

Constipation - Bowel Cleanout for Stool Impaction

Definition

- Bowel cleanouts are needed for