

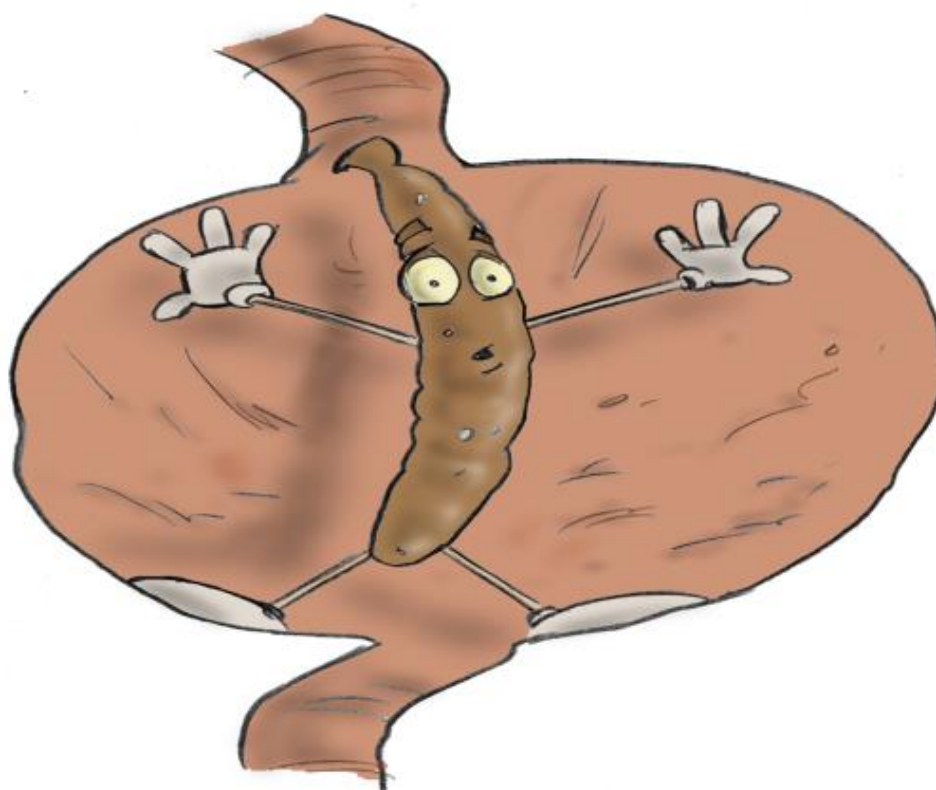


**Bladder & Bowel UK**

Supporting people with bladder and bowel problems

part of Disabled Living

# Understanding Constipation and Faecal Impaction



A guide for parents and carers

## **Normal Poos**

A normal poo is soft, easy to pass and somewhere between light and dark brown in colour. Most children open their bowels no more than three times a day and no less than three times per week.

The intestine is made up of the small and large bowel. The small bowel mixes the food with water and digestive juices and then absorbs the nutrients. The parts of the food that cannot be absorbed pass into the large bowel (colon) with the water. This is where the poo is formed, as water is reabsorbed back into the body. If the poo sits in the colon for too long it becomes harder, as more water is absorbed.

At the end of the colon is the rectum. The rectum stays empty until it is time to open your bowels. Normally as the poo enters the rectum it triggers a message to the brain to tell you that you need to do a poo. If it is not convenient then the poo moves back up into the lower bowel and the rectum remains empty until you are ready to open your bowels.

## **Constipation**

Constipation can develop if the poo becomes hard and difficult to pass. This can happen quite slowly, so families may be unaware of it, and they often never know how or when it first started. However, passing a large hard poo can be uncomfortable or painful. As a result, the child becomes fearful of pooing again and will start to 'hold on' when they feel the need to poo. Unfortunately, this makes the problem carry on. The longer the child holds on, the harder and bigger the poo gets and the more likely it is to hurt when they do eventually pass it. This is the reason why constipation should always be treated with laxatives as soon as the family are aware it is present.

Children who are constipated are often reluctant to open their bowels on the toilet due to previous experience of passing a hard, painful poo. The child may become very distressed at the feeling of needing to do a poo and be seen to be 'holding on'.

Typically, the child may stand on tip toes as they clench their bottom together to try and stop the poo coming, or they may run and hide. Therefore, it is important that constipation is always treated with enough laxatives to produce soft formed stools, both to overcome the fear of pooing and to prevent the development of faecal impaction.

Other signs and symptoms that might indicate constipation include:

- Pooing less than three times a week or more than three times a day
- Soiling (any amount of poo in the underwear). This may get better for a few days after doing a large poo
- A painful bottom, or pain when doing a poo
- A distended (i.e. swollen or bloated) tummy
- Passing large hard poo which may block the toilet, or passing only small poos (soft or hard), or poos of different sizes and consistencies
- Appearing to strain to poo or to avoid pooing

