

Constipation and Home Bowel Program

What is constipation?

Constipation happens when:

- A child does not poop often enough (at least once a day)
- Poop (stool) is hard, painful, or difficult to push out
- The body isn't getting all the poop inside to come out

Constipation can get worse over months and years. It can cause stomach aches and big hard poops that clog the toilet. Some children who have been constipated for a long time begin to have accidents or soiling, and poop stains in the underwear. These are signs of months or years of constipation and holding on to poop.

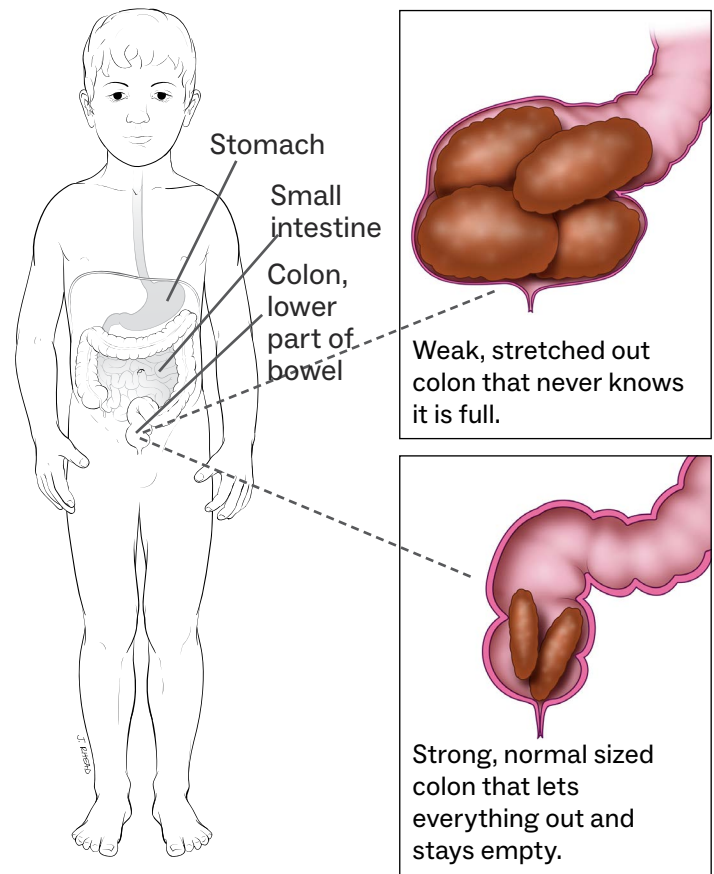
What causes constipation?

Most constipation in children is caused by a child holding poop in too long, over and over, often for months or years, without their parents knowing it. This is often a response to another life event. For example, a painful experience in the bathroom can create fear and make a child never want to let poop out again. Stress about life changes, toilet training, and school can also lead to withholding.

The colon moves waste or poop from the body. Each time a child holds poop in too long, the colon gets stretched more and more — kind of like a balloon that has been blown up over and over again.

Once the colon gets stretched out, it becomes more difficult for a child to feel a normal urge to poop. Without that urge, the child can walk around full of stool without knowing it. They “forget” they are holding in their poop.

Once the colon gets stretched out, it also becomes more difficult for the colon to push all the poop out. A stretched-out colon is almost never empty. It is always full of poop, and the child gets used to having a full colon.



Other things can make constipation worse:

- Eating too much junk food and fast food. These foods are high in fat and sugar and low in fiber.
- Not drinking enough water.
- Not getting enough exercise.

How is constipation treated?

- 1 Bowel cleanout.** Your child needs to drink a large amount of liquid mixed with medicine. This will flush all the poop out of the colon. No treatment plan will work until this step is done.
- 2 An ongoing daily bowel program for months or years.** Your child will need to take medicines to keep the poop soft. Then, they need to sit on the toilet at regular times each day. Sitting AND pooping every day helps train the colon to push out poop regularly.

