



Understanding Constipation & Faecal Impaction In Your Pupils

Constipation & Faecal Impaction

1 in 3 children suffer with childhood constipation. That is approx. 10 in each school class. Childhood constipation does not usually resolve on its own. It nearly always requires Laxatives. If treated early, it may resolve quickly. However, if it is missed for a period of time then 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.

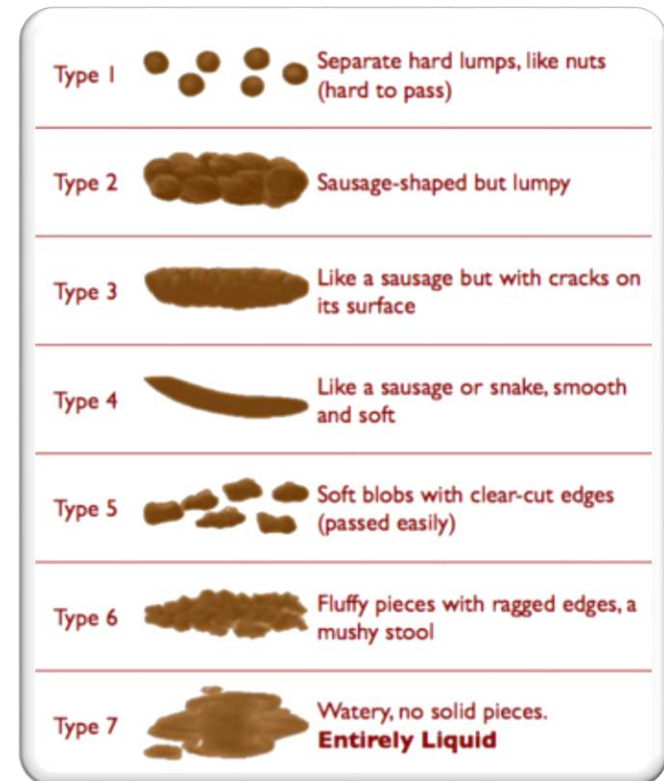
When treating childhood constipation, the aim is to give enough laxatives to make sure the child is passing a medium to large amount of type 5 stools (please see chart on this page for “Types” of stools.)

The Laxative your pupil will have been prescribed will most likely be a Macrogol – such as Movicol Paediatric, Cosmocol or Laxido.

If this Macrogol on its own is not working, the child may need to also be prescribed a stimulant laxative. The ones used most often are Sodium Picosulphate or Senna. It is not unusual for a child to need more than one type of medicine to treat childhood constipation.

Macrogols Work By – Adding water to the child’s bowel. The medicine cannot penetrate the bowel wall, so it stays inside, making the hard stools softer and therefore easier for the child to pass.

Stimulants Work By – Making the muscles of the bowel wall work more effectively, so that the stools are moved along the bowel quicker. This also helps to keep the stools soft.



Overflow Soiling

Some children are so constipated that they cannot clear out all of the stools that have built up in their bowel. These children will be suffering from faecal impaction. It is not always easy to know when a child has faecal impaction.

The first sign is usually soiling in their underwear. It is not their fault and they are more than likely not aware they have had an accident. It is a clear sign that laxatives are required.

If you suspect that any of your pupils may be suffering from faecal impaction or constipation, please speak to their parents. The pathway for referring their child would be as follows:

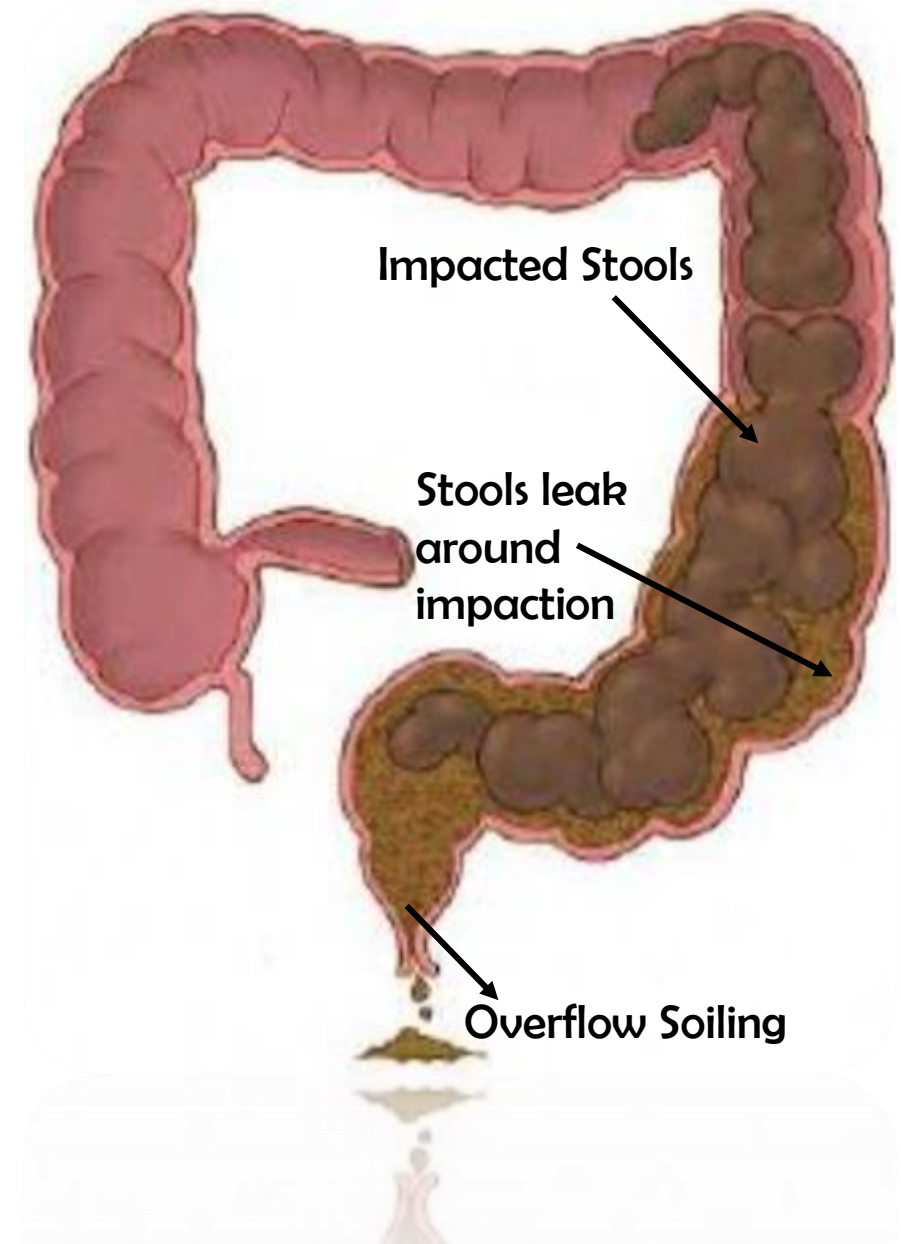
Teacher suspects child has constipation or faecal impaction

