• Keep a ball, frisbee and kite in your car.
• Dress to your favourite music, it is fun.
• Riding a bicycle, scooter or scooter should be encouraged.
• Children will be more active when they are outside, so make time to be outside.
• Visit the local playground, and children love it when parents play on the equipment too.
• Cleaning buddies is cheap, easy and fun.
• Playing with toys that need pushing such as prams, cars, trucks and lawn mowers requires activity. Even rolling a ball play can be physically demanding for young children.
• Show your child how to perform basic sporting skills, such as bull throwing, skipping and jumping. Research suggests that children whose basic skills are poor tend to avoid sports.
• Try different sports but make sure they are age-appropriate. Many activities have been adapted for young children, including gymnastics, football, t-ball and dancing.
• Keep a ball, frisbee and kite in your car.
• Visit the local swimming pool and swim and splash together.
• Riding a tricycle, bicycle or scooter should be encouraged.
• Keep a ball, frisbee and kite in your car.

Constipation

Constipation is defined as the infrequent passage of normal stools. Constipation is common during childhood, occurring in up to 20% of children. Low dietary fibre intake, slow passage of hard stools. Constipation is defined as the infrequent passing of hard stools and may contribute to passing large hard stools and may contribute to a cycle of faecal retention, which may exacerbate tendency to constipation. Encopresis may occur in 3% of 4-year-old children and 1% of 10-year-old children, and is 2 to 3 times more common amongst boys than girls. This faecal retention and soiling can develop as a result of prolonged constipation, physiological or psychological disturbance. The lack of bowel and anorectal muscles, incomplete evacuation can occur secondary toease. Leakage of loose stool (sometimes incontinence as diarrhoea), or soiling occurs if a stool is not passed from the distended rectum. The distended rectum causes less of the stool to be absorbed, and most children with encopresis are not aware of the need for, or the passage of stool.
of stool. Many children with soiling also have normal bowel actions on the toilet, and many deny that they have problems. Problems with self-esteem, anger and frustrated parents and social problems at school are common. Soiling without faecal retention may occur as a result of false toilet training with developmental delay, or with severe emotional problems and family dysfunction.

**Assessment**

Assessment should include the pattern of defaecation and, soiling, dietary history, fluid intake, toileting behaviour in relation to bowel training and child and family reactions. Firms or hand flukey in the left lower abdomen indicates the extent of faecal retention, and is a useful starting point to explain the physiological information and is very intrusive for a child already with the distended bowel, emphasising the involuntary nature of the passage of stool and minimising the blame reactions. It also provides useful information at review about the pattern of the child’s defaecation and soiling. Depending on the frequency of soiling and degree of faecal retention, a combination regime of a colonic stimulant such as senna or bisacodyl, and a faecal softener such as paraffin oil or lactulose may be used initially. This gives the child the chance to develop true control of the bowels. As the rectum increases in volume, a period of urgent sensation may occur; resulting in accidents on the way to the toilet. It is important to reassure the child that these “urgency accidents” are a sign of improvement and will soon diminish as better control ensues. Once good bowel control is reached soiled clothes should be withdrawn slowly, followed by a behavioural toileting program.
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Assessment

Assessment should include the pattern of defaecation and soiling, dietary history, fluid intake, toileting and family history. Firm or hard stool felt in the left lower abdomen indicates faecal retention. Many children with soiling also have normal bowel habits. Soiling without faecal retention may occur as a result of toileting training with developmental delay, or with severe emotional problems and family dysfunction.

Advice to manage constipation would include a healthy wholegrain fibre diet, adequate fluids, and gentle encouragement to pass stool when he first feels sensation. Regular seating on the toilet for 5 minutes 2 or 3 times a day after meals, supported by a behaviour modification program using a daily and size chart is advised (See Figure 1). This helps the child to take control and be more aware of his bodily needs and reflexes. It also provides useful information to review about the pattern of the child’s defaecation and soiling.

Depending on the frequency of soiling and degree of faecal retention, a combination regime of a colonic disimpaction, and investigation with anorectal manometry is advised (See Figure 1). This helps the child to take control and be more aware of his bodily needs and reflexes. It also provides useful information to review about the pattern of the child’s defaecation and soiling. Maintaining a regular routine, and regular exercise is thought to increase rectal compliance, decrease rectal distension and allow return of rectal sensation.

