

UTIs and Constipation

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General Paediatrician

Or.... *Why are Paediatricians*
obsessed by UTIs and
Constipation?

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Boring but important

- Common
- Can be well managed in primary care
- Once at secondary care level, problems harder to resolve (especially constipation)

Case 1

- 4 year old girl
- Repeated attendances complaining of dysuria and wetting accidents, with low grade fever
- Two urines in past have shown positive culture, others minor pyuria but negative culture
- Now in Friday evening surgery, similar symptoms.....

Important questions

- This episode?
- The wider picture?

Acute diagnosis

- Upper or lower tract?
- Diptest vs MC&S

Acute diagnosis

- Upper or lower tract?
- Dipstick vs MC&S



Acute diagnosis

- Upper or lower tract?
- Dipstick vs MC&S **NITRITES & LEUCOCYTES**
- Oral or IV treatment?
- What if they are on prophylaxis already?
- Duration of Rx?
- Safety netting

Wider picture: Scans and referral – what's the point?

- Primary aim
 - Reduce renal scarring
- Secondary aim
 - Reduce further UTIs

What the scans can tell you

- Ultrasound
- MCUG (micturating cystourethrogram)
- DMSA (radionucleotide scan)

What is the role of prophylaxis?

- In preventing further UTIs
- In preventing scarring

Case 2

- 6 year old boy
- c/o 1 month of diarrhoea, having accidents up to several times a day, being teased at school
- Previous history of constipation, several consultations, advised on increased fibre diet

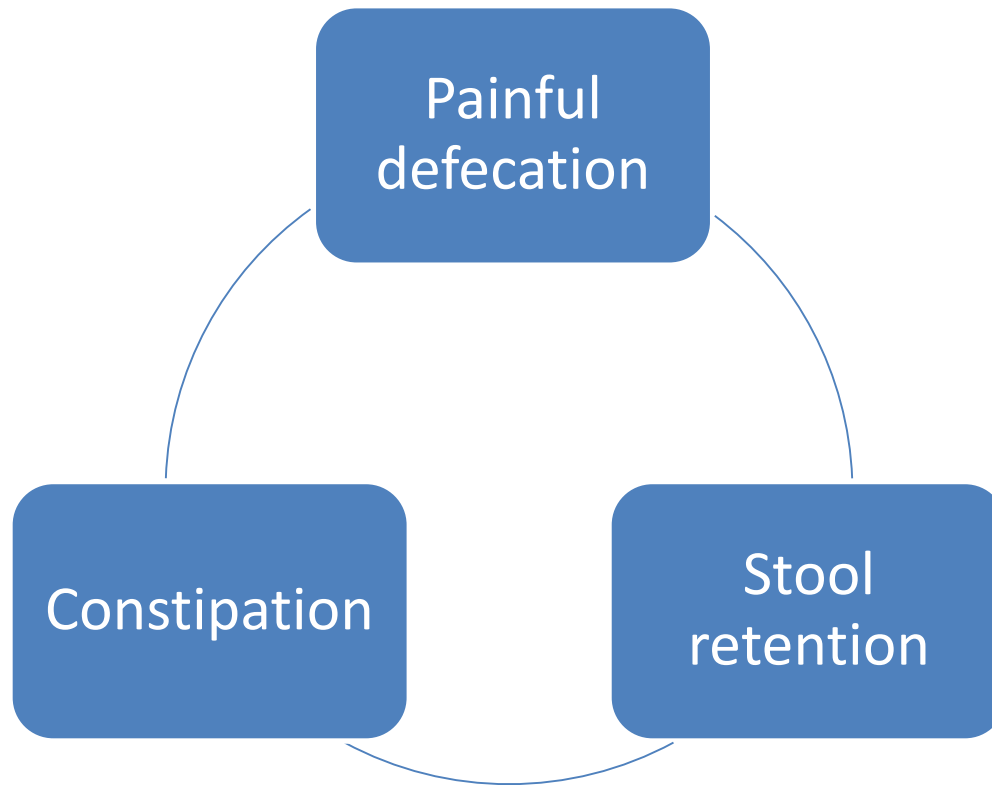
Possible explanations?

- Rare ('Organic')
- Common ('Functional')

'Organic' causes of constipation

- Hirschsprung's
- Hypothyroidism
- Hypercalcaemia
- Coeliac disease
- Cow's milk intolerance (Type IV allergy)
(vs High milk intake associated with constipation)

Pathophysiology of 'functional' constipation



Bristol Stool Chart

Type 1



Separate hard lumps, like nuts
(hard to pass)

Type 2



Sausage-shaped but lumpy

Type 3



Like a sausage but with cracks on
its surface

Type 4



Like a sausage or snake, smooth
and soft

Type 5



Soft blobs with clear-cut edges
(passed easily)

Type 6



Fluffy pieces with ragged edges, a
mushy stool

Type 7



Watery, no solid pieces.
Entirely Liquid

Treatment

- Dietary advice by itself unlikely to be successful
- Break the cycle
- Laxatives – at a bigger dose than you feel comfortable with, for much longer than you think you need, and that might just be enough....
- Movicol – backed by NICE, but can use others
- Rectal treatment?

Tips on using Movicol

- Use larger amount of water than it says
- Flavour it
- Chill it
- Can be taken over many hours

- Once off, keep in back pocket, low threshold to restart during temporary setbacks

Q & A?

