	Document Scope: Hospital-wide Patient Care	
	Document Type: Clinical Practice Guideline Approved on 2020-05-29 Next Review Date: 2022-05-29	
	Management of Functional Constipation	Version: 2

1.0 Introduction

This Management of Constipation pathway was developed by an interdisciplinary clinical team from SickKids and the Greater Toronto Area using research knowledge, clinical experience and consensus agreement. This pathway is a general guideline and does not represent a professional care standard governing providers' obligations to patients. Care is revised to meet individual patient needs.

Target Population:

- Children aged 1-18 years old with no underlying disease or comorbidity who have been diagnosed with functional constipation. Patients are to be removed from this pathway if there is a change in diagnosis.

Target Users:

- Physicians, nurse practitioners and nurses hospital wide, physicians and nurse practitioners in the community

2.0 Definitions

- **Functional constipation** - constipation without objective evidence of a pathological condition
- **Encopresis** – Involuntary passage of stools often leading to fecal soiling
- **Rome IV Criteria** - criteria used as a diagnostic aid for functional constipation
- **Bowel washout** – removal of fecal mass prior to starting maintenance therapy through use of laxatives
- **Osmotic agent** - medicine that helps draw water into the stool and make it softer
- **PEG 3350**- polyethylene glycol 3350
- **Stimulant laxative agent** - medicine that stimulates the bowel to function


3.0 Clinical Pathway for Diagnosis of Functional Constipation

[Link to Diagnosis of Functional Constipation Algorithm](#)

4.0 Definition of Constipation

- **4.1** Delay or difficulty in defecation present for two or more weeks, and sufficient to cause significant distress to the patient.
- **4.2 Rome IV diagnostic criteria for functional constipation** (criteria fulfilled at least once per week for at least one month before diagnosis):
 1. Two or fewer defecations in the toilet per week in a child with a developmental age of at least 4 years
 2. At least one episode of fecal incontinence per week
 3. History of retentive posturing or excessive volitional stool retention

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4. History of painful or hard bowel movements
5. Presence of large fecal mass in the rectum
6. History of large diameter stools that may obstruct the toilet

The symptoms **must not be explainable by any other condition.**


5.0 Differential Diagnosis of Constipation

5.1 Organic

- Anatomic malformations - imperforate anus, anal stenosis, anterior displaced anus, pelvic mass (sacral teratoma)
- Metabolic & Gastrointestinal - hypothyroidism, hypercalcemia, hypokalemia, Cystic Fibrosis, Diabetes Mellitus, Multiple Endocrine Neoplasia type 2B, Celiac disease
- Neuropathic conditions - spinal cord abnormalities, spinal cord trauma, Neurofibromatosis, static encephalopathy
- Intestinal nerve or muscle disorders - Hirschsprungs disease, Intestinal Neuronal Dysplasia, visceral myopathies, visceral neuropathies
- Abnormal abdominal musculature - Prune Belly, Gastroschisis, Down syndrome
- Connective tissue disorder - Scleroderma, Systemic Lupus Erythematosus, Ehlers-Danlos syndrome
- Drugs - opioids, phenobarbital, sucralfate, antacids, anti-hypertensives, anticholinergics, antidepressants, sympathomimetics, iron supplements, calcium channel blockers
- Other - heavy metal ingestion (lead), Vitamin D intoxication, Botulism, Cow's Milk Protein (or other food) intolerance

5.2 Non-Organic

- Developmental - cognitive handicaps, attention-deficient disorders
- Situational - coercive toilet training, toilet phobia, school bathroom avoidance, excessive parental interventions, sexual abuse
- Depression
- Constitutional - colonic inertia, genetic predisposition
- Reduced stool volume & dryness - low fibre in diet, dehydration, underfeeding/malnutrition

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6.0 Red Flags Distinguishing Organic Constipation from Functional Constipation