What will happen to Billy in the future?

Treatment of constipation in childhood is successful in about 90% of cases. Referral for specialist opinion is warranted for severe associated behavioural difficulties. Children with encopresis indicates the extent of faecal retention, and/or soiling, dietary history, fluid intake, toileting and family history. Referral for specialist opinion is warranted for severe associated behavioural difficulties. Children with encopresis indicates the extent of faecal retention, and/or soiling, dietary history, fluid intake, toileting and family history.

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Advice to manage constipation

1. How do you introduce the expectations and timing of toilet training, and how do you emphasise the child’s individual readiness?

2. How would you work with Billy’s parents if they are getting cross and angry with him about needing to poo in the toilet and are making him sit there until “he does”?

3. What type of advice would you give to a parent about fibre in the diet?

Leaping Early In Life

Physical activity promotes the child’s physical, cognitive, social and emotional development. Active play involves movement with different parts of the body and requires the child to think, plan and do. In order to engage in physical activity, the child needs the skills and abilities to move, learn to control movements and enjoy physical activity. The child should be encouraged to be active in their own environment in which to explore and practice.

• Encourage unstructured exploration.
• Develop enjoyment of outdoor activity.
• Encourage structured activities.

Insufficient evidence for structured activities for older children. A variety of guided prompts may be more effective than structured activities. Parents and children should be encouraged to engage in a variety of activities and be supported in their efforts to remain active.

Developmentally appropriate activities for Pre-School children

Developmentally appropriate activities for Infants and Toddlers

• Insufficient evidence for structured activities for increasing physical activity.
• No behaviour for children < 2 years.
• Development of outdoor activity.
• Encourage structured exploration.

Activity is markedly reduced during everyday tasks and is often not done or done very little. It is often done in small bursts. Parents and children should be encouraged to engage in a variety of activities and be supported in their efforts to remain active.

Leaping Early In Life

Promotion of activity in the early years of life positively impacts families and carers to provide time and opportunity for structured (adult guided) and unstructured physical activity (free play, free play at school or with other children). Parents and carers are also expected to model positive practices and values to physical activity.

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Community Pediatric Review

Tips for increasing physical activity

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- Involving children in everyday activities around the house such as gardening, sweeping, washing the car and hanging out the washing.
- Walk short distances instead of driving.
- Keep a ball, frisbee and kite in your car.
- Dress to your favourite music, it is great fun.
- Raising a bicycle, tricycle or scooter should be encouraged.
- Children will be more active when they are outside, so make time to be outside.
- Visit the local playground, and children love it when parents play on the equipment too.
- Dancing bubbles is cheap, easy and fun.
- Playing with toys that need pushing such as prams, cars, trucks and lawn mowers requires activity. Even rolling a soft plastic bag does not require a lot of effort for young children.
- Show your child how to perform basic sporting skills, such as ball throwing, stopping and jumping. Research suggests that children whose basic skills are poor tend to avoid sports.
- Try different sports but make sure they are age-appropriate. Many activities have been adapted for young children, including gymnastics, football, ball sport and dance.
- Riding a tricycle, bicycle or scooter should be encouraged.
- Dance to your favourite music, it is great fun.
- Keep a ball, frisbee and kite in your car.
- Walking short distances instead of driving.
-限 the time spent watching TV or playing on the computer.
- Children need regular snacks — take along some fruit, a sandwich or some cheese and ham. Make sure there is always water to drink.
- • Chasing bubbles is cheap, easy and fun.
- • Wrap a piece of fruit in a pastry and take it along to a picnic.
- • Dancing bubbles is cheap, easy and fun.
- • Playing with toys that need pushing such as prams, cars, trucks and lawn mowers requires activity. Even rolling a soft plastic bag does not require a lot of effort for young children.
- • Show your child how to perform basic sporting skills, such as ball throwing, stopping and jumping. Research suggests that children whose basic skills are poor tend to avoid sports.
- • Try different sports but make sure they are age-appropriate. Many activities have been adapted for young children, including gymnastics, football, ball sport and dance.
- • Limit the time spent watching TV or playing on the computer.

