

Dr. Dunlap's Constipation Work-Sheet

Constipation = large, hard-to-pass stools that almost stop up the toilet OR small, round, dry balls in clumps or individual, OR small, stringy-appearing stools that appear loose, OR infrequency of stools leading to abdominal pain or leakage of stool in a potty-trained child

A “healthy” stool should appear to have smooth edges, easy to pass, the consistency of “soft-serve ice cream” or “peanut butter” - **Bristol Type 4**



The Constipation Cascade (Bowel/Bladder Dysfunction)

Chronic Constipation can lead to generalized abdominal pain, leakage of stool (pooping in the pants), bladder dysfunction (daytime urinary accidents), frequent urination

- *Child holds on to the stool because it is hard to pass*
 - *The colon (the lower part of the large intestine) gets bigger as the muscle stretches*
 - *The stool is now larger and harder to pass so the child holds longer*

- *The nerves feeding the anus get stretched and the child no longer knows when they need to stool = pooping in the pants*
- *The colon gets even bigger = leakage of stool into the pants*
 - *The stool starts to press on the bladder and the nerves feeding the bladder = urinary accidents*
 - *A VICIOUS CYCLE!!!*

It takes many months to years for the cycle to establish itself = It takes many months to years to break the cycle and get back to a normal pattern of stooling

TREATMENT

Dietary changes are important and healthy, but are usually not enough when constipation has become severe

- Increase fiber

Fruits	Serving size	Total fiber (grams)*
Raspberries	1 cup	8.0
Pear	1 medium	5.5
Apple, with skin	1 medium	4.5
Banana	1 medium	3.0
Orange	1 medium	3.0
Strawberries	1 cup	3.0

Vegetables	Serving size	Total fiber (grams)*
Green peas, boiled	1 cup	9.0
Broccoli, boiled	1 cup chopped	5.0
Turnip greens, boiled	1 cup	5.0
Brussels sprouts, boiled	1 cup	4.0
Potato, with skin, baked	1 medium	4.0
Sweet corn, boiled	1 cup	3.5
Cauliflower, raw	1 cup chopped	2.0
Carrot, raw	1 medium	1.5

Grains	Serving size	Total fiber (grams)*
Spaghetti, whole-wheat, cooked	1 cup	6.0
Barley, pearled, cooked	1 cup	6.0
Bran flakes	3/4 cup	5.5
Quinoa, cooked	1 cup	5.0
Oat bran muffin	1 medium	5.0
Oatmeal, instant, cooked	1 cup	5.0
Popcorn, air-popped	3 cups	3.5
Brown rice, cooked	1 cup	3.5
Bread, whole-wheat	1 slice	2.0
Bread, rye	1 slice	2.0

Legumes, nuts and seeds	Serving size	Total fiber (grams)*
Split peas, boiled	1 cup	16.0
Lentils, boiled	1 cup	15.5
Black beans, boiled	1 cup	15.0
Baked beans, canned	1 cup	10.0
Chia seeds	1 ounce	10.0
Almonds	1 ounce (23 nuts)	3.5
Pistachios	1 ounce (49 nuts)	3.0
Sunflower kernels	1 ounce	3.0

- Limit foods that INCREASE constipation
 - Whole milk
 - Bananas
 - Cheese
 - Fried/fast foods

Almost always, when constipation has gotten severe and is requiring a medical visit, medical intervention is needed using medication(s)

Glycerin Suppositories/Enemas:

- These are good for “instant” results
- Clean out ONLY the lowest portion of the colon, the rectum
- Help remove large hard “barrier” stools
- Should not be relied upon or used to fix the chronic problem because they only evacuate a small segment of the bowel and don’t remove stool that is filling the colon

Miralax:

- The mainstay treatment for chronic constipation
- Can be used as a “clean-out” medicine and also as a “maintenance” medicine
- ***Clean-Out Regimen***
 - **Mix 4 capfuls of Miralax in 32oz of any non-carbonated drink – I recommend water flavored with concentrated flavor drops of child’s choice**
 - **Have child drink this throughout the day on Day 1**
 - **Repeat on Day 2**
 - **Mix 3 capfuls in 24oz drink and give throughout the day on Day 3**
 - **Mix 2 capfuls in 16oz and give in 2-3 servings on Day 4**
 - **Starting on Day 5, mix 1 capful in 8oz drink and try to give in 1 serving**
- ***Maintenance***
 - **1 capful mixed in 8oz drink given once daily**
 - **Continue at LEAST 1 month**
 - **It is VERY likely your child will need this maintenance dose for several months**
 - **Remember, it took a long time to get to this point and it will take a long time to reverse it!**
 - **Don’t stop the miralax “cold-turkey” before you are instructed by a physician**
 - **It is usually advised to taper down on the medication in order to prevent immediate return of hard, dry stools**
 - **WHILE on the miralax, get in the habit of eating a high-fiber diet and drinking plenty of water**
 - **WHILE on the miralax, work with your child on “retraining” on the potty**
 - **Have your child sit on the potty for 5 minutes after each meal – it helps to have your child read a book or play a game on the ipad so they will totally relax**
 - **Have your child’s feet propped on a stool so their legs are bent at the knee to about 45 degrees**
 - **If they have a successful stool on the potty, praise them or offer a small prize (non-food is best)**
 - **Do NOT punish for stool accidents as this is out of your child’s control**
- ***Expectations***
 - **It is common on the first or second day to see watery stools with or without chunks or flecks of stool - this is almost always stool that is loosening ABOVE the hard stool and does NOT warrant stopping the medication – push through!**

- Some children experience “cramping” in the first few days – this is actually due to a feeling of the stool being “broken up” and NOT because the gut is actually cramping (this medication does not affect movement of the gut)
- After the cleanout, or after 1-2 weeks, your child should experience soft, easy-to-pass stools 1-2x per day
- It often takes weeks to months on the medication to experience return of bladder/bowel control that will persist after the medication is stopped
- DESPITE many concerns/rumors about its long-term safety, there is NO evidence that long-term use should be avoided

When to call the Doctor:

- If there is severe cramping in the first few days of taking medication
- If no stool after several days on the cleanout regimen
- Blood in stool
- If there is no or minimal resolution of accidents after several weeks on the medication
- Any other concerning signs