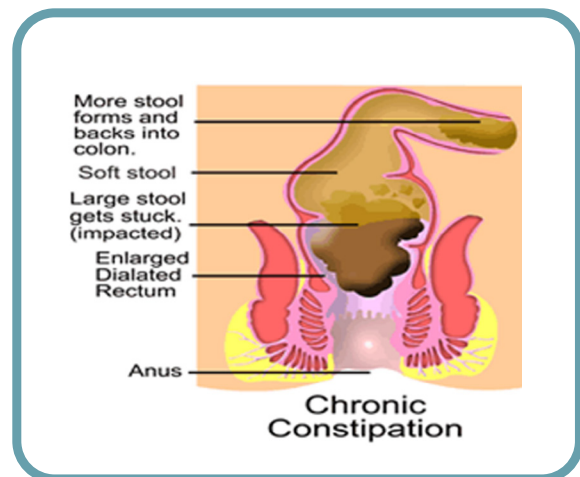
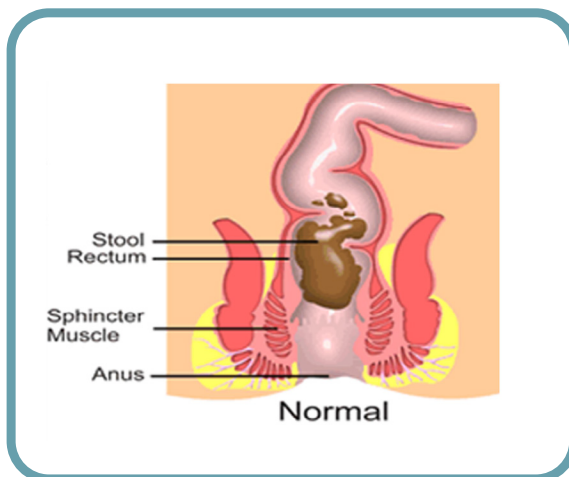


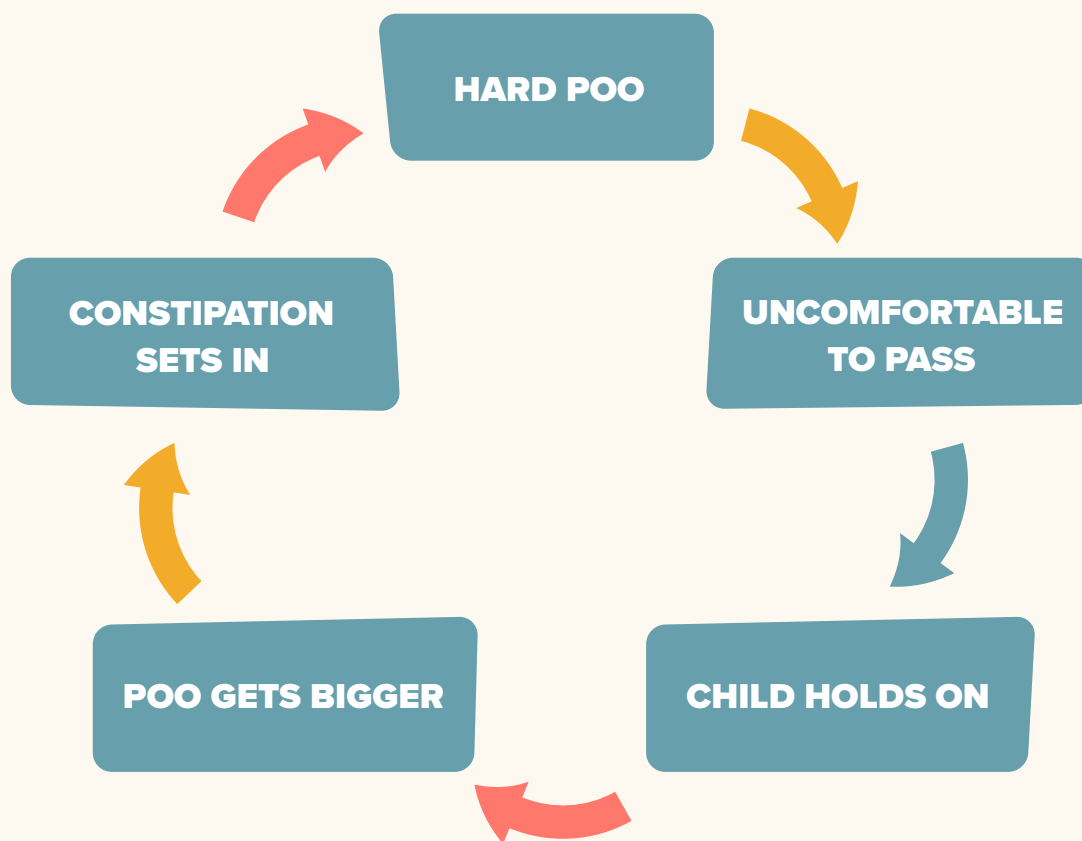
Why constipation should always be treated with laxatives

