

Constipation

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Constipation is a very common and frustrating problem in children. In general constipation is passage of small amounts of hard, dry bowel movements, usually fewer than three times a week. Other symptoms of constipation include feeling bloated, uncomfortable, and sluggish. The most common cause of constipation is a diet low in fiber found in vegetables, fruits, and whole grains and high in fats found in cheese, eggs, and meats. People who eat plenty of high-fiber foods are less likely to become constipated. A low-fiber diet also plays a key role in constipation among older adults, who may lose interest in eating and choose convenience foods low in fiber. In addition, difficulties with chewing or swallowing may force older people to eat soft foods that are processed and low in fiber. Some medications such as narcotics (especially morphine), antacids, blood pressure medications, antidepressants (especially Tetra Cyclic Antidepressant, imipramin), iron supplement, anticonvulsants, and diuretics may cause constipation. Diseases such as Irritable Bowel Syndrome (IBS), neurological disorders, metabolic and endocrine disorders, and systemic conditions that affect organ systems may also cause constipation. During pregnancy, women may be constipated because of hormonal changes or because the heavy uterus compresses the intestine. Aging may also affect bowel regularity because a slower metabolism results in less intestinal activity and muscle tone. In addition, people often become constipated when traveling because their normal diet and daily routines are disrupted. Abuses of Laxatives: Myths about constipation have led to a serious abuse of laxatives. This is common among people who are preoccupied with having a daily bowel movement. Laxatives usually are not necessary and can be habit-forming, children do not form habit-forming. The colon begins to rely on laxatives to bring on bowel movements. Over time, laxatives can damage nerve cells in the colon and interfere with the colon's natural ability to contract. For the same reason, regular use of enemas can also lead to a loss of normal bowel function. Complications: Sometimes constipation can lead to complications. These complications include hemorrhoids caused by straining to have a bowel movement or anal fissures (tears in the skin around the anus) caused when hard stool stretches the sphincter muscle. As a result, rectal bleeding may occur, appearing as bright red streaks on the surface of the stool. Treatment for hemorrhoids may include warm tub baths, ice packs, and application of a special cream to the affected area. Treatment for anal fissure may include stretching the sphincter muscle or surgical removal of tissue or skin in the affected area. Sometimes straining causes a small amount of intestinal lining to push out from the anal opening. This condition, known as rectal prolapse, may lead to secretion of mucus from the anus. Usually eliminating the cause of the prolapse, such as straining or coughing, is the only treatment necessary. Severe or chronic prolapse requires surgery to strengthen and tighten the anal sphincter muscle or to repair the prolapsed lining.

Constipation may also cause hard stool to pack the intestine and rectum so tightly that the normal pushing action of the colon is not enough to expel the stool. This condition, called fecal impaction, occurs most often in children and older adults. An impaction can be softened with mineral oil taken by mouth and by an enema. After softening the impaction, the doctor may break up and remove part of the hardened stool by inserting one or two fingers into the anus. [\[TOP\]](#) Treatment Guide for children Once a child develops constipation and has hard and painful stools, he will then begin to hold in his bowel movements to prevent it from hurting again. This creates a cycle that makes the constipation continue and become worse. Constipation is best treated by making changes in your child's diet. Until the constipation has improved with a non-constipating diet, your child will most likely also be on stool softeners. The goal

of treatment is for your child to have one to two soft stools each day. [\[TOP\]](#)

Diet Treatment for Infants Constipation is uncommon in breastfed infants. Because breast milk is digested so well, it can be common for a baby that is exclusively breastfed to only have a bowel movement every one to two weeks. If the bowel movement is soft or watery, then it is not constipation, even if it occurs infrequently. It can also be normal for infants (whether breastfed or drinking an iron fortified infant formula) to strain and groan when they have a bowel movement. Again, if the bowel movement is soft or watery, then it is not constipation, even if your infant has to strain or groan to have a bowel movement. And remember that the iron in infant formulas does not cause constipation. You should not switch to a low iron formula because your child has constipation. If you do think your infant has constipation, then you can: Increase fluids: Give 2-4 oz of water or diluted fruit juices (such as apple or prune) 1-2 times each day, or try switching to a soy formula. Increase fiber: If your infant is over four months old and has constipation, you may also try feeding foods with a lot of fiber, such as cereals, strained prunes, apricots, or spinach.

[\[TOP\]](#) Diet Treatment for Children Constipation in children is best done by making changes in your child's diet. Some things that you can do to treat and prevent constipation in your children include: Increasing fluids: Increase the amount of water and fruit juices (minimum of 2-3 glasses) that your child drinks each day. Increasing fiber: Increase the amounts of fruits and vegetables that your child eats. Raw, unpeeled fruits and vegetables (especially beans, sweet potatoes, peas, turnip greens, raw tomatoes and corn) have the most fiber. Popcorn also has lots of fiber in it. Give enough grams of fiber to equal their age in years plus 5 each day (check the nutritional label for high fiber foods and snacks with at least 3-4g of fiber per serving). Vegetable soups are especially high in fiber and also add more fluid to your child's diet. Increasing bran in your child's diet by offering bran cereals, bran muffins, shredded wheat, graham crackers, or whole wheat bread. Decreasing constipating foods: The foods most notorious in causing constipation include cow's milk, yogurt, cheese, cooked carrots, and bananas. Drinking too much milk (your child may only be drinking 2-3 cups a day, but it may be too much for his system to handle) is heavily associated with having constipation. Switching to soy milk has been shown to soften stools. If your child is unable to drink milk, then offer a daily multivitamin or other sources of calcium (such as calcium fortified orange juice). [\[TOP\]](#)

Stool Softeners Most of these medicines for constipation are available in the pharmacy over the counter and do not require a prescription. They include Metamucil, Milk of magnesia, Citrucel, or mineral oil. Unlike laxatives in adults, they are generally not considered to be habit forming. You should use them once or twice a day and work up on the dose until your child is having a soft BM each day. If your child starts to have diarrhea, then you are giving too much and you should cut back on the dose. Senokot is also often commonly used in children, but it is actually a stimulant laxative and not a stool softener, so you may not want to use it for long periods of time. Once your child is having 1-2 soft stools each day you should continue with the doses of the medicines that you are using for 6-12 months until he is accustomed to his new non-constipating diet. You can then gradually stop the stool softeners by slowly lowering the amount you are giving every 1-2 weeks. If stools are too loose then cut back on the dose by one-third. If stools are still too hard then increase the dose by one-third. Avoid making changes in the medicines based on one bowel movement, or you will wind up 'seesawing' with the doses.

[\[TOP\]](#) For diagnosis and treatment [click here](#)