

A PARENT'S GUIDE TO DISIMPACTION

If your child has been constipated for more than a few days your doctor or nurse may say that they need to follow a **disimpaction regime**. This means giving laxatives in sufficiently large quantities to 'clear out' all the accumulated poo.

It is important to follow their advice; if you give a standard dose of laxative it is likely to soften the poo but not stimulate the bowel to empty fully. This means that symptoms such as soiling may get worse rather than better!

NICE Guidelines – Constipation in Children and Young People (CG99) recommend disimpacting with paediatric macrogol sachets as follows:

	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7
CHILD UNDER 1	½ - 1	½ - 1	½ - 1	½ - 1	½ - 1	½ - 1	½ - 1
CHILD 1 – 5 YEARS	2	4	4	6	6	8	8
CHILD 5 – 12 YEARS	4	6	8	10	12	12	12

Children over 12 years should be treated with the adult preparation – the macrogol is exactly the same but there is twice as much in the sachet:

	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7
CHILD OVER 12	4	6	8	8	8	8	8

The macrogol sachets might be called Movicol, CosmoCol or Laxido. Ensure macrogols are prepared correctly – see advice sheet [How to prepare macrogol laxatives](#).

The dose needs to be increased as above until all the backlog of poo is cleared. The only way to be sure this is achieved is to continue until your child is passing *watery* poo - i.e. brown water with bits in. You may feel worried about giving such large doses, but as long as you follow the regime you will not hurt your child. Macrogol laxatives are not absorbed into the bloodstream but simply 'bind with' the water and deliver it to the large bowel, where it will soften and lubricate the poo and stimulate a bowel action.

Some people prefer to speed up the disimpaction process by using a combination of laxatives – a macrogol and a stimulant. Stimulant laxatives increase the muscular squeezing of the bowel, speeding up evacuation. Because of the way they work, stimulant laxatives can cause abdominal cramps. The medicine prescribed might be called Senna, or Sodium Picosulphate, or Bisacodyl – or there are others. Your doctor or nurse will tell you how much to use.

Some doctors/nurses prefer to try disimpacting with macrogols first, but if the poo has still not reached the watery stage by the end of the first week then a stimulant is added.

Whatever laxative(s) is/are used, it is important to prepare yourself and your child and make sure they know what to expect:

- i) **Lots of poo!** The purpose of disimpaction is to clear out the backlog of poo; the child may poo a large quantity all at once, or several small poos. If your child is still wearing nappies buy **LOTS** of nappies and wipes. If they use the toilet, warn other members of the family that the bathroom is going to be busy and stock up on toilet paper and moist toilet tissue.
- ii) **More soiling.** If your child is experiencing soiling (leaking poo into their pants) explain that this may well get worse to start with as first of all the poo will be softened, then evacuated.
- iii) **Possibly some abdominal discomfort.** If your child has a tummy full of poo, then whatever laxative is used they should expect some discomfort as the poo starts to move along the bowel. Plenty of reassurance will help, and maybe a dose of paracetamol.

Because of all the pooing and the possible discomfort, your child won't really be able to go to nursery/school during disimpaction. It may be that you can wait for the next school

holiday. If not, you may like to ask your doctor or nurse for a *letter* to explain your child's absence.

WHAT TO DO ONCE WATERY POO HAS BEEN ACHIEVED

When your child's poo has the appearance of brown bitty water on at least one occasion, the disimpaction regime can be stopped. Laxative treatment *does* need to continue to prevent recurrence of constipation, and to allow the stretched bowel to regain its tone.

Your child should therefore be given a **maintenance** dose of their laxative. NICE recommends macrogol laxatives:

	MAINTENANCE DOSE
Child aged less than a year	½ - 1 sachet/day
Child aged 1 – 5 years	½ - 3 sachets/day
Child aged 5 – 12 years	1 – 4 sachets/day
Child aged over 12 years	1 – 2 adult sachets/day OR 2 – 4 paediatric sachets/day

Your doctor/nurse may choose a different laxative – follow their advice regarding dosage.

Whichever laxative is chosen, the dose should be adjusted to ensure your child poos at least one soft poo every day. You will therefore need to monitor their poos and increase/decrease laxative doses accordingly.

NB Your child may need to stay on laxatives for many months or even years. You will know if they need less laxatives – just check their poo and decrease the dose if it is too soft/sloppy. Long term use of laxatives will not hurt your child. Poorly treated constipation will.

If your child is toilet trained you will need to encourage them to follow a regular toileting programme – follow the advice in [ERIC's Guide to Children's Bowel Problems](#). They may not reliably know when they need a poo for months, as the stretched bowel does not send reliable warnings, so plan regular toilet visits. They may not poo every time; you may need to introduce a reward system to motivate them to persevere.