Case Studies: Chronic Constipation

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11.9.13
Case 1: Robert, aged 6

- Presented at clinic November 2012, referred by GP

Referral information provided:
- History of sore abdomen
- Faecal soiling, chronic constipation
- Previously tried alternative therapists

Q: What would you include in your Assessment?
Initial Assessment - History

- Birth – normal delivery? SCBU?
- Delay in passing meconium?
- Breast / bottle fed?
- Age commenced weaning – from breast- and to food
- Difficulties during infancy?
- Age toilet training successful – urinary? For bowels?
- Any other conditions?
Current Bowel History

- How long have the difficulties been happening?
- No. bowel motions (BM) per day/ week? Type (Bristol Stool chart)
- Soiling – frequency, consistency, where is placement of stool (nappy/ underwear)? Patterns?
- Abdominal pain–on defaecation, abdominal
- Bleeding PR?
- Nausea, vomiting, loss of appetite? Change in behaviour?
- Aware of urge?
- Urgency ie can stop it coming if no toilet available?
- Willingness to go to toilet?
- Does child have capacity to “push” when on toilet?
Physical Examination

• Height, weight (centile chart)
• General appearance
• Distended abdomen
• Palpation – faecal mass evident
• Sensitivity to touch
• Auscultation – absence of bowel sounds
• (Appearance of anus) – reported anal tears, fissures
Social - home

- Family culture & composition
- Dynamics, stability
- Who provides the main care for the child?
- Is the child in before or after school care?
- Is there any familial history of continence/bowel difficulties?
- Stress levels? Home? School?
- Other services involved with family
- Traumatic events?
Social-Education-School

- Educational achievement/ progress
- Behavioural difficulties in school
- Bullying? Isolation?
- Teacher support e.g. water bottle on desk, allows child to signal to leave class
- Fear of school toilets/reluctance to use
- Parent needs help to establish routines in school
- Place for spare bag to be kept
Diet, Fluids

- Meal routines e.g breakfast?
- Parental concerns re eating? Fussy eater?
- Do family eat together?
- Fibre- whole grain produce, fruit and vegetables, beans
- Dairy products, eggs
- Take-aways, ready meals (high salt, low fibre)
- Drinks – water v. fizzy drinks, cordials
- Quantity fluids – 1-3 years = 900ml } more if active
  - 4-8 years = 1200ml,  
  - 9-13 years = 1600-1800ml  
  - 14+ years = 1800 – 2600ml  
In addition....

- What has the family/ child tried previously?
- Current medications?
- Any urinary symptoms?
Laura
Robert
James

Diet
No Enuresis
Good attachment
Good routines

Eczema
Chronic Constipation
Faecal Incontinence

Not drinking
Fear of toilet
Holding behaviour
Hx Sore abdomen
Sore around anus after defaecating
Limited control
2-4 “accidents” per week to 2-3 daily
No laxatives currently
Can’t smell
Low energy

Previously tried:

Private Paediatrician
Osteopath
Craniostomy Specialist
Initial Plan:

- Mum reluctant to use laxatives ➔ Kiwi fruit, 1 tbspn olive oil, oats
- Toilet schedules at home and school
- Toilet sitting positions,
- Encourage to wipe self until paper clean
- Address fear of toilet at school (light, ? use separate toilet)
- Take water bottle to school
- PHN, support at school
Progress 1 – November - April

- Variable over next few months –
- Initially – improvement in drinking, but deteriorated again after first week
- Accidents mainly small, and at home
- Still worried about school toilets
- Olive oil & kiwi fruit routine helpful
- Responding to reward system (small rewards)
- Seems more aware and upset by condition, worries about other children finding out.
Progress 2 – April - June

- Family consulted psychologist – initial resistance
- Continues not to drink all of his water bottle
- Fighting everything, hides his underwear
- Daily accidents at both home and school
- Been to GP twice and had to ask for laxatives, Px lactulose
Progress 3 – June - August

• Waiting to see paediatrician
• Taking lactulose 5 ml b.d. ➔ soiling
• Re-admitted to continence clinic
• Says toilet is going to be his friend, and talks about “defeating the sneaky poos”
• Soiling patterns unpredictable, BM on toilet, smearing underwear, & sometimes hiding
• Goes to toilet after meals reluctantly
• Embarrassment
• Likes the concept of rules – is going to write a reminder to himself to drink on his bedroom door
Latest changes

• Water bottle on school table - ↑ drinking
• New classroom, toilet is lighter
• Fixed routine at home, toilet after meals
• Continues to hide underwear
Case Study 2 - David

- Presented to clinic December 2012, with both parents
- FI, CC and occasional DE for over two years. Holding behaviours
- Referral from paediatrician
- History allergies (dust-mite hay fever, grasses, cats)
Work by PHN over next 7 months:

- Asked paediatrician to review continence as well as asthma
- Worked with parents and David on:
  - Diet – improved fruit and vegetable intake
  - Fibre – healthier breakfasts, more beans and whole fibre content
  - Fluid – glass water with every meal, water bottle at school
- Scheduled toileting
- Medication – parents following different routines
- Parents to give praise for attempts rather than “success”
Both parents attend
Good attachment to both parents
Positive relations with peers
Takes lactulose regularly

Paediatrician

Andrea
Michael

Sam
13
10
10

David

Allergies, Asthma
Chronic Constipation
Faecal Incontinence

Counsellors tried later

PHN

Parents separated and weary
Not drinking water in winter
Limited fruit and vegetables
Holding behaviour
Can’t smell
Does recognise urge, but does not respond
Embarrassed
No school support
Not dealing with own underwear
Useful Websites

- http://www.eric.org.uk/Constipation/constipation_and_soiling
- www.kidshealth.org.nz
- NICE clinical guideline 99 (2010) “Constipation in children and Yong people: Diagnosis and management of idiopathic childhood constipation in primary and secondary care”
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