Exercise may contribute to constipation, so physical activity tailored to the child’s stage of development and ability should be promoted.

The Department of Health (2004) recommends that children should do at least 60 minutes of moderate intensity physical activity a day.

**Faecal incontinence**

Explain the reason for overflow faecal incontinence and encourage a regular pattern for using the lavatory, taking advantage of the postprandial colorectal reflex, particularly after breakfast and especially if laxatives are taken at bedtime.

**Behaviour modification**

Support the child in establishing a regular bowel habit by scheduling an unhurried toilet regimen about 15 minutes after meals. It may be helpful to have a small rewards system for successful use of the lavatory.

**Follow-up**

Offer regular follow-up and a point of contact with specialist healthcare professionals. Bear in mind that relapses are common, so continued use of positive reinforcement contributes to long-term bowel success.

**Conclusion**

The main indicators for the treatment of constipation are pain on defecation, severe straining and overflow incontinence. If symptoms are mild, reassurance and dietary advice may be all that is required. If symptoms are persistent and psychosocial problems are present, additional input and continued support will be necessary.

The NICE guidance will help the multi-professional team to take a coordinated approach to early intervention that may reduce the incidence of constipation in children and young people. School nurses, health visitors, children’s nurses, nurses specialising in the care of children with learning disabilities and GPs have key roles in detecting and treating early symptoms of constipation.

School nurses can encourage schools to improve standards of comfort, privacy and cleanliness in their lavatories and to adopt a humane approach to pupils’ opportunities for toilet visits (Perez, 2010).

Care during the transition from paediatric to adult services should be planned and managed according to best practice guidance. Successful transition planning depends on cooperation between children’s and adult services, and these teams should work together to provide services for young people with idiopathic constipation.

Management should be reviewed throughout transition, and there should be clarity about who the lead clinician should be to ensure continuity of care. Where transition is well planned, the clinical, educational and social outcomes for young people are greatly enhanced (DH, 2006).

Constipation is too common a problem to leave to the experts. Everyone involved in child care should be aware of the risks associated with allowing simple constipation to go unacknowledged, undiagnosed and untreated. 

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**References**


