

CONSTIPATION

Learners Guide

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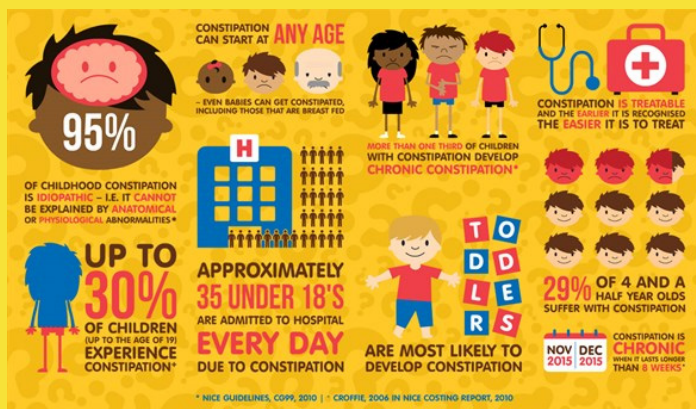
PRE-READING

Please read one of the following before the session

DFTB constipation week: Constipation week

BMJ Childhood constipation Clinical Review :
Childhood constipation

NICE guidance: 1 Guidance | Constipation in children
and young people: diagnosis and management |
Guidance



CASE 1 (15 MINS)

Billy is an otherwise well 4 year old boy who presents to A&E with a 4 week history of abdominal pain. His pain comes and goes, and seems to be worse after eating. Today he has been doubling over with pain and crying inconsolably.

He has had no fevers or vomiting. He is drinking well but parents think he is a bit off his food. His last poo was 3 days ago, and parents think it was normal but aren't sure.

What else would you like to know?

What would you look for on examination?

How would you treat Billy?

When should he be seen again?

What is your next step if he doesn't respond to your treatment?

CASE 2 (15 MINS)

Jakob is a 9 day old baby boy who is brought to the emergency department with vomiting. He is mum's 3rd baby. Mum is worried that he is vomiting everything he drinks, and is sleepier than she would expect. He seems distressed when awake. He is having 3-4 light wet nappies per day but has only passed a few small stools in his short life.

What else would you like to know?

What would you look for on physical exam?

Would you order any investigations?

What is your initial management?

ADVANCED CASE 1 (20 MINUTES)

Lily is an 8 year old girl with Trisomy 21. She had an AVSD repair as an infant, and is otherwise well and takes no medications. She has been referred to A&E by her GP with worsening constipation. She has been constipated on and off for most of her life, but this has usually been easily managed with movicol. This time around, she has been constipated for 3-4 months and is passing painful, hard stools approximately once per week. Her GP started her on Movicol 3 months ago, which parents say she has been happily taking but it doesn't seem to be working.

What else would you like to know?

What investigations would you order?

What do you think might be going on?

How would you treat Lily?

ADVANCED CASE 2 (20 MINUTES)

Georgie is a 12 year old girl with severe autism. She is non verbal. She is otherwise well, but has had trouble with constipation in the past. Her parents attribute this to her being a "picky eater". Georgie has had abdominal pain for the last 2 weeks, and has been passing small, pellet - like stools every 4-5 days. She has been having more "accidents", and has been back in nappies for the last 7 days. She has been seen by the GP who has diagnosed constipation and prescribed movicol. She took this as prescribed for the first couple of days, but she is now refusing her medications. Over the past 4 or 5 days, Georgie has begun to refuse all food and will only drink sips of juice with a lot of encouragement. When parents try to give her medications or take her to the toilet, Georgie becomes very upset and aggressive. Her parents are very distressed and not sure what to do.

What are your management options for Georgie?

Quiz

Question 1.

Macrogol laxatives may cause “lazy bowel” if used for more than 2 months. True or false?

A

True

B

False

Question 2.

Which of the following is NOT supportive of a diagnosis of idiopathic constipation?

A

Loss of appetite

C

Urinary incontinence

B

Ribbon like stools

D

Faecal incontinence

Question 3.

In a child with abdominal pain, the diagnosis of UTI makes constipation less likely. True or false?

A

True

B

False

Top Tips

- 1** Don't forget your red flags when assessing a child for constipation - could there be an underlying cause?
- 2** Do not treat with lifestyle change only - by the time children are symptomatic they require pharmacological management
- 3** Plain radiographs are of no clinical benefit in idiopathic constipation
- 4** Early pharmacological and non pharmacological treatment with lots of education and support is vital for successful management and prevention of long term complications
- 5** Think about functional constipation as the underlying cause of different presentations - Urinary incontinence and UTI, faecal soiling, behavioural change.