Reflection Questions

1. Do you routinely ask parents about the types of physical activities that they undertake with their children?
2. What are the greatest barriers to young children being active? What advice would you give to parents?
3. How would you encourage a parent to set up an environment to encourage imaginary play in the young toddler?

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Thank you to everyone who returned the survey from the September edition. Your feedback is extremely valuable and ensures that we continue to provide the type of resources that supports your work.

Case Study

Billy is a four-year-old boy. He was toilet trained for the age of 2-years. However he is avoiding the toilet for bowel evacuation. Billy was toilet trained for four days at a time then complains of pain as he passes hard stool. He had occurred hard stools as an infant. Billy was a picky eater as a toddler. He is often quite grumpy.

Billy has developed constipation. He may be having drinking deficiency in the abdomen or experiencing colicky pain at times. His pattern of incoordination of the bowel feeling and existing bowel movements may add up a cycle of faecal retention, which could eventually result in soiling, or encopresis.

Constipation and Encopresis

Constipation is defined as the infrequent passage of hard stool. Constipation is common amongst children, occurring in up to 30% of children. Light defecation starts, after a bowel transit, execrative toilet training, and in some children abnormal colonic contraction of the anal sphincter and pelvis. Bowel function can cause constipation. Anal fissures can occur secondary to passing large hard stools and can contribute to a cycle of pain and avoidance of defaecation. Medical causes such as thyroid deficiency, cerebellum protein allergy, spinal cord injuries and anal canal conditions are rare. Reheating’s Disease, a rare neurological muscle abnormality, causes severe constipation from birth. Substance P deficiency also causes early constipation.

Breast-fed babies are rarely constipated, although about frequency may vary considerably. In bottle-fed babies, it is important to be sure that the formula is correctly made up, as concentrated formula may exacerbate tendency to constipation. Sweating from mouthing and цель solfc foods and the period of toilet training are times when constipation may occur. Babies should be offered increased water, prune juice, stewed prunes and steamed vegetables if warranted. Stool softening laxatives may be added for slightly older children.

Encopresis is defined as the repeated and involuntary passage of stool into the clothing after the age of four years. Encopresis occurs in 3% of 4-year-old children and 1% of 10-year-old children, and is 2 to 3 times more common amongst boys than girls. This faecal retention and soiling can develop as a result of prolonged constipation, physiological incoordination of the cloacal and anus muscles, incomplete evacuation (the busy boy), or faecal incontinence. Soiling may occur as leakage of loose stool (sometimes misdiagnosed as diarrhoea), or overflow of solid stool from the distended rectum. The distended rectum causes loss of the stretch sensation, and most children with encopresis are not aware of the need to, or on the passage.
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Tips for increasing physical activity
- Children learn by example, so if parents are active, children will be more active.
- Involve children in everyday activities around the house such as gardening, sweeping, washing the car and helping out with shopping.
- Mark short distances instead of driving.
- Keep a ball, frisbee and kite in the car.
- Design to your favourite music, it is fun.
- Riding a bicycle, tricycle or scooter should be encouraged.
- Children will be more active when they are outside, so make time to be outside.
- Visit the local playground, and children love it when parents play on the equipment too.
- Watching television can be physically demanding for young children.
- Show your child how to perform basic sporting skills, such as ball throwing, skipping and jumping. Research suggests that children whose basic skills are poor tend to avoid sports.
- Playing with toys that need pushing such as prams, cars, trucks and lawn mowers requires activity. Even rolling a ball up and down the driveway can be physically demanding for young children.
- Children learn by example, so if parents are active, children will be more active.
- Children are more sensitive to heat; limit outdoor activity when the temperature is high.

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Constipation is defined as the infrequent passage of hard, painful stools. Constipation is common during childhood, occurring in up to 20% of children. Low dietary fibre intake, slow transit time, coercive toilet training, and in some children abnormal contraction of the anal sphincters and pelvis floor can cause constipation. Anal fissures can occur secondary to passing large hard stools and may contribute to a cycle of pain and avoidance of pain and avoidance. Medicinal causes such as thyroid deficiency, cow’s milk protein allergy, spinal anomalies, and anatomical anal conditions are rare. Hirschsprung’s Disease, a rare neurological abnormality, usually causes severe constipation from birth. Substances P deficiency also causes early constipation.

Health Backpack
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