

# Management Guidelines for Children with FUNCTIONAL CONSTIPATION

Most children with chronic constipation have functional constipation. However, the presence of associated symptoms such as those listed below should prompt further investigation.

Examples of **red flags**:

- ✓ delayed passage of meconium in the neonatal period
- ✓ failure to thrive
- ✓ abnormal rectal exam (increased tone, empty rectum)

## MANAGEMENT OF CONSTIPATION *WITH* FECAL IMPACTION

1. Disimpaction with oral therapy (doses below):

- ✓ **Lax-A-Day/Restoralax**: bowel cleanout: 6g/kg (max 238 g) in 50 mL/kg, max 2 L, of Gatorade followed by plenty of fluids
- ✓ **Golytely/Peglyte**: 100 mL/kg/hr (max 1L/hr) PO or via NG for 4 hours
- ✓ **Pico-Salax**: specify according to age/weight

**Follow by:**

- ✓ **PEG3350 without electrolytes** (Lax-A-Day, Restora-lax, etc.): 1-2 g/kg/day ongoing

2. Multifaceted maintenance treatment plan:

- ✓ education: toilet sitting after meals, physical activity
- ✓ diet: increase fibre and water intakes

- ✓ oral medication: **emphasize the need for long-term therapy (i.e., minimum 6 months)**
- ✓ stool diary
- ✓ behavior modification: positive reinforcement, avoid withholding

3. Follow-up: if no improvement:

- ✓ reassess for impaction
- ✓ assess compliance (medication and toilet-sitting routine, stool diary)
- ✓ consider dose change or change in medication

4. If ongoing management difficulties:

- ✓ consider further investigation as appropriate (e.g., TTG, TSH, Ca)

## MANAGEMENT OF CONSTIPATION *WITHOUT* FECAL IMPACTION

1. Start maintenance oral medication:

- ✓ **PEG3350 without electrolytes (first choice)**: (Lax-A-Day, Restora-lax, etc.): 1 g/kg/day to maximum adult dose 17 g/day
- ✓ **Lactulose**: 1-3 mL/Kg/day in divided doses (can cause gas)
- ✓ **Mineral Oil**:
  - **not** in children under 2 years of age
  - **not** in patients with vomiting or who are at risk of aspiration
  - 1-3 mL/kg/day

2. Multifaceted maintenance treatment plan:

- ✓ education
- ✓ diet: increase fibre and water intakes
- ✓ oral medication: **emphasize the need for long-term therapy (i.e., minimum 6 months)**
- ✓ stool diary
- ✓ behavior modification: ownership, toilet sitting with feet on ground or stool

3. Follow-up: if no improvement:

- ✓ assess for impaction
- ✓ assess compliance (medication and toilet-sitting routine, stool diary)
- ✓ consider dose change or change in medication

4. If ongoing management difficulties, consider further investigation as appropriate (e.g., TTG, TSH, Ca)

## REFERENCE:

Evaluation and Treatment of Functional Constipation in Infants and Children: Evidence-Based Recommendations  
From ESPGHAN and NASPGHAN. JPGN Volume 58, Number 2, February 2014

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