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Constipation

One of the most common reasons for office visits is constipation presenting itself in the form of severe abdominal pain. Many times this happens as a child gains his/her independence and parents are unaware about their child's frequency of bowel movements. This often results in severe abdominal pain and unnecessary trips to the emergency room. The good news is constipation is entirely preventable and treatable with the right foods and patterns. Below are a few tips to recognize and treat constipation as soon as you suspect there's an issue.

What is constipation?

Constipation is painful and infrequent defecation (3 or more days without bowel movements) of stools that are hard, dry or small. It is frequent in children and it is estimated that 5% of pediatric office visits and approximately 25% of visits to gastroenterology specialists are due to constipation.

What are the signs that your child has constipation?

Besides your child verbalizing abdominal pains, symptoms also include:

- severe colicky abdominal pain
- involuntary soiling of the underwear
- blood in stools and urinary incontinence

It is also important to note that when a child passes daily hard or small stools, they can still be constipated while children who pass two large stools effortlessly in a week can sometimes be not.

Certain scenarios that can be confused with constipation:

- Breastfed babies especially after 1 month of age passing stools once or twice a week. There is no reason to worry as long as stools are soft.
- Grunting and straining during stooling in newborns happens frequently but this occurs because newborns have weaker abdominal wall muscles compared to older kids creating difficulty in passing stools while lying down.

What causes constipation?

- **Inadequate Diet:** Low dietary fiber, water intake and overall low intake of food. Also, a diet high in dairy products and processed or refined grains such as white bread, white pasta and white rice which have low fiber can contribute to the problem.
- **Psychological factors:** Voluntary withholding of stools or ignoring a bowel movement is very common in children between 2 and 5 years especially after starting school due to the unfamiliar environment or preoccupation. This makes the stools firmer, drier and more difficult to pass as it sits in the bowel and causes discomfort. Then, because the bowel movement is painful, your child holds it in making the problem worse and ending up constipated.
- **Other factors** (which account for approximately 5% of cases include): certain medications (most common being iron), low thyroid function, cerebral palsy, electrolyte imbalance and other structural or functional intestinal conditions.

How to treat it:

- **Changes in eating and dietary habits:** Increase the intake of *whole* plant-based foods such as fruits, vegetables, unprocessed grains (brown rice, whole wheat pasta and bread) and beans will ensure an optimal intake of fiber. Drinking water throughout the day is a healthy habit that can keep stools from getting dry and hard. For children prone to constipation, it is important to reduce the intake of processed foods, dairy and meats which all lack fiber.
- **Fruit juice:** In particular prune juice, can be helpful due to its high sugar content which helps pull water into the gut and keeps stools from getting too hard. However, drinking too much fruit juice adds extra calories and can contribute to weight gain.
- **Regular toilet time:** Have your child sit on the toilet for at least 10 minutes at about the same time each day, preferably 20-30 minutes after a meal (at least twice per day).
- **Stools softeners:** Also known as laxatives (i.e., Miralax, Colace, Dulcolax) to clean the bowels. These are safe for children, but should be used under the supervision of your pediatrician. Two common mistakes parents make when giving their child a stool softener is not using a large enough dose, or stopping the laxative treatment early. Many times your child will need to use these medicines for several weeks.
- **Other treatments:** Glycerin suppositories may be used if your child has difficulty passing dry stools. It works by lubricating the rectum and softening fecal matter. Enemas are often used to perform a bowel clean out.

Should you suspect that your child is constipated; the first response should be to always observe and/or evaluate their diet, in addition to upping their water intake. You should see your doctor *right away* if there is blood in stools, swollen abdomen, severe abdominal pain, weight loss, fever or vomiting. Should symptoms persist, contact your pediatrician for advice or an appointment.