



# Understanding Constipation, Faecal Impaction, Dis-Impaction & Maintenance

# Faecal Impaction

As a parent, it is not easy to understand when a child has constipation and it can be even more difficult to know when it started, or what initially caused it.

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.

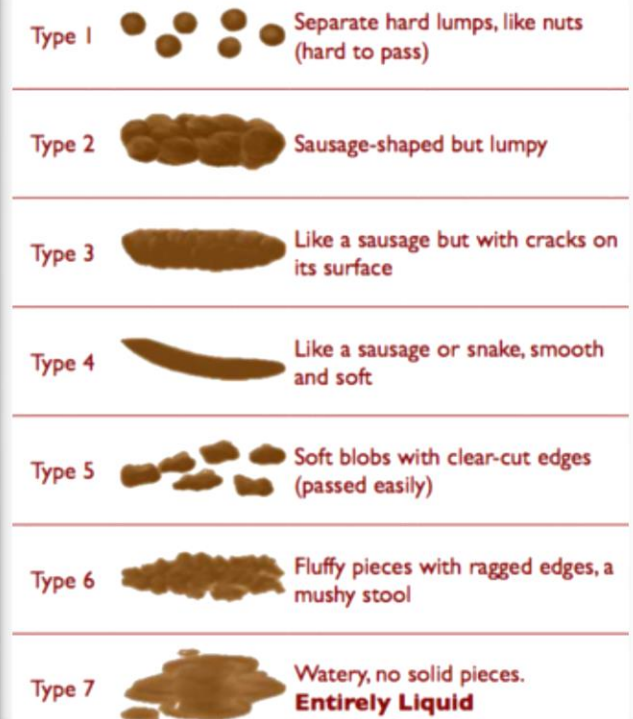
When treating childhood constipation, the aim is to give enough laxatives to make sure your child is passing a medium to large amount of 'type 5' stools (please see chart on this page for 'Types' of stools.)

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

If this Macrolog on its own is not working, or your child will not take it, then they 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.

**Macrologs 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

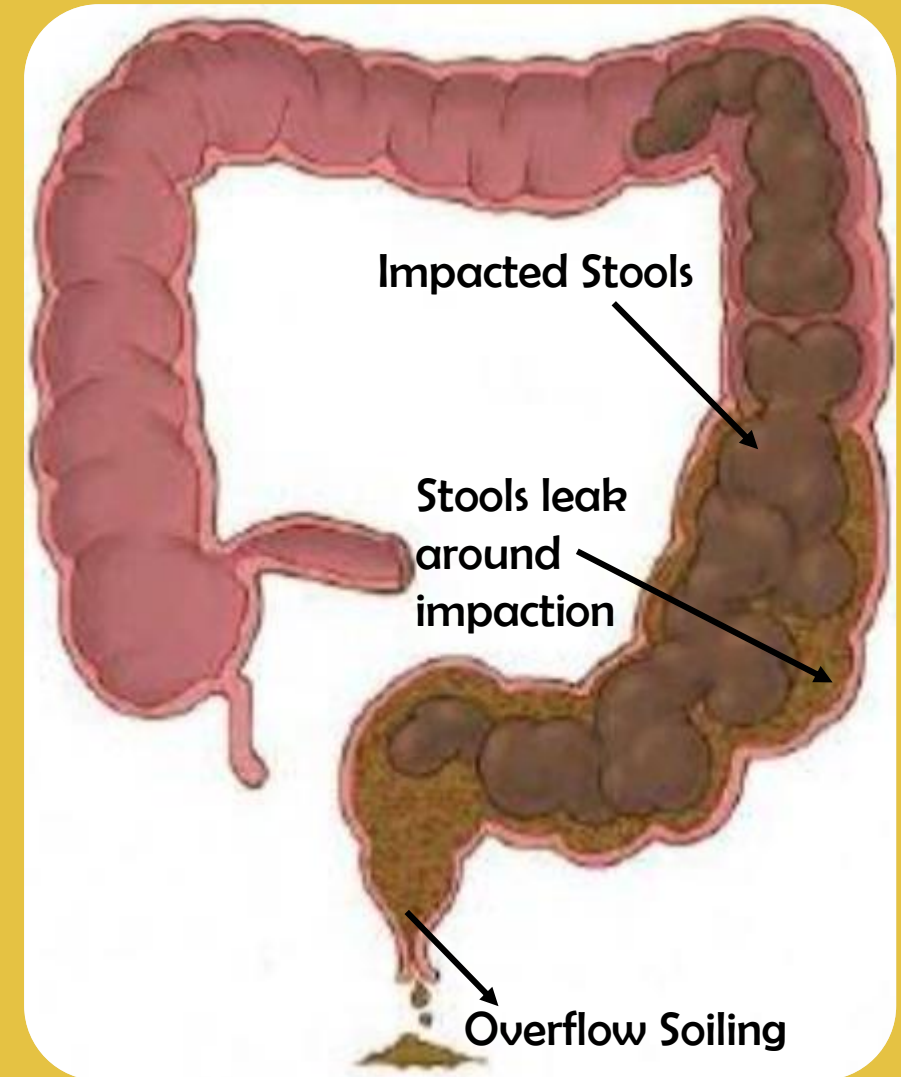
Some children are so constipated that they cannot clear out all of the stools that have built up in their bowel. These children will be suffering from faecal impaction. It is not always easy to know when a child has faecal impaction.

