

# CURRENT LAXATIVE TREATMENTS

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## Laxatives

The aim of laxative therapy is to achieve comfortable defecation, rather than any particular frequency of evacuation. Although most laxatives are not very palatable, oral laxatives should be used whenever possible. The choice of laxative depends on the nature of the stools, the cause of the constipation, and acceptability to the child. Laxatives can be subdivided into three groups:

- Predominantly softening
- Predominantly peristalsis stimulating
- Combination of the two

Predominately softening	Predominately peristalsis stimulating
Lactulose, sorbitol, Movicol	Senna, danthron
Liquid paraffin, parachoc, agorol	Bisacodyl, sodium picosulphate

Laxatives may be used to encourage regular bowel motions. They should be used in conjunction with regular toileting. Oral medications are always the first choice. However, in some children rectal medication may be required but in most circumstances parents should not be required to administer rectal treatment to young children. It is important that the doctor prescribes and monitors the regime. Laxatives have many functions, most commonly stool softeners and stimulants.

**PCAA strongly recommends that the use of laxatives be under the supervision and direction of your clinician.**

## Washouts

Occasionally children with STC will have such a build-up that the symptoms of bloating, urinary urgency and overflow soiling become unacceptable and the colon needs to be "washed out". Washout solutions used vary and are prescribed by your doctor. Washouts are administered either via a naso-gastric tube inserted through the nose and into the stomach or via an appendicostomy (a small hole through the appendix which has been surgically brought to the skin) or Chait button (this is a small indwelling catheter that has a trapdoor lid, and passes down the appendix from the skin into the large bowel).

Occasionally rectal washouts are used. The type of washout solution needed and the degree of build-up will determine whether the child needs to be hospitalized for supervision of the treatment, or whether it can be administered at home. A solution is injected through the catheter into the bowel (as pictured right). The fluid irrigates and flushes out faeces in the bowel through the anus in about 20 minutes.



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