- Poor appetite
- Angry or irritable mood

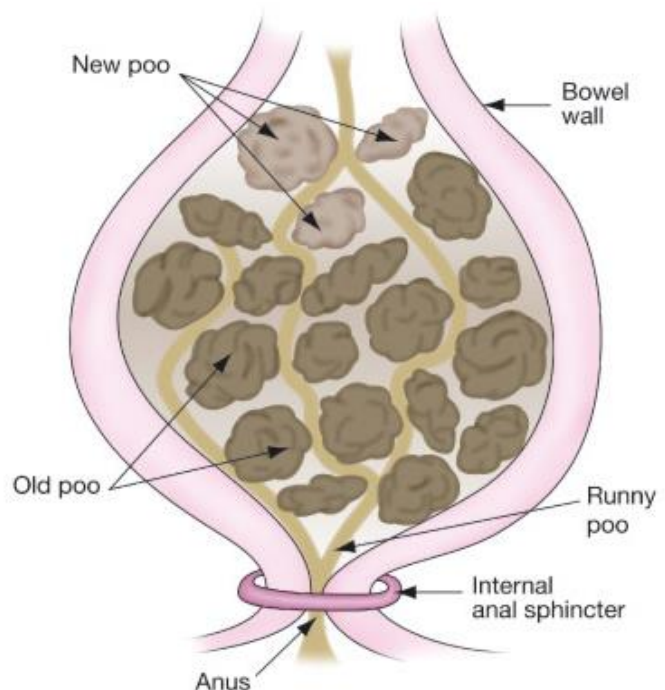
Some children with constipation may have problems with wetting in the day and/or at night. This is because the normally empty rectum is full of poo that may press on the bladder. Constipation may also make children more prone to urinary tract infections. However, wetting and urinary tract infections can also happen in children who are not constipated.

## Faecal impaction

A child is said to have faecal impaction when the constipation becomes so severe that they are unable to clear it out. All the poo in their bottom clumps together to form a large mass, which the child is unable to pass. New poo will keep forming in the colon but cannot get past the blockage, so it just builds up.

Symptoms that may indicate faecal impaction include any of the symptoms of constipation, but also:

- Inability to pass a formed poo
- Passing only 'rabbit dropping' type poo (that has broken off the larger mass)
- Uncontrolled watery or loose poo, also known as overflow soiling
- Passing lots of wind so child seems to smell of poo even though clean
- Frequent soiling (poo of various consistency in the underwear), often several times a day
- Swollen and painful abdomen
- Lack of appetite



Picture showing rectum loaded with poo and liquid/runny poo seeping past

## Effect of constipation and faecal impaction

When children become constipated and the poo stays in their rectum, the message to the brain that they need to do a poo becomes weaker and weaker until, eventually, they lose the feeling that they need to do a poo. If the constipation is not treated effectively the poo in the rectum will continue to gradually build up and 'faecal impaction' may develop.

Although the child does not feel that they need to do a poo, peristalsis (the muscular movement that moves the poo along the bowel) is still taking place. This pushes the looser, liquid poo along. Because the rectum is full of poo the anus relaxes slightly, thinking that the child is about to open their bowels, which allows the liquid poo to leak out into the child's underwear. Bits of the old impacted poo may break off and be passed as well – this

often results in the soiling being very smelly. This happens outside the child's control and they are often unaware that the leakage has happened.

Any poo passed into the pants by a child with constipation/impaction is called 'overflow soiling'. This can happen many times during the day.

Both constipation and faecal impaction may cause stretching of the bowel, which takes time to return to normal. Therefore, if the problem has lasted for more than a few weeks it will need treating with laxatives usually over a long period of time. Laxatives should be reduced gradually over many weeks, unless you are advised otherwise by your child's healthcare professional.

### **What is the difference between constipation and impaction?**

Children who are constipated tend to pass infrequent formed stools, which may be very large and hard. There may be some smaller poos, soiling or skid marks in their pants due to them 'holding on' and stopping themselves from doing a poo, but they are generally clean in between bowel movements.

Children who are impacted are usually unable to pass any formed poos at all. They tend to continually pass loose, mushy, sticky or semi-solid poos, sometimes numerous times per day. They often do this without any awareness and so will deny it has happened.

It is not always easy to recognise the difference between constipation and faecal impaction, as the symptoms can be similar in some cases. However, it is important to distinguish between them as they require different approaches to treatment. Because diagnosing these conditions in children is not always straightforward it is important to ask your child's healthcare professional for advice.

### **Further advice**

Always follow the advice given to you by your child's doctor or nurse. Talk to them if you have any concerns or questions

You should always read the leaflet that comes with any medicine that has been prescribed for your child.

You may contact the **Bladder & Bowel UK confidential helpline** at email: [bbuk@disabledliving.co.uk](mailto:bbuk@disabledliving.co.uk) or **Telephone: 0161 214 4591**

## **Further information**

Bladder & Bowel UK have produced a range of leaflets providing more information:

**Talk About Constipation**

**Understanding Childhood Constipation**

**Understanding Constipation in Infants and Toddlers**

**Understanding Macrogol Laxatives**

**Understanding the Management of Constipation and Faecal Impaction**

These and all the other information leaflets about children's bladder and bowel issues are available at: <https://www.bbuk.org.uk/children-young-people/children-resources/>

For further information about Bladder & Bowel UK services and resources visit our website at [www.bbuk.org.uk](http://www.bbuk.org.uk).

There is a video about how to use macrogol laxatives at [www.thepoonurses.uk](http://www.thepoonurses.uk)

This booklet can be freely downloaded and printed as a whole. However, no part of this document may be copied or distributed without the authors' permission.

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