

Constipation in children and young people

Information for the public

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About this information

NICE clinical guidelines advise the NHS on caring for people with specific conditions or diseases and the treatments they should receive. The information applies to people using the NHS in England and Wales.

This information explains the advice about constipation in children and young people that is set out in NICE clinical guideline 99.

Does this information apply to me?

Yes, if you are the parent or carer of a baby, child or young person (up to up 18 years) who has constipation and the condition that causes it is unknown, but specific serious causes have been ruled out (called 'idiopathic' constipation).

No, if you are the parent or carer of a baby, child or young person who has constipation that is caused by a specific condition.

Person-centred care

If you think that care for the child or young person does not match what is described in this information, please talk to a member of your healthcare team in the first instance.

In the NHS, patients and healthcare professionals have rights and responsibilities as set out in the NHS Constitution (<https://www.gov.uk/government/publications/the-nhs-constitution-for-england>). All NICE guidance is written to reflect these. Children and young people with constipation and their parents and carers (where appropriate) have the right to be involved in discussions and make informed decisions about treatment and care with the healthcare team. Their choices are important and healthcare professionals should support these wherever possible. All patients and their parents and carers should be treated with dignity and respect.

To help children and young people, and their parents and carers where appropriate, to make decisions, healthcare professionals should explain idiopathic constipation and the possible treatments for it. They should cover possible benefits and risks related to the personal circumstances of the child or young person. Children and young people, and their parents and carers, should be given relevant information that is suitable for them and reflects any religious, ethnic, or cultural needs they have. It should also take into account whether they have any physical or learning disability, sight or hearing problem or language difficulties. They should have access to an interpreter or advocate (someone who helps you put your views across) if needed.

If the child or young person is under 16, their parents or carers will need to agree to their treatment, unless it is clear that the child fully understands the treatment and can give consent.

When parents and carers are involved they should be able to discuss or review their child's care. As treatment progresses, or circumstances change, it is possible for children and young people (or, where appropriate, their parents and carers) to change their mind about treatment or care.

Healthcare professionals should follow the Department of Health's advice on consent (<https://www.gov.uk/government/publications/reference-guide-to-consent-for-examination-or-treatment-second-edition>) and the code of practice for the Mental Capacity Act. Information about the Act and consent issues is available from www.nhs.uk/CarersDirect/moneyandlegal/legal. In Wales healthcare professionals should follow advice

on consent from the Welsh Government (www.wales.nhs.uk/consent).

Care of young people who are moving from services for children to adult services should be planned according to guidance from the Department of Health ('Transition: getting it right for young people' available from http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4132145).

In an emergency, if the person with parental responsibility cannot be contacted, healthcare professionals may give treatment immediately when it is in the child or young person's best interests.

Idiopathic constipation

Constipation is common in children and young people and symptoms can be very troublesome. The exact cause of constipation is usually not fully understood – it is called 'idiopathic constipation' if the condition that has caused it is unknown. Factors that are linked to constipation include pain, fever, how much the child or young person drinks, diet, psychological issues, toilet training, medicines being taken and a family history of constipation.

Some children and young people with physical disabilities, such as those caused by cerebral palsy, are more prone to idiopathic constipation as a result of impaired mobility. Children and young people with Down's syndrome or autism are also more prone to the condition. These children and young people should have the same tests and care as other children and young people.

It is important to identify and treat constipation early. Many people don't recognise the features of constipation. The features include:

- poor appetite
- reduced frequency of stools (poo)
- soiling
- abdominal pain
- passing hard large poo or small pellets ('rabbit droppings')

- painful bowel movements (pooping).

What will happen when we see a healthcare professional?

If you are concerned about constipation you can talk to a healthcare professional (it could be the school nurse, health visitor or GP). They will ask about the symptoms of the child or young person. This will help them to diagnose constipation and check that there is no serious underlying cause. They should also do a physical examination. Your healthcare professional may then do some tests. You should only have tests if they think there may be another condition that is causing the constipation. In this case they should also offer referral to a specialist.

If the examination and tests do not find a cause for the constipation, your child has idiopathic constipation. Your GP or the specialist should explain what this means, reassure you that there are treatments and discuss any treatments they recommend.

Treatment

Some treatments may not be suitable for a child or young person, depending on their exact circumstances. If you have questions about specific treatments and options covered in this information, please talk to a member of your healthcare team.

Your healthcare professional should feel the tummy of the child or young person to see if they have a blockage in the bowel caused by a build-up of poo. This poo must be cleared before the constipation can be treated (this is called disimpaction). To clear it, the child or young person should be offered medicine (called a laxative) that can be mixed with a cold drink. It is important to know that symptoms of soiling and tummy ache can get worse to begin with as the bowel empties.

The child or young person should be seen again within 1 week to check that the medicine has worked. Sometimes the healthcare professional may increase the dose or offer another laxative if the first one hasn't worked.

As soon as the build up of poo has been cleared, you will be offered more of the same medicine for the child or young person to take in a drink. This is to help them get into a

regular routine of going to the toilet, and usually takes several weeks or months to work. During this time a healthcare professional should see the child or young person frequently to make sure poo does not build up again.

Questions parents might like to ask their healthcare professional about treatment

- How much medicine will I have to give my child?
- What can my child expect when taking the medicine?
- How long will I need to give my child this medicine?
- What should I do if my child won't drink enough of the medicine?
- How might the treatment affect daily life?
- When and how should I seek further help for my child?
- What are the effects of taking laxatives for long periods of time?

(Please note that a child or young person may want to ask such questions for themselves.)

What happens if the treatment does not work?

If your child is younger than 1 year and their constipation does not improve within 4 weeks of starting treatment, it is important that the situation is reviewed. This may involve further examination, a reassessment of medicine and the doses being taken, and possibly referral to a specialist.

If your child's constipation does not get better after 3 months you should be offered a referral to a specialist in the treatment of constipation. This could be a nurse or a doctor.

Other help for the child or young person

Diet and exercise

Just changing the diet of a child or young person is not recommended for treating constipation. However, your healthcare professional should offer advice about eating the right food and drinking enough. They should give you and the child or young person written information about diet and fluid intake. Doing physical activity suitable for their age every day may help stop the child or young person getting constipated again.

Encouragement

You can help your child by keeping a positive attitude towards them, for instance encouraging them to take time to go to the toilet, helping them to keep a record of when they poo (called a 'bowel diary'), and rewarding them appropriately (for example, for younger children, a sticker chart) when they use the toilet.

Other questions parents might like to ask their healthcare professional

- Should my child eat a special diet?
- How much fluid should my child drink each day?
- How can keeping a 'bowel diary' help?
- How can I best encourage my child?
- When is the best time for my child to go to the toilet?
- How long should my child sit on the toilet?

(Please note that a child or young person may want to ask such questions for themselves.)

Information and support

Support for you and for the child or young person is important while they are having treatment for constipation. This could include:

- telephone calls or face-to-face talks
- being given detailed written information about constipation
- being told about how the bowels work, how to take medicines, and symptoms that might indicate a serious underlying condition
- having contact with specialist healthcare professionals.

More information

The organisations below can provide more information and support for parents and carers of children and young people with constipation. NICE is not responsible for the quality or accuracy of any information or advice provided by these organisations.

- ERIC (Education and Resources for Improving Childhood Continence), 0845 370 8008
www.eric.org.uk
- PromoCon, 0161 607 8219
www.promocon.co.uk

You can also go to NHS Choices (www.nhs.uk) for more information.

Accreditation