Bowel Cleanout

Check dosing with your child's healthcare provider

Time of day	Age 2 to 4 years (22 to 44 pounds)	Age 5 to 10 years (45 to 88 pounds)	Older than 10 years (more than 88 pounds)
Morning	Take 1 chocolate laxative square	Take 1 + ½ chocolate laxative squares	Take 2 chocolate laxative squares
During the day	Mix 4 capfuls of PEG 3350 powder in 20 ounces of fluid. Drink it over 8 hours.	Mix 7 capfuls of PEG 3350 powder in 32 ounces of fluid. Drink it over 8 hours.	Mix 14 capfuls of PEG 3350 powder in 64 ounces of fluid. Drink it over 8 hours.
Evening	Take 1 more chocolate laxative square	Take 1 + ½ more chocolate laxative squares	Take 2 more chocolate laxative squares

How to do a bowel cleanout:

The goal of bowel cleanout is to wash all the poop out of the colon. The stool will come out brown or dark, and will slowly become more see-through until it is gone. Keep going until the liquid coming out of your child's bottom is mostly clear, like urine (pee) or tea. **This may take 2 to 3 days.**

To do a bowel cleanout at home you will need:

- A stool-softener medicine called PEG 3350 (Polyethylene glycol 3350). It is sold as Miralax, ClearLAX, GlycoLAX, or other similar names.
- Chocolate laxative squares, called sennosides. This is sold as Ex-Lax Chocolate Stimulant Laxative and in generic brands.
- Plenty of fluids. Sports drinks work best. Examples include Gatorade, Pedialyte, and other similar drinks.
- At least 3 days to spend with your child at home near a bathroom. Your child will not be able to attend school or participate in sports events.

Food allowed while on bowel cleanout

Your child will only be allowed to eat clear foods that you can see through. Examples include gelatin snacks (JELL-O or similar), Popsicles, sports drinks, and plain broth (vegetable, beef, or chicken). Solid foods like pizza or sandwiches only create more poop and make this take longer.

- If you finish day 1 and the poop looks like clear Coca-Cola or still has chunks in it, repeat everything again for day 2 or day 3.
- If your child's poop is still not clear after day 3, call their healthcare provider.

Tips for a successful bowel cleanout:

- If your child feels like they are going to throw-up during the clean-out, let them take a 30 to 60 minute break or drink less fluid more often.
- You can put smaller amounts of the PEG 3350 powder in different fluids to break up the flavors. For example, put 1.5 capfuls in juice, 1.5 capfuls in lemonade, 1.5 capfuls in a sports drink, and 1.5 capfuls in soda to get the 4 servings needed.
- If the laxative chew causes "explosive" poops, take ½ less chew with the next dose.

Following a daily bowel program (see Traffic Light Plan handout)

Every day for at least 6 months your child needs to take medicines to keep poop soft and squeeze it out. They also need to sit on the toilet at regular times each day to help their body know when to "go." You will need to start some sort of positive reward system for when they poop on their own.

Medicines to keep poop soft

Examples include PEG 3350 powder (see brands at left), or docusate sodium (Colace) pills.

- Studies show that PEG3350 is safe to use. It is not absorbed into the body and it helps break up the poop so it's not hard.
- If your child needs more than 2 capfuls of PEG 3350 each day to produce a solid poop, it likely means they need another cleanout.

Medicines to help squeeze poop out

Examples include sennosides (like Ex-lax), bisacodyl (Dulcolax), magnesium citrate, or magnesium hydroxide. These help push out the poop, and can be used with softeners or by themselves.

- Start by using a sennosides chocolate chew once daily with softeners (see Traffic light handout).
- “Squeezer” medicines may cause cramps and “explosive” poops if the dose is too high.

See Traffic Light Plan for increasing or decreasing medicines based on your child’s poops. Talk to your child’s doctor if you have used squeezers daily for more than 1 month.

Regular toilet time

Have your child sit on the toilet for 2 to 3 minutes after each meal. The body naturally tries to move contents out to make room for what was just eaten. Sitting on the toilet at this time will make use of that opportunity.

Do not pressure your child to push during this time — just have them sit. This is especially important for children who are afraid of the toilet. Getting in the habit of sitting with no pressure to make anything happen will help them feel like the toilet is a safe place.

Use a positive reward system for sitting and trying to poop, and especially if they are able to sit AND poop!



Toilet positioning

Place a stool or solid box at the base of the toilet so that your child’s feet don’t dangle or hang off the toilet. With the feet resting on the stool, the knees should be above the hips. This puts the body in the best position to let everything out.

Tip:

Put a chart on the wall next to the toilet or ask for a copy of the handout titled *I’m a STAR Pooper!* Let your child put a sticker on the chart as a reward each time they sit. Do something special with your child when the chart is filled each week.



How long do we need to do the daily bowel program?

The keys to success with a bowel program are to do it every day for many months. It probably took months or years for the problem to get this bad, and it will take months or years for it to get better. There is no quick fix.