- Age of onset <1 month
- History of passage of meconium >48 hours of age
- Failure to thrive
- Abdominal distention
- Lack of lumbo-sacral curve
- Pilonidal dimple covered by tuft of hair
- Midline pigmentary abnormalities of the lower spine
- Sacral agenesis
- Flat buttocks
- Anteriorly displaced anus
- Patulous anus
- Tight empty rectum in presence of palpable abdominal fecal mass
- Gush of liquid stool and air from rectum on withdrawal of finger on digital rectal exam
- Occult blood in stool
- Absent anal wink
- Absent cremasteric reflex
- Decreased lower extremity tone and/or strength
- Absence or delay in relaxation phase of lower extremity deep tendon reflexes


7.0 Clinical Pathway for Management of Functional Constipation

[Link to Management of Functional Constipation Algorithm](#)

8.0 Medications

8.1 Bowel Washout

- Osmotic laxative (i.e. [Polyethylene Glycol 3350](#), Pico-Salax) – see e-formulary for disimpaction dosing. Ensure adequate fluid intake with osmotic laxatives.

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- Stimulant (i.e. Bisacodyl, Senna) – see e-formulary for dosing. A stimulant may be added nightly to help empty the rectum for a maximum of 7 days.

Continue bowel washout routine for at least 3 days, but may continue for as many days as necessary until colon is empty as evidenced by stools that are frequent, watery, and as clear as possible with minimal stool particles.

8.2 Unsuccessful Bowel Washout

- Titrate PEG 3350 to effect (increase to maximum disimpaction dose)
- Consider weekly administration of Pico-Salax until soiling resolves (in conjunction with maintenance PEG 3350)
- Consider admission to hospital for lavage therapy
- Consider manual disimpaction under general anesthetic
- Referral to Gastroenterology
- Disimpaction with enemas or suppositories is not recommended, particularly in children with developmental delay or autism.
- For patients with recurrent fecal loading, or those who fail ongoing treatment, consider referral to General Surgery for consideration of MACE/Cecostomy for the administration of ante grade enemas.

8.3 Maintenance therapy


- Goal: having smooth, easy to pass, bowel movement at least daily.

8.4 Efficacy

- PEG 3350 is a safe and effective medication for the treatment of functional constipation in children and adults alike. Studies have shown that it is as effective in treating constipation and better tolerated than other osmotic agents, specifically milk of magnesia and lactulose. PEG 3350 does not cause dependency, unlike stimulant laxative agents, and is safe to use over an extended period of time.

8.5 Safety

- For functional constipation maintenance therapy avoid using Polyethylene glycol with electrolytes (i.e. GoLYTELY® or PegLyte)
- At the time of publication of this document PEG 3350 is considered a safe, long term maintenance treatment for functional constipation.

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9.0 Community Pediatrician Referral

The list below is comprised of pediatricians in the Greater Toronto Area who have an interest in managing constipation, however the child should be followed by their primary physician until they are seen.

- Dr. Ivor Margolis - William Osler Health Centre
 - Phone #: 905-793-1621, Fax #: 905-452-5468
- North York General Hospital Pediatric Ambulatory Clinic
 - Phone #: 416-756-6479, Fax #: 416-756-6152
- Bowel Bladder Dysfunction Clinic – Galaxy 12 – Scarborough Health Network – Centenary
 - Phone #: 416-281-7476, Fax #: 416-281-7313
 - Accepts referrals from Scarborough and Durham Region
- Pediatrics Group (Dr. Paul Meinert, Dr. Val Lewis, Dr. Ian Kitai, Dr. Karim Aref)
 - Phone #: 905-683-7593, Fax #: 905-683-7669
 - Accepts referrals from East Scarborough and Durham Region
- St. Joseph's Pediatric Consultation Clinic
 - Phone #: 416-516-4111, Fax #: 416-516-1104


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10.0 Related Documents

- [SickKids Formulary](#)
- About Kids Health: [Functional Constipation: Your Child's Treatment Plan](#)
- About Kids Health: [Constipation](#)
- About Kids Health: [High Fibre Diet](#)
- Guideline: [Pain Management](#)

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Attachments:

[Algorithm-Diagnosis of Functional Constipation May 2020.pdf](#)

[Algorithm-Management of Functional Diagnosis May 2020.pdf](#)

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