

Integrated Treatment of Chronic Constipation

Children with chronic constipation and soiling present with complex management issues involving both physical and psychological factors. Effective management is necessarily integrated and may involve an interdisciplinary approach. Management needs to involve families, carers and often school or kindergarten staff in addition to sensitive and effective communication with the individual patient. Those children who have already had several years of unremitting symptoms despite treatment with laxatives and behavioral programs present even greater challenges. Most children diagnosed with slow transit constipation are in this situation.

Traditional treatment modalities are still the foundation of all treatment programs. Achieving adequate bowel emptying is crucial and laxatives combined with a toileting program have been shown to be superior to unimodal treatment. There are many laxatives to choose from and little useful comparative data. Often the greatest success comes with involving the child in the selection process. Generally a combination of a softener and a stimulant is used.

Diet has long been regarded as important in constipation and much time and energy invested in encouraging high fibre diets. Whilst there is some evidence to support this practice it is not necessarily helpful for children with slow transit constipation and when fibre intakes are actually measured many people have not managed to make the changes effectively. Some further information, suggestions and pilot data from a group with slow transit will be discussed. Continence Physiotherapists are invaluable in the management of treatment resistant chronic constipation. Their skills in the assessment and management of defecation dysfunction enhance the treatment program. Many children have never defecated in the toilet effectively when they come to attention with soiling and training in defecation dynamics is very helpful. This involves evaluation of toilet position, strain pattern and coordination of muscles involved. There remain a group of children with slow transit constipation for whom no treatment seems very successful in eliminating their symptoms. It is hoped that with a better understanding of the underlying pathophysiology more specific treatments will be possible.

We have begun to study a novel form of treatment for slow transit constipation. Interferential electrical stimulation therapy has been used for many years by physiotherapists for a variety of conditions and is recommended as a treatment for constipation. The exact mechanism of action is not well studied but in the recommended regime it is said to cause sympathetic inhibition and allow unopposed parasympathetic activity. Four patients who have undergone a course of treatment have had very positive responses. This data will be presented along with the plans for a formal trial. For many children the management includes numerous hospital visits for bowel washouts, laxatives, medication via naso-gastric tubes etc. This, over time, causes a great deal of stress to all concerned.

Currently recognized treatment options include:

- Regular bowel washouts and laxatives (Toileting poster)
- Interferential/Manometry Therapy
- Formation of an Appendicostomy or Chait Button(formerly Malone stoma)
- Formation of a colostomy or ileostomy
- Sub total colectomy(removal of part of the bowel) preserving the rectum
- Formation of an Appendicostomy or Chait Button(formerly Malone stoma)

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