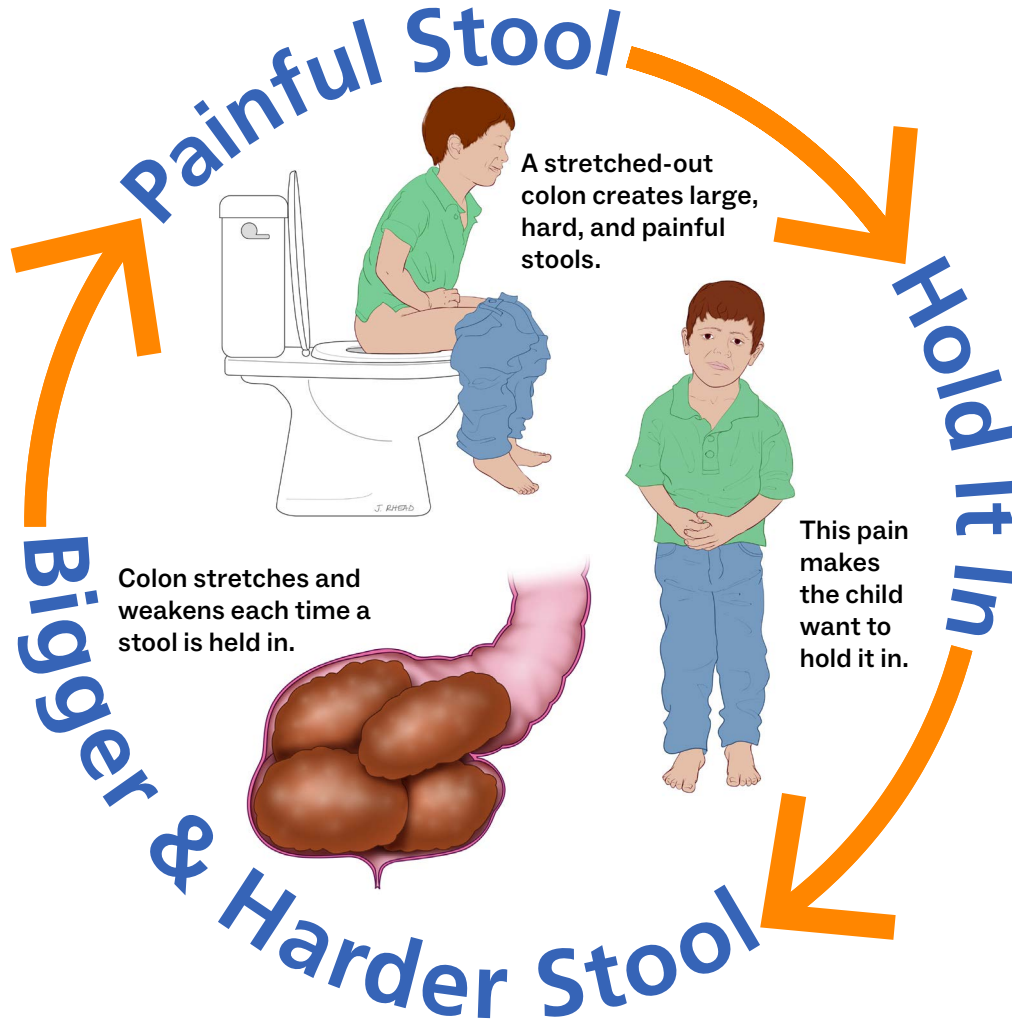
When should I call my child’s healthcare provide?

Call if your child:

- Is vomiting over and over
- Has a swollen, bloated belly that is painful to touch
- Can no longer poop and is no longer passing gas (farting), despite taking the poop-softener medicines
- After 3 days of cleanout medicines, your child’s poop is not clear (changed from brown to mostly see through, like urine or tea)
- Dizziness, or fainting
- Has a fever over 100.4°F (38.0°C)

Cycle of Constipation

When this cycle happens over and over, the colon becomes stretched and weak. Children need a long-term treatment plan to break this cycle and repair the colon. This takes months or years.



How do I watch the video?

Our video [Constipation in Children, a Very Common Problem](#) shows how constipation happens to children and what you can do to fix it.

Go directly to **YouTube** and search **Primary Children's Hospital Constipation**.

Scan the code.



Click on the box.



Intermountain Health complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Se proveen servicios de interpretación gratis. Hable con un empleado para solicitarlo. 我們將根據您的需求提供免費的口譯服務。請找尋工作人員協助。

© 2017–2024 Intermountain Health. All rights reserved. The content presented here is for your information only. It is not a substitute for professional medical advice, and it should not be used to diagnose or treat a health problem or disease. Please consult your healthcare provider if you have any questions or concerns. LTA159 - 05/24 (Last reviewed -05/24) Also available in Spanish.