BOWEL MANAGEMENT
for Children with constipation and/or faecal incontinence

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Physiology of a bowel motion

Normal bowel action

- Stretching of rectal wall indicates need to pass a motion
- When seated in convenient place, abdominal and rectal pressure rise
- Anal sphincter relaxes, and internal and external anal sphincter pressure is reduced
- Rectal pressure is higher than anal pressure
- The puborectalis muscle relaxes, the pelvic floor descends, and anorectal angle increases
- Elimination then occurs
A. HOLDING
- Puborectalis, external and internal anal sphincters contracted

B. INITIATION
- Puborectalis and external anal sphincter relax
- Levator ani, abdominals and diaphragm contract

C. COMPLETION
- Internal and external anal sphincters relax
- Rectum contracts
Assessment

As per earlier session by Frances Ryan
Management

- Behavioural
- Routines
- Toilet position
- Diet and fluids
Management cont’d

- Exercise
- Laxatives
- Monitoring
- Abdominal massage
Behavioural

- Educate child and parents
- Externalise the problem --> “sneaky poo”
- Negotiate
- Coach
Routines

- Eat regularly
- Exploit the gastro-colic reflex
- Toilet sitting 5-10 minutes twice a day
- Establish the toilet habit
Toilet position

- The pelvic floor muscles *must* relax for defecation to occur.
- Leaning forward while seated with feet supported during defecation facilitates the passage of faeces by lengthening the anal opening and widening the anorectal angle (Tagart, 1966).

Lean forward and put elbows on knees

Knees higher than hips

Straighten your spine

Bulge out your abdomen

Foot Rest
Diet

- Ensure an adequate fibre intake.
- Aim for a variety of foods including wholegrain cereals, breads and fruit and vegetables. Include dried fruit and fruit eaten with skin on as well as vegetables, particularly beans, peas, sweet corn and pulses such as lentils.
Dietary Fibre

FIBRE

Age + 5 g fibre/day

Note: Increasing fibre is NOT useful until AFTER disimpaction
## Fluids

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Total water intake per day (including water contained in food)</th>
<th>Water obtained from drinks per day</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children 1-3 years</td>
<td>1.3 litres</td>
<td>0.9 litres - 900mls</td>
</tr>
<tr>
<td>Children 4-8 years</td>
<td>1.7 litres</td>
<td>1.2 litres - 1200mls</td>
</tr>
<tr>
<td>Boys 9-13 years</td>
<td>2.4 litres</td>
<td>1.8 litres - 1800mls</td>
</tr>
<tr>
<td>Girls 9-13 years</td>
<td>2.1 litres</td>
<td>1.6 litres - 1600mls</td>
</tr>
<tr>
<td>Boys 14-18 years</td>
<td>3.3 litres</td>
<td>2.6 litres - 2600mls</td>
</tr>
<tr>
<td>Girls 14-18 years</td>
<td>2.3 litres</td>
<td>1.8 litres - 1800mls</td>
</tr>
</tbody>
</table>

2004, National Academies, Institute of Medicine, Food and Nutrition Board. Suggested water requirements for children, based on US population data.
Exercise

- Stimulates the muscles of the abdomen and bowel increasing peristalsis
- Transit time is dramatically accelerated by moderate exercise (Oettle, 1991)
- Works best if the exercise is undertaken around the same time each day

Laxatives

TWO KEY PRIORITIES:

- Disimpact colon
- Maintain regular soft poos
Movicol Half™ is the treatment of choice, for both disimpaction and maintenance. It works by adding water to the child’s poo, which softens the poo as well as increasing bulk, both of which make it easier to pass.
Other Laxatives

- Lactulose - osmotic
- Senokot - peristaltic stimulant
- Coloxyl - faecal softener
- Dulcolax - peristaltic stimulant
- …and a multitude of others
# Monitoring

## Star Chart

<table>
<thead>
<tr>
<th></th>
<th>Mon</th>
<th>Tues</th>
<th>Wed</th>
<th>Thur</th>
<th>Fri</th>
<th>Sat</th>
<th>Sun</th>
</tr>
</thead>
<tbody>
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<td>Fibre</td>
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<tr>
<td>Water</td>
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<td>Toilet</td>
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<td>2 x day</td>
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<td>Laxative</td>
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<tr>
<td>Poo in toilet</td>
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<tr>
<td>Exercise</td>
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<td>Type</td>
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</tr>
<tr>
<td>1</td>
<td>Separate hard lumps, like nuts</td>
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</tr>
<tr>
<td>2</td>
<td>Sausage-like but lumpy</td>
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<tr>
<td>3</td>
<td>Like a sausage but with cracks in the surface</td>
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<tr>
<td>4</td>
<td>Like a sausage or snake, smooth and soft</td>
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<tr>
<td>5</td>
<td>Soft blobs with clear-cut edges</td>
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<tr>
<td>6</td>
<td>Fluffy pieces with ragged edges, a mushy stool</td>
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<tr>
<td>7</td>
<td>Watery, no solid pieces</td>
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</tbody>
</table>
Abdominal Massage

- NOT SUITABLE IF BOWEL IMPACTED
- MUST be very gentle especially in younger children
- Need empty bladder, not after meals
- Use vegetable oil to lubricate hands
- Position lying down with pillow under knees, feet flat
- If ticklish or tense or painful, massage not an option
Abdominal Massage cont’d

Using your palms or fingertips, press in *lightly* and stroke down the left side of the abdomen (toward the feet).

Move your hands to the right side of the abdomen, just below the ribs, and stroke across the abdomen to the left.

On the right side just below navel level, stroke upward along the abdomen (toward your head).

Repeat for five to ten minutes.
Recovery

- Can take 6-12 months, or longer
- Be realistic
Resources

- Tim’s Problem
- Downloadable brochures from www.continence.org.nz along with:
- Web forum for parents, and health professionals