

Patient information

INFORMATION FOR PARENTS

Constipation and impaction Including laxative sachet disimpaction plan (under 12's)

Introduction

Constipation means opening bowels less than 3 times a week, or having hard, dry poo (**stools**) which may be large or come out as tiny pellets. Constipation is common and can be more likely to occur at specific times of change such as when introducing formula milk, weaning to semi-solids, toilet training and starting school. Constipation should be picked up early and treated promptly.

It can usually be treated easily with **laxatives** using age-related doses, alongside other measures which your doctor can help guide you with such as:

- Scheduled toileting to establish a pattern of opening bowels
- Reward systems
- Increasing fluid intake
- Increasing dietary fibre intake

The first-line laxative of choice in children is “**macrogol 3350 + electrolytes**”, which includes brand names such as **Movicol Paediatric Plain**. It works by softening stools by increasing the retention of water by the bowels. For under-12's the medicine comes in a special **paediatric sachet**.

Impaction is very bad constipation where poo can build up in the abdomen and become immobile in the intestines. The child may pass very small stools every few days or have very infrequent bowel movements. They may have ‘leaks’ of stools causing soiling, where poo has bypassed other hard poo, out of the child’s control (**overflow**).

Disimpaction is the treatment to give relief from bad constipation. This involves

giving gradually increasing doses till the poo in the tummy has become liquid and comes out as diarrhoea and then continuing on a smaller dose for 3 to 6 months to allow the bowel to recover and to prevent the constipation returning.

This information sheet will help your child follow a disimpaction plan using paediatric macrogol 3350 + electrolyte sachets. At the end there are some links to websites for further reading which may be helpful.

Starting disimpaction: Age 1 to 4 years

On day 1 take two paediatric sachets, then follow the table below until the **stools have become loose and watery for at least 24 hours.**

For ages 1-4 years: Number of paediatric sachets per day, taken over a 12 hour period.					
Day 1: 2	Day 2: 4	Day 3: 4	Day 4: 6	Day 5: 6	Day 6 onwards: 8

Starting disimpaction: Age 5 to 11 Years

On day 1 take four paediatric sachets, then follow the table below until the **stools have become loose and watery for at least 24 hours.**

For ages 5-11 years: Number of paediatric sachets per day, taken over a 12 hour period.				
Day 1: 4	Day 2: 6	Day 3: 8	Day 4: 10	Day 5 onwards: 12

When is disimpaction achieved?

Most children will have achieved disimpaction when their stools are loose and watery for at least 24 hours – type 7 on the '**Bristol Stool Scale**' on the last page. It is **normal** for this to take **7 to 14 days** .

If it takes **longer than 14 days** make an appointment to **see your child's GP.**

Once disimpaction is achieved ...

Once disimpaction is achieved, reduce the number of sachets to a 'maintenance' dose. This will be **half the disimpaction dose, taken over a 12 hour period**, up to a **maximum of 4 paediatric sachets daily.**

For example:

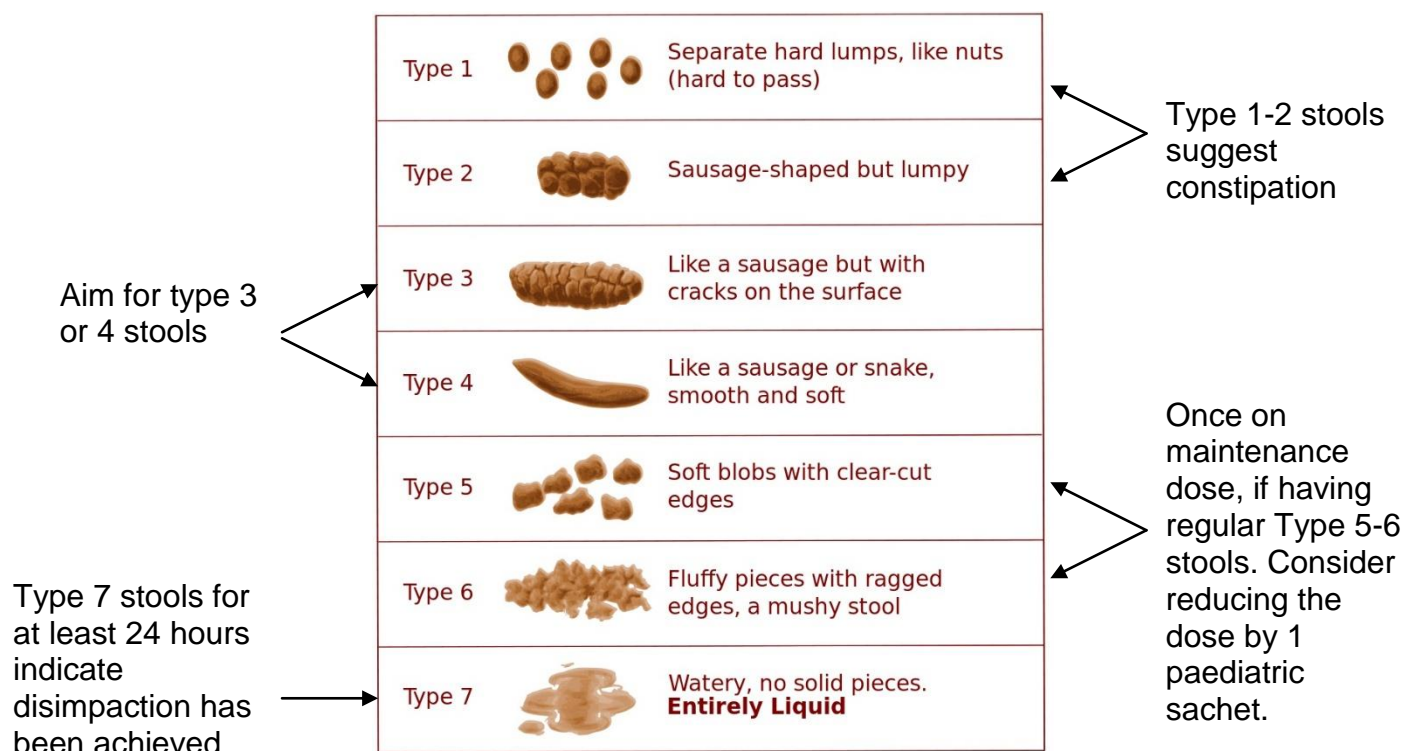
1. A 4 year-old starts having very runny stools when he is on 6 sachets of movicol (day 4 of impaction). After 24 hours of runny stools, from day 5, he should be started on a daily maintenance dose of 3 paediatric sachets. This will need to be continued for 3 to 6 months and the dose gradually reduced and stopped. If he appears to be again getting constipated when the dose is reduced, his dose can be increased by 1 sachet every 3 days till we reach a dose where he goes regularly.
2. An 8 year-old who requires 10 paediatric sachets to achieve disimpaction should start on the maximum daily maintenance dose of 4 paediatric sachets in total. This should be continued similar to the advice above.

With time it should be possible to reduce the maintenance dose, **aiming for type 3-4 stools**, but be aware this can take **months** to achieve.

- For example, after a month taking a 2 paediatric sachet daily maintenance regime, you could try reducing to 1 paediatric sachet daily.
- It is likely that if the sachets are stopped too soon that constipation may return and we would advise **continuing a maintenance dose for at least 6 months**.

Your GP can review your child's dose with you if you are unsure.

Bristol Stool Scale



Further information

You may find the following websites useful, to find out more about treating constipation:

- Eric – The Children’s Bowel & Bladder Charity www.eric.org.uk
- Constipation in Children and Young People: diagnosis and management NICE Guideline CG 99 Information of the Public
www.nice.org.uk/guidance/cg99/ifp/chapter/About-this-information
- NHS Constipation in Young Children www.nhs.uk/conditions/pregnancy-and-baby/constipation-and-soiling/

Contact details

- For patients/parents needing advice, either to speak to your GP or contact the paediatric secretaries on 01284 713 748 or email wsh-tr.paediatricsecs@nhs.net
- For health professionals with queries regarding the instructions on the leaflet, please contact the paediatric secretaries as above.

References

- *Constipation in Children and Young People. National Collaborating Centre for Women’s and Children’s Health, RCOG Press 2010 (NICE Guidance CG99).*
- *Bristol Stool Chart adapted from a version by Kyle Thompson*
http://en.wikipedia.org/wiki/File:Bristol_stool_chart.svg
- *BNFC 2018, BMJ Publishing Group Ltd, RCPCH Publications Ltd & Royal Pharmaceutical Society of Great Britain*
- *Disimpaction dosage table adapted from* <http://www.medicines.org.uk>

If you would like any information regarding access to the West Suffolk Hospital and its facilities please visit the hospital website www.wsh.nhs.uk and click on the link, or visit the disabledgo website:

<http://www.disabledgo.com/organisations/west-suffolk-nhs-foundation-trust/main>