Teacher informs parents

Parents take child to GP

GP refers to Childhood Constipation Service at DVH.

Parents offered appointment and child is placed on our caseload.



Dis-Impaction Regime

All of the stools that have become stuck within the bowel need to be evacuated. If not, the soiling will continue, and the constipation will remain. To achieve this, the child will be provided with a dis-impaction regime from us at the Childhood Constipation Service.

Whilst the child is undergoing the dis-impaction regime, they will be unable to attend school. This is due to a large amount of laxatives needed throughout the day. Every child reacts differently, and as a result, dis-impaction can take up to 2 weeks and occasionally longer. Faecal soiling is not uncommon during the dis-impaction process.

When the child returns to school, your support with their condition will be key to aiding the progress. They will require access to a toilet and drinking water at all times.

Many schools have a dedicated toilet pass that children can be provided with – this would help the child to alert their teacher that they need to go to the toilet. Using the school toilet in front of other children can exacerbate the problems the child already faces, therefore if there is a disabled toilet that could be used it would be beneficial for the child.

If a child needs to go to the toilet whilst suffering from constipation, or at any point during treatment, they will need to go immediately. Telling them to wait before they can use the toilet is only encouraging them to with-hold and make the risk of stool accidents much more likely.



Maintenance Regime

Once dis-impaction is complete, the amount of laxatives required will decrease. The number of laxative sachets the child will need to take daily will decrease slowly. The aim of reducing the laxatives is to discover a suitable maintenance laxative dose for the child. Too many laxatives will result in loose stools, and too little will cause regression back into constipation. The maintenance regime is about recognising the right number of laxative sachets for the child.

As a general rule of thumb, the maintenance dose is likely to be roughly half of the amount of laxative sachets it took to dis-impact.

Once the child has successfully been passing Type 5 stools for more than 6 months with no issues, it may be possible to reduce their laxative dose down slowly. This is usually done very slowly.

There may be times when the child has to take their laxative sachets of laxatives whilst at school. This would be very beneficial for the child to ensure their medication is consistently taken.

We have a personalised Constipation Health Care Plan that we can provide upon request. This is a working document, designed to assist in educational settings. It is inclusive of all information required with regards to the child's constipation. The Care Plan can be completed with both the teacher and parent/carers present, so that all involved can communicate the child's needs and requirements within the educational setting.

We find it can be beneficial for a diary to be passed between teacher and parent, so that a consistent toileting routine, including effective communication can be achieved between school and home. (A template has been included for you on the next page.)

Any of the staff within the school setting are invited to attend one of our virtual clinics, so that they can also have a better understanding of childhood constipation, along with the requirements needed when the child is attending school. If this is something any of the school staff members are interested in, please do not hesitate to contact us on:

Telephone: 01322 428 550

Email: dgn-tr.dvh-childhoodconstipation@nhs.net

School Contact Stool Diary



School Name: _____

Child's Name: _____

Class: _____

Mon	Tues	Weds	Thurs	Fri	Comments
Date:	Date:	Date:	Date:	Date:	
Date:	Date:	Date:	Date:	Date:	
Date:	Date:	Date:	Date:	Date:	
Date:	Date:	Date:	Date:	Date:	
Date:	Date:	Date:	Date:	Date:	
Date:	Date:	Date:	Date:	Date:	
Date:	Date:	Date:	Date:	Date:	

**Please use this Contact Stool Diary to inform the parents of the above child, how their toileting is when at school.
Please tick the boxes above if the child has opened their bowels within the school day.**