Texas Children's Hospital

BCM Baylor College of Medicine

Texas Children's Hospital
Gastroenterology Hepatology & Nutrition Service
PCP Referral Guidelines – Constipation

Diagnosis: **CONSTIPATION**

GENERAL INFORMATION:

Rome IV Diagnostic Criteria for Functional Constipation (FC)

Toddlers (<4 years)	Children (≥4 years, toilet-trained)
Two or more criteria for >1 month:	**Two or more criteria for >1 month:**
• <3 bowel movements per week	• <3 toilet bowel movements per week
• History of excessive stool retention	• ≥1 episode of fecal incontinence per week
• History of painful or hard bowel movements	• Retentive posturing or volitional stool retention
• Large fecal mass in the rectum	• History of painful or hard bowel movements
• Large-diameter stools	• Large fecal mass in rectum
	• Large stools causing toilet obstruction

Symptoms of constipation are seen commonly at the following developmental stages: introduction of solid food/cow's milk, toilet training, and at time of school entry.

CONSERVATIVE MEASURES FOR FC

DIET:

- For children at least 2 years old, daily fiber consumption should be equal to their age +5 grams.
- Despite the lack of evidence for extra fiber impacting outcomes in functional constipation, a healthy diet including fruits (particularly kiwi, mango, and prunes), vegetables, and whole grains is recommended.
- Sufficient water intake for weight is recommended.
- A 2-week trial of cow's milk-free diet may be beneficial particularly in toddlers with a history of atopy or anal fissures
- There is no demonstrated benefit in pediatric FC for prebiotics or probiotics, routine use for the treatment of FC is not recommended

TOILETING/BEHAVIORAL INTERVENTIONS:

- Recommend positive rather than negative reinforcement for toilet training
- Toilet training for 10 minutes each day (1-2 scheduled sits per day). Consider an attempt after breakfast to take advantage of the gastrocolic reflex
- Recommend using a stool or similar commercial product to elevate the legs while defecating. For proper position, the knees should be above the umbilicus, with feet flat on the stool, creating

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a ~35° angle between the pelvis and legs. This allows the muscles of the pelvic floor to relax and can allow for easier, more complete passage of bowel movements.

MEDICAL THERAPY FOR FC:

Generally, treatment consists of three phases – disimpaction (if concern for fecal impaction), maintenance therapy, and gradual withdrawal of maintenance medications.

DISIMPACTION:

- Consider fecal disimpaction in patients with large palpable stool on abdominal examination (lower left quadrant), fecal impaction identified on abdominal x-ray, encopresis, persistent abdominal pain despite maintenance therapy, or rectal pain.
- For patients with fecal impaction, consider polyethylene glycol 3350 1-1.5 grams/kg/day for 3-5 days

//The dose and duration of treatment need to be individualized based on symptom severity

MAINTENANCE MEDICATIONS:

Medication Class	Medication	Recommended Maintenance Dose
Osmotic Laxatives (First-Line Maintenance Therapy)	**Polyethylene Glycol (PEG 3350)**	0.5 g/kg/day up to 17 g daily (maximum 34 g/day divided into 2 doses)
	Lactulose	1–2 g/kg/day once daily or divided doses (maximum 20 mL/day)
Stimulant Laxatives (Second-Line; used in combination with an osmotic laxative)	**Sennosides**	**2–5 years:** 4.3 mg daily (maximum 17.2 mg/day) **6–11 years:** 8.6 mg daily (maximum 34.4 mg/day divided twice daily) **12–18 years:** 8.6–17.2 mg daily (maximum 68.8 mg/day divided twice daily)

- PEG3350 powder should be mixed in clear fluid (6-8 ounces per 17 g dose), and taken in <15 minutes to improve efficacy.

- Recommend continuing maintenance therapy for at least 2 months or 1 month if a favorable response to therapy. Maintenance medications can be gradually weaned once good response is achieved and maintained.

REFERENCES:

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