Children with Down syndrome are more prone to constipation than the general population. It is very important that constipation is treated and not dismissed as being because the child has Down syndrome, and no need therefore to treat. If left untreated it can cause long lasting damage to the bowel so if in doubt please do get it checked.

When a child has become constipated the poo builds up and stretches out the bowel (see picture below). The problem is that even after the constipation has been treated the bowel doesn't immediately go back to its normal size. This makes the bowel even less efficient and if the treatment is stopped too soon the child will become constipated again.



Constipation will never get better on its own and will get worse over time. Constipated poo is hard and uncomfortable to pass so the child will eventually start to 'hold on' and stop themselves pooing making the constipation worse (see picture in the next page).



A vicious circle develops resulting in chronic ongoing constipation and an even more overstretched bowel. This is a potential long-term health risk and something to be avoided at all costs.

Once on laxative treatment the bowel will recover but it can take months if not years, depending on how long the child was constipated. That is why the laxatives need to be continued long after the problem appears to have resolved.

If the constipation is not treated the poo eventually clumps together in the child's bottom forming a large mass which they are then unable to pass (faecal impaction). Children with faecal impaction often will have lots of poo accidents as bits of poo break off and looser poo bypasses the hard lump. The child may also appear to have 'diarrhoea' as they may only pass the very loose poo. This is a severe problem which always requires medical treatment and will take a long time to resolve.

Some families may be concerned that laxatives will make the bowel 'lazy' and therefore should not be given in the long term. However, it is not the laxatives that cause the problem but the constipation itself which overstretches the bowel as mentioned previously. Laxatives actually help protect the bowel by keeping the poo moving along the bowel, allowing it to recover from being overstretched and the tone to be returned. Overtime the laxatives will naturally need to be reduced as the bowel recovers and becomes more effective at emptying the poo out. However, some children may always require a small dose of laxative to prevent the constipation reoccurring.

There are different types of laxatives which work in different ways. Most children will be prescribed a laxative from a group called 'macrogols' which includes Movicol and Laxido. These laxatives are not absorbed into the body and only work on the poo. The macrogol powder is mixed with water before being taken and it is this water which is actually the active ingredient. The water forms a bolus which then combines with and gets 'locked' within the poo. This keeps the poo soft and and bulks the poo up stimulating

natural peristalsis (the muscular movement of the bowel which pushes the poo along) which helps the bowel to empty. These laxatives are sometimes called 'softeners'.

Stimulant laxatives, such as senna and sodium picosulphate, work differently. These laxatives are absorbed into the body and work by stimulating the muscles in the bowel to increase peristalsis. These laxatives are usually given in combination with a 'softener' laxative although they may be given on their own.

There is no evidence at all that children will become 'dependent' on laxatives or that they will cause any long-term problems.

In conjunction with the laxatives the child should be encouraged to have an appropriate fluid intake and their diet adjusted if necessary. This will help prevent the constipation recurring once it has resolved. It is also recommended that the child is encouraged to sit on the potty or toilet after meals, even if not yet toilet trained. Sitting with feet flat (on a step if necessary) with the knees higher than the hips helps to relax the pelvic floor and encourages the bowel to empty.

Blowing bubbles and other blowing games can help distract the child from 'holding on'. The blowing increases abdominal pressure which also helps the bowels to empty.

Children should pass at least 3-4 soft formed poos per week with no straining and no discomfort. If your child is passing more than 3 poos per day or less than 3 poos per week or you think your child has a problem with constipation, then do speak with your Health Visitor or GP.



Further information about constipation, faecal impaction and treatments can be found at <https://www.bbuk.org.uk/bowel-resources/>