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

Overflow Soiling is distinctive and different to stool accidents.

Overflow soiling will be:

- Dark in colour
- Sticky and difficult to scrub off your child
- Unable to wash out of clothing
- Gritty or grainy
- Dry, crumbly or gloopy



# Dis-Impaction Regime

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

The regime will be based on your child's age, and will typically look like the following table:

Child's Age	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Day 8	Day 9	Day 10	Day 11
1-5 Years Old	2	4	4	6	6	8	8	10	10	12	12
5-12 Years Old	4	6	8	10	12	12	12	12	12	12	12
12-18 Years Old (Adult Sachets)	4	6	8	8	8	8	8	8	8	8	8

This table is a guide only. The Specialist Nurse within our Childhood Constipation Service will ensure you have a regime tailored to your child.

It usually takes 2-3 days for the laxatives to begin to work, before you notice a difference in your child's bowel movements. The number of days your child will need to stay on the higher doses will depend on how long it takes for their bowel to be completely evacuated.

Typically, your child will increase by 2 sachets of laxative every day (Max of 12) until they have achieved 3 days of 'Type 7' stools. 'Type 7' stools are watery stools that can be light in colour, with no lumps present at all.

**Top Tip:** If you are unsure as to whether your child has fully evacuated their bowel, give them some sweetcorn to eat. If it appears in your child's stools within 24 hours, then the faecal impaction has cleared.

# Dis-Impaction & Maintenance Regime Made Easy

**Child suffering  
from Faecal  
Impaction**

**Begins  
Disimpaction  
Regime**

**Increases laxatives  
until 3 days of  
Type 7 stools  
achieved**

**Bowel completely  
evacuated**

**Laxative sachets  
slowly reduced to  
discover  
maintenance  
dosage required**

**Laxative sachets  
slowly reduced  
back to  
maintenance dose**

**Laxative sachets  
boosted over few  
days until Type 5  
stools achieved  
again**

**Smaller, harder  
stools noticed**

**Constipation  
Regression due to  
environmental  
change e.g  
starting school**



# Dis-Impaction & What To Expect

Every child is different, and reacts to dis-impaction differently. Some of the things that your child (and you) are likely to experience are as follows:

- **Lots of stools !** The purpose of dis-impaction is to fully evacuate the bowels. Your child may pass a large quantity of stools all at once, or several small stools. Because the dose is small to start with, it might take a few days to get the muscles within the bowel contracting properly.  
If your child usually attends school, they will need to be kept at home to follow the dis-impaction regime. We can provide you with a letter to pass to your child's school.
- **Soft, loose stools** – You might see some lumps within your child's stools, but don't be surprised if it is all soft/loose. Macrogol laxatives deliver water to the large bowel and therefore any hard lumps present will be broken down.
- **More soiling** – If your child is experiencing overflow soiling (leaking stools in their underwear) this will likely get worse before it begins to improve, as first of all the stools will be softened, then evacuated.
- **Possible abdominal discomfort** – If your child has an impacted bowel, you should expect some discomfort as the stools begin to move along the bowel. Plenty of reassurance will help, and maybe some Calpol.
- **Difficulty getting your child to drink their Macrogol laxatives** – Some children do struggle, so before you start on big doses, do some experiments with your child to work out their preferred flavouring. Reward charts, incentives, a special cup or straw, or disguising it in food or drink can help.

# Disguising Macrogol Laxatives

Macrogol MUST be firstly made using plain water. Mix one sachet with 62.5mls of water. After this, there are many ways you can make it taste a little bit better. Try some of our suggestions...

Mix it into  
squash,  
hot chocolate or  
sparkling water

Chill it in the  
fridge

Mix with yoghurt,  
ice cream or  
flavoured milk

Mix and turn  
it into jellies

Disguise it in  
Fruit Shoot

Get your own  
“special cup” or  
“special straw”

Freeze to make ice  
lollies

We can  
provide you  
with a  
personalised  
reward chart

Movicol  
Mummies—this is  
a great source of  
information and  
can be found on  
FaceBook

# Maintenance Regime

Once dis-impaction is complete, the amount of laxatives required will decrease. The number of laxative sachets your child will need to take daily will decrease slowly. The aim of reducing the laxatives is to discover a suitable maintenance laxative dose for your child. This maintenance dose will be however many sachets it takes for your child to reliably pass 'Type 5' stools on a daily basis. Too many laxatives will result in loose stools, and too little will regress back into constipation. The maintenance regime is about recognising the right amount of laxative sachets for your 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.

If your child has suffered with childhood constipation for a considerable amount of time, their bowel is likely to have become stretched. This will take time to recover, therefore your child will most likely need to take laxatives for a long time. Your child needs to be passing 'Type 5' stools for a minimum of 6 months in order to decrease their maintenance dose.

Once your child has successfully been passing 'Type 5' stools for more than 6 months with no issues, it may be possible to titrate their laxative dose down slowly. It is suggested that you could start to reduce the laxative sachets by half to one sachet at a time. E.g If your child is having 2 sachets everyday on their maintenance dose, then you could reduce to one and a half sachets or to one per day. Stay at the reduced dose for a minimum of four to six weeks before trying to further decrease the laxative dose.

Stimulant laxatives should also be reduced slowly. These should be reduced by about 2.5mls at a time. E.g If your child takes 10mls of stimulant laxatives per day, then you could reduce to 7.5mls a day and stay at that dose for at least four to six weeks before trying to further reduce the dose.



# Constipation Regression

As with all ailments, constipation can return. If your child is on a maintenance dose of laxatives, they may still have occasional days when their stools are smaller and harder than usual. They may also have occasional days where they do not open their bowels at all. This is where observation of your child's stools is key.

If you notice your child's stools have become harder and smaller for a few days, then increase their laxatives again. Once your child is back to reliably passing 'Type 5' stools again, decrease back down to their maintenance dose.

## Weekend Boosts

If your child attends school, and you have noticed that they are becoming constipated again, passing smaller or harder stools and suspect constipation regression, you could boost your child's laxatives over the weekend. This involves increasing laxative sachets on a Friday and Saturday and then returning back down on a Sunday.

If, at any point, you require further guidance or advice in between your review calls with our specialist nurses, you can always contact us via:

Telephone: 01322 428 550

Email: [dgn-tr.dvh-childhoodconstipation@nhs.net](mailto:dgn-tr.dvh-childhoodconstipation@nhs.net)