BOWEL MANAGEMENT FOR CONSTIPATION

Luis De la Torre, MD

The 65th Workshop for the Surgical Treatment of Colorectal Problems in Children

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UROGENITAL CARE

Q: What patients require Bowel Management for Constipation?

1. ARM with good prognosis
2. Idiopathic constipation
3. Patients with enemas and want to try to stop enemas
4. Cloaca with a 3 cm common channel and normal sacrum
5. Patient with a recto perineal fistula

Patients

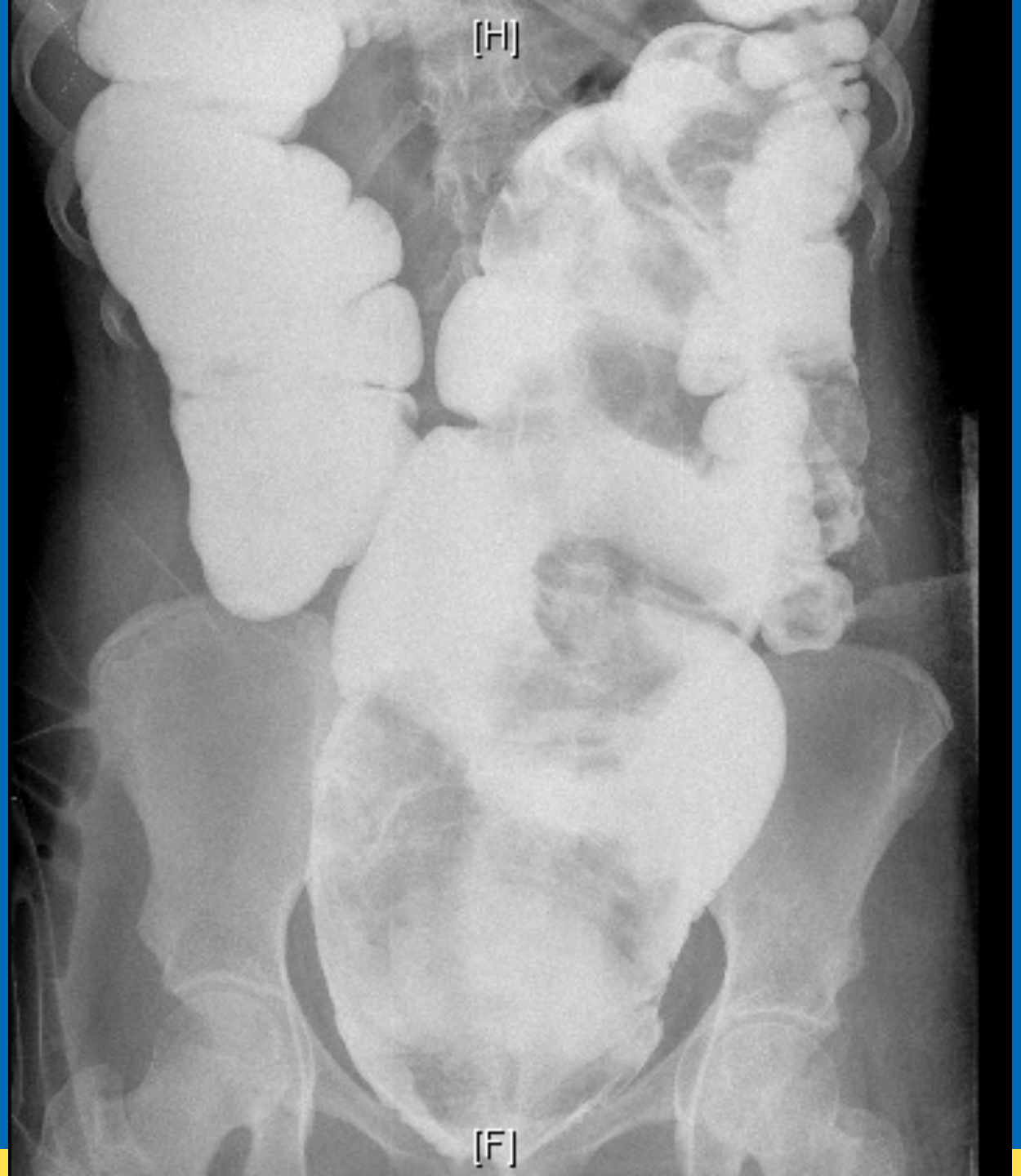
- Malformations with good prognosis (perineal, vestibular, bulbar, cloaca with common channel **< 3cm**) with normal sacrum and no tethered cord.
- Idiopathic constipation.
- Patients on successful bowel management with enemas that want to try to stop enemas (borderline continence).

Laxatives or Enemas?

Contrast enema

No barium

No bowel preparation



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Rule/Step Number 1:

Do not administer laxatives to a patient with fecal impaction

Our Protocol

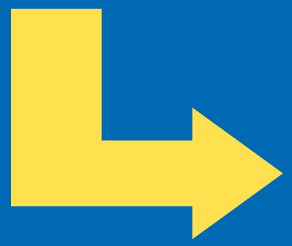
Disimpaction, then

Determine laxative requirement

The laxative dose must be adapted to each specific patient

Options for Disimpaction:

1. 3 enemas a day for 3 days:
    I. Normal saline and fleet
    II. Normal saline and glycerin
    III. Normal saline and soap
2. NG tube and polyethylene glycol for 2 days
3. Disimpaction under anesthesia



Abdominal x-ray after each step

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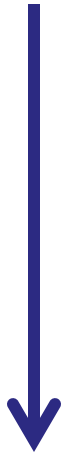
Determine laxative dose

- Guesstimate the dosage to start on a Friday:
  - If the patient has diarrhea – decrease the amount of laxative
  - If the patient does not have a bowel movement – give an enema and on the same night increase the dosage

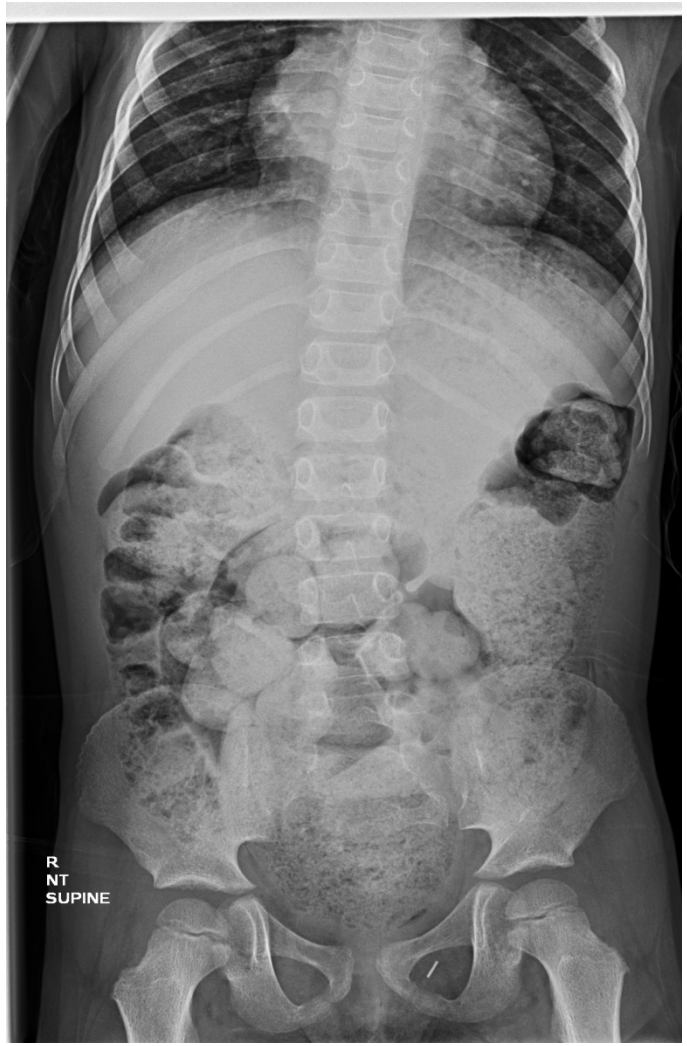
Step 2 Laxative trial

Once the patient is clean for 24 hours with enemas and NO accidents for several days



LAXATIVE TRIAL is attempted

X-ray is the only way to confirm a perfect clean out

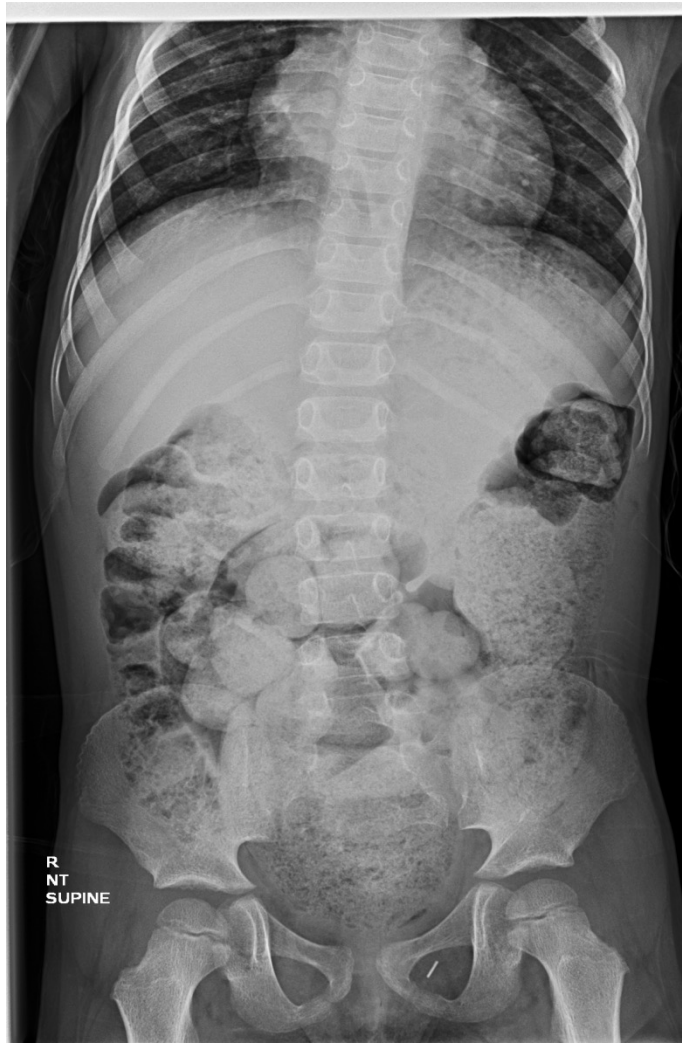


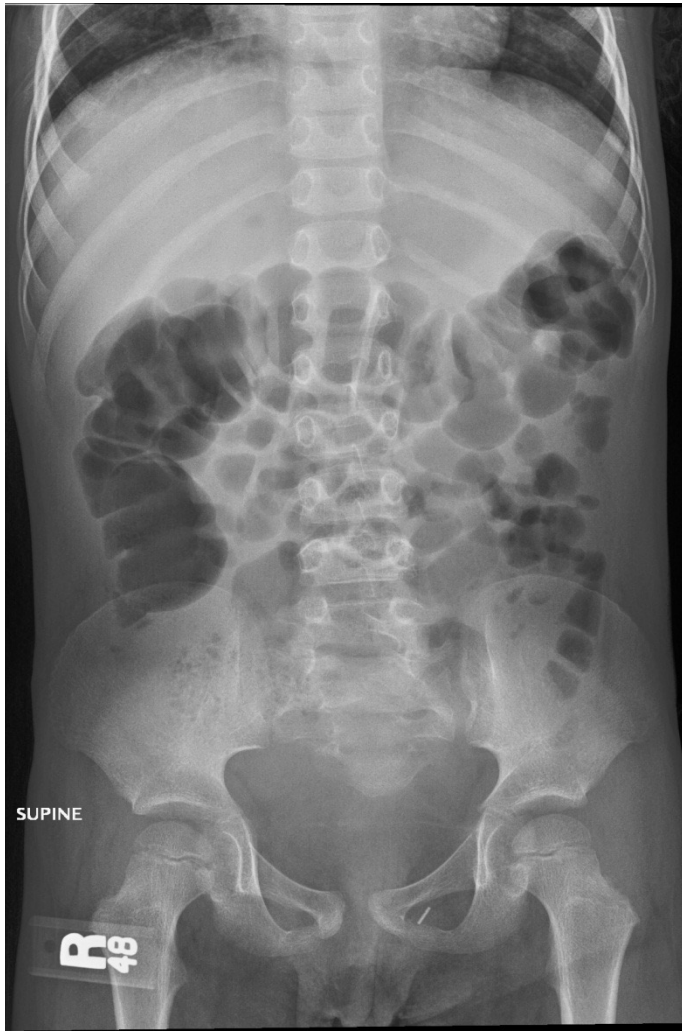
Q. Do you start laxatives in this patient?

A. Yes

B. No

X-ray is the only way to confirm a perfect clean out





The ideal laxative

- Stimulate only rectum and sigmoid
- Produce only one bowel movement
- The time of bowel movement is predictable
- Makes a complete clean out of the rectum
- Does not produce “pain”
- Does not produce colicky pain
- The dose is determined by weight
- Guarantee no more accumulation of stool
- Exists in all presentations (tablets, liquid, drops, etc.)
- It has agreeable taste
- It has not side effects

Type of Laxatives

Fiber

Softener

Osmotic

Stimulant

Stimulating laxatives

Dosage is not weight specific

"guestimate"

Once a day

Same time

Daily adjustment of the dose

Clinical control

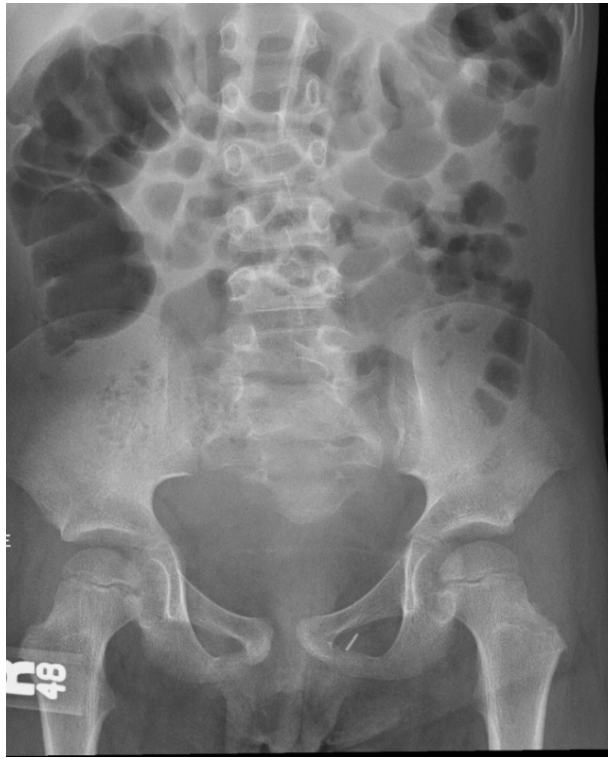
Radiological control


How many?
What time?

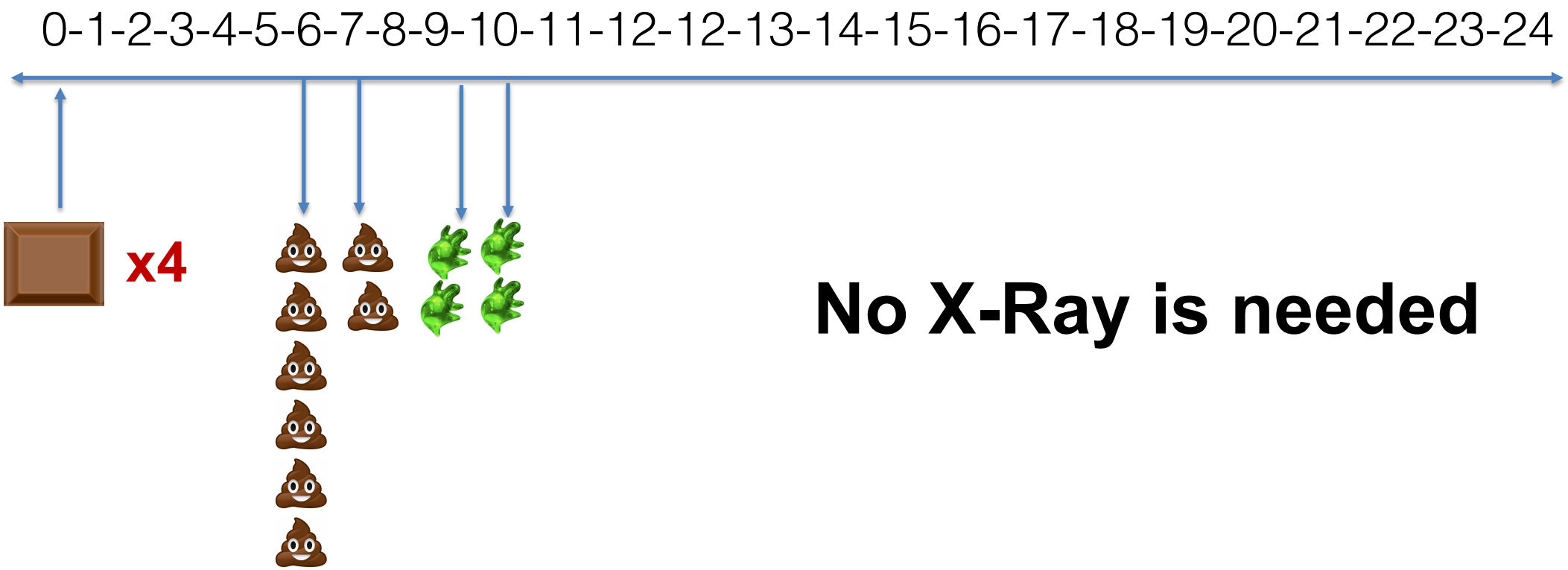
What is an ADEQUATE dosage?

1-2-3-4-5-6-7-8-9-10-11-12-13-14-15-16-17-18-19-20-21-22-23-24

x4



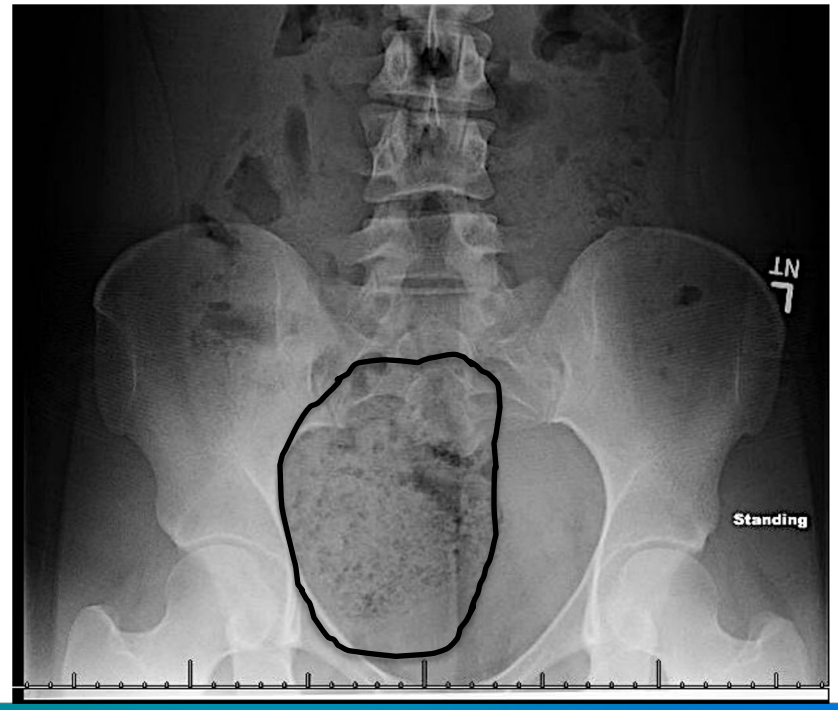
What is an EXCESSIVE dosage?



No X-Ray is needed

What is an INSUFFICIENT dose?

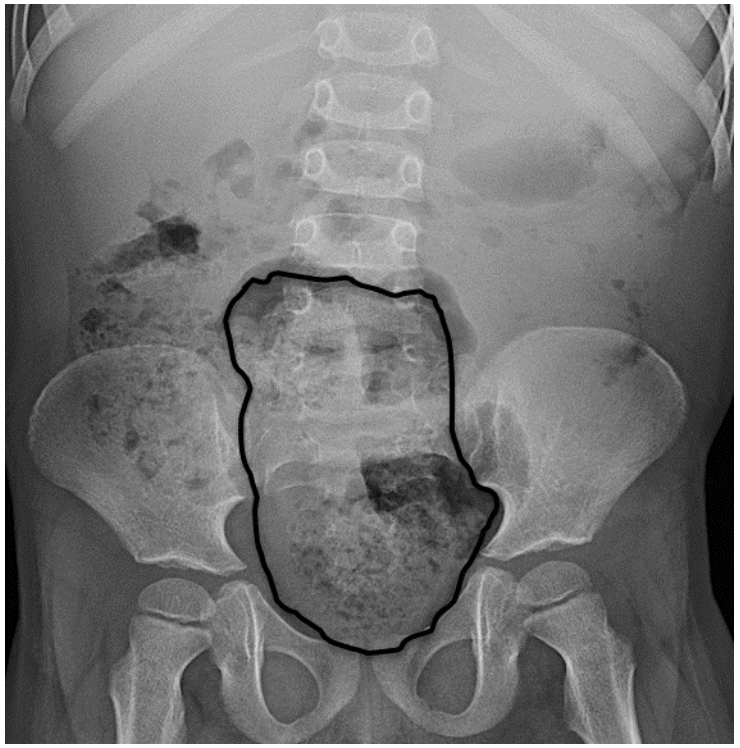
0-1-2-3-4-5-6-7-8-9-10-11-12-12-13-14-15-16-17-18-19-20-21-22-23-24



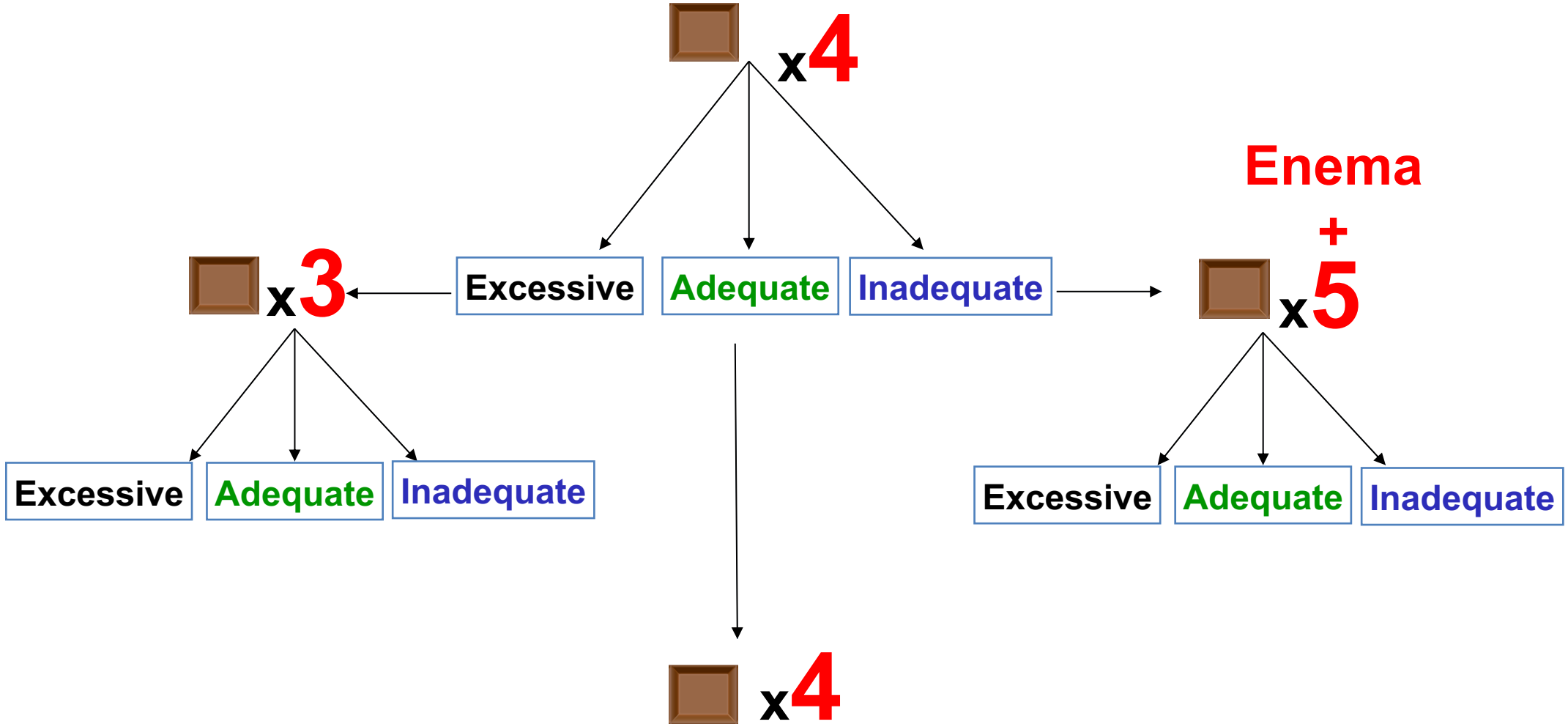
What is UNRESPONSIVE dose

0-1-2-3-4-5-6-7-8-9-10-11-12-12-13-14-15-16-17-18-19-20-21-22-23-24

x4



How to find the dose of a laxative



How to find the TIME of DOSING a stimulant laxative

PM

0-1-2-3-4-5-6-7-8-9-10-11-12-12-13-14-15-16-17-18-19-20-21-22-23-24

x4

How to find the TIME of DOSING a stimulant laxative

AM

1-2-3-4-5-6-7-8-9-10-11-12-12-13-14-15-16-17-18-19-20-21-22-23-24

x4

How to find the TIME of DOSING a stimulant laxative

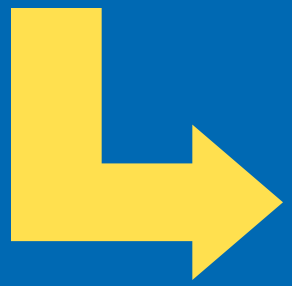
PM

1-2-3-4-5-6-7-8-9-10-11-12-12-13-14-15-16-17-18-19-20-21-22-23-24

x4

One Week

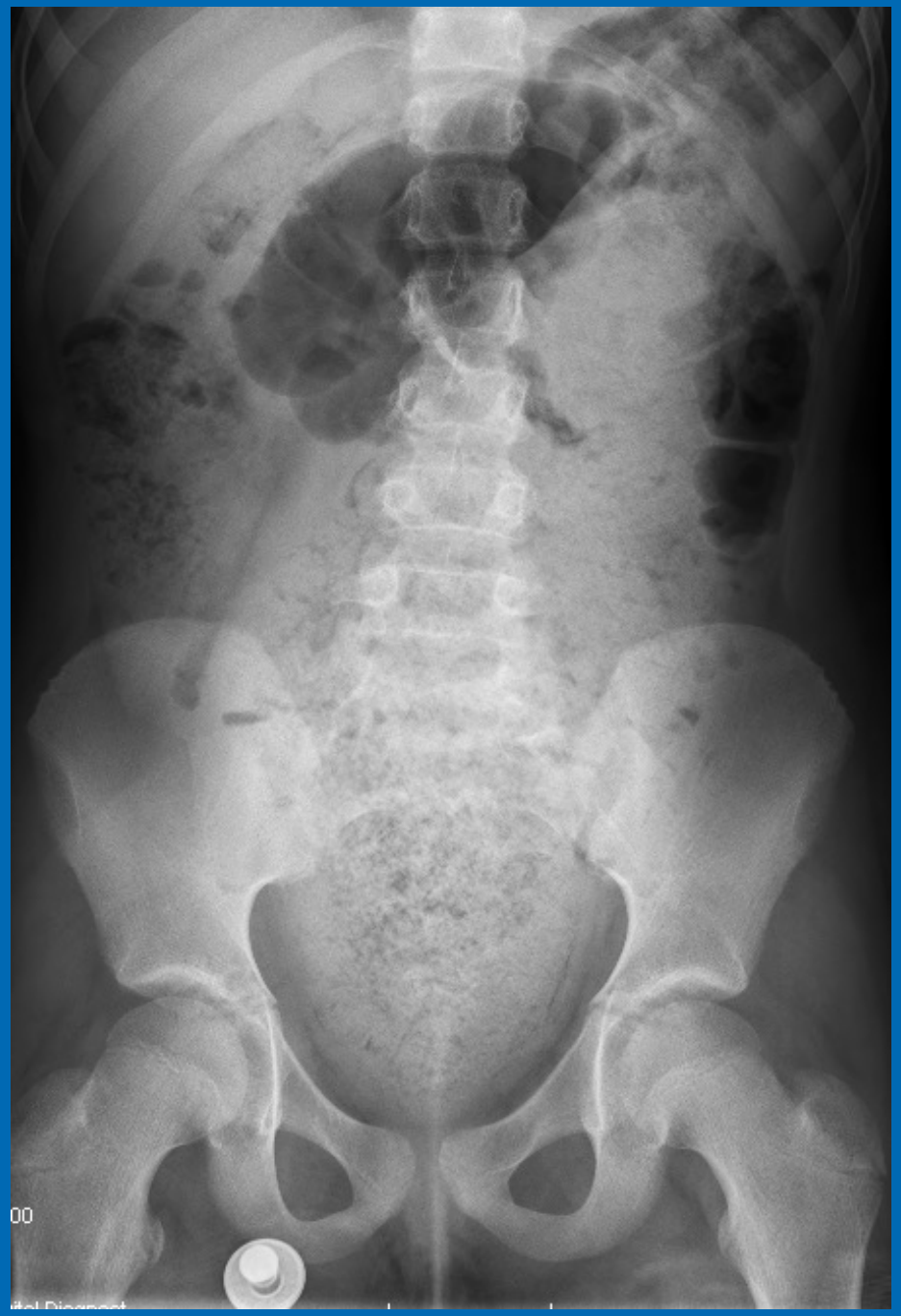
- Daily abdominal film to evaluate the amount of stool in the rectum and left colon.
- Daily report from the parents to the nurses.



Increase/decrease laxatives,

Friday

7 yo, male patient



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Q. Do you think he needs a fecal disimpaction?

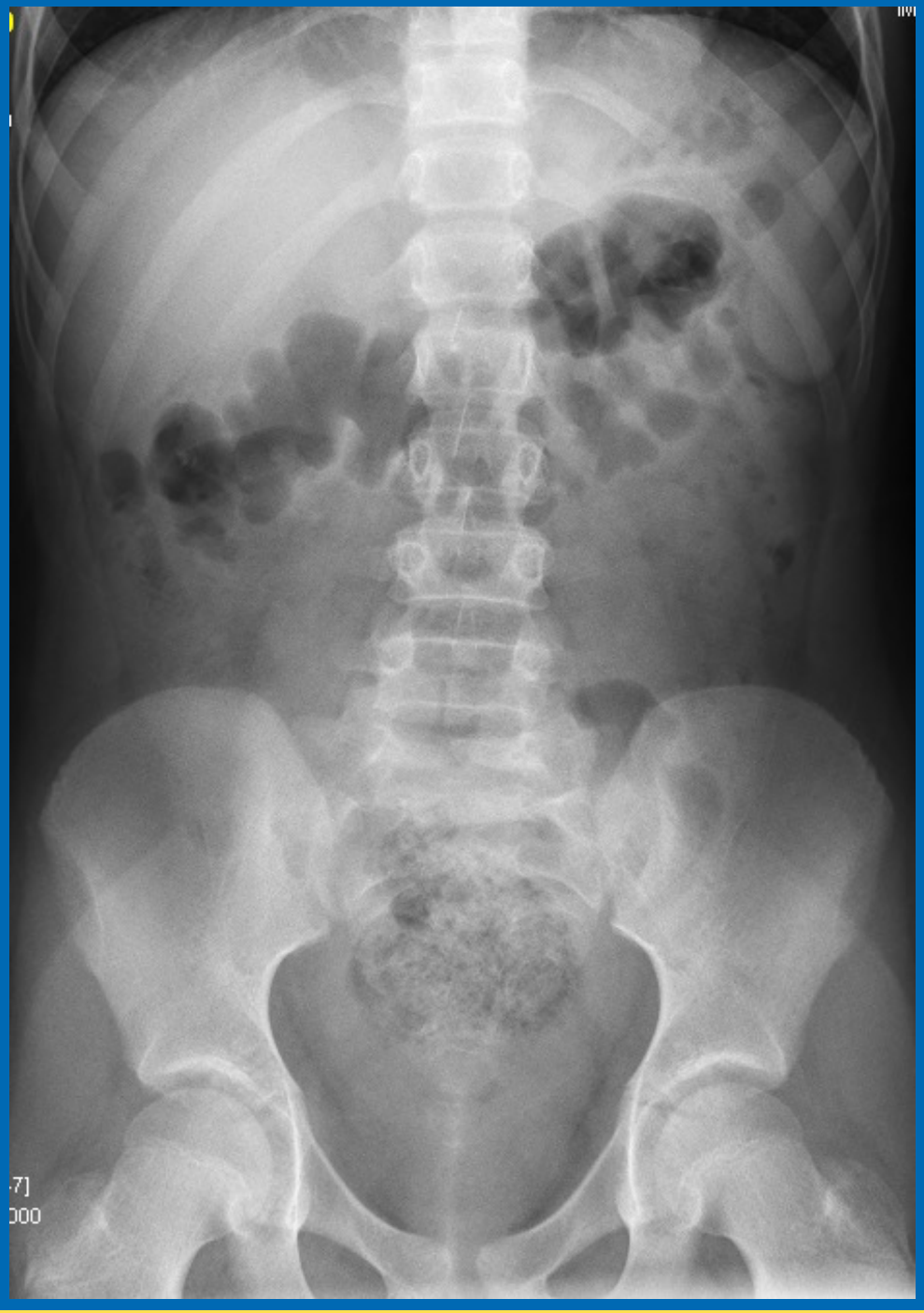
A. Yes

B. No

Q. After a successful disimpaction how much laxative do you want to start him on?

A. Three squares of ex-lax (45 mg of senna)
B. Four squares of ex-lax (60 mg of senna)
C. Five squares of ex-lax (75 mg of senna)
D. Six squares of ex-lax (90 mg of senna)
E. Seven squares of ex-lax (105 mg of senna)

3 voluntary bowel movements with liquid consistence



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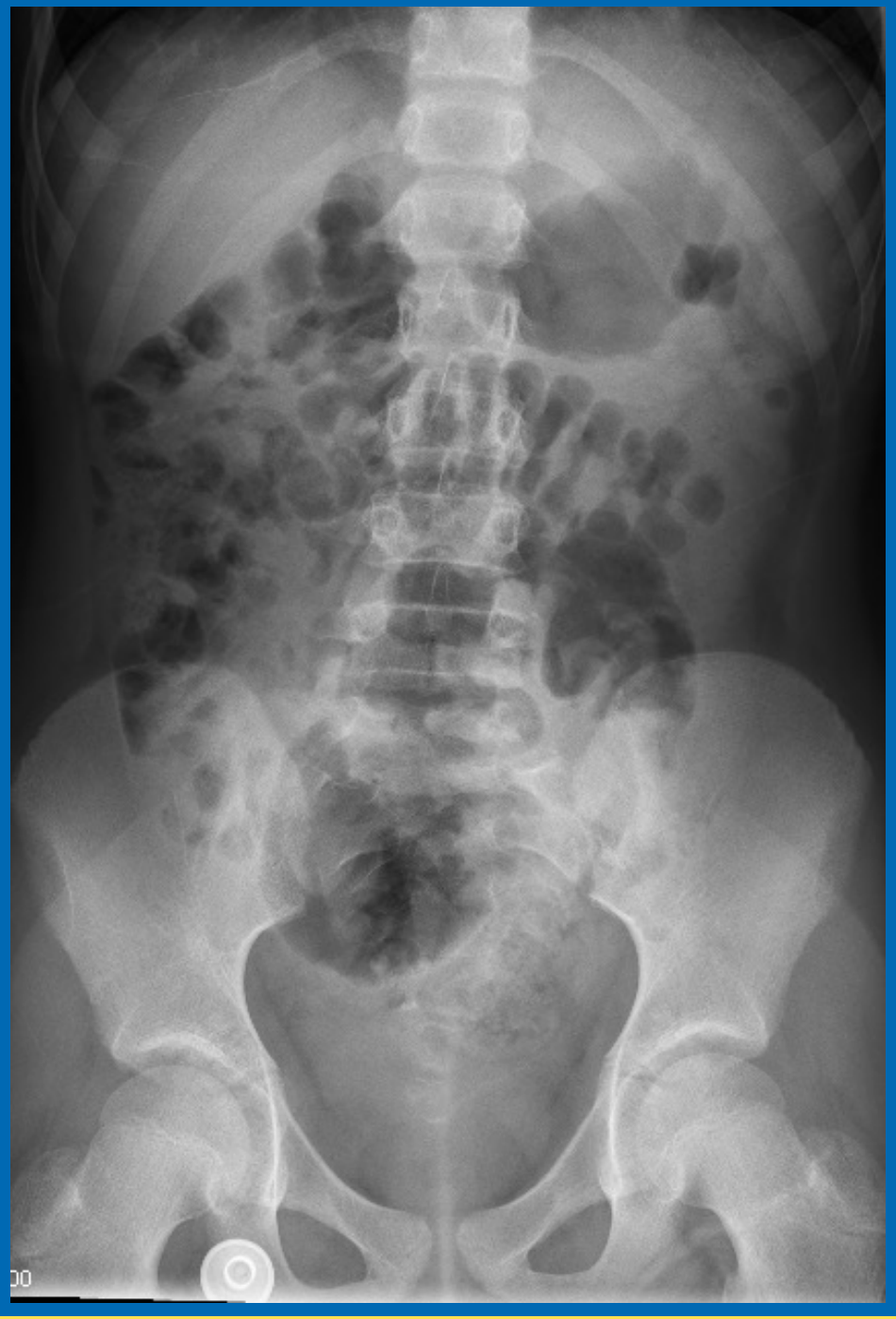
Q. What do you want to do?

A. Increase the laxative dose and add fiber

B. Decrease the laxative dose and add fiber

C. Stay the same dose and add fiber

3 voluntary bowel movements
Good consistency



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Q. When is indicated the combination of enemas and laxatives?

1. In all patients who suffer from fecal incontinence.
2. In the group of incontinent constipated patients.
3. In cases of fecal incontinence due to spina bifida.
4. In patients who suffer from fecal incontinence due to an operation for Hirschsprung disease.
5. None of the above.

Q. You have diagnosed severe idiopathic constipation with soiling in an 8-year-old patient. His contrast enema shows a megarectosigmoid with fecal impaction. Of the following, the *most* appropriate *initial* therapy is:

A. Aggressive use of stimulant laxatives.
B. Daily loperamide.
C. Fecal disimpaction.
D. Increased intake of bananas, apples, and pasta.
E. Stool softener twice daily.

alberto.pena@cuanschutz.edu

andrea.bischoff@cuanschutz.edu

luis.delatorre@cuanschutz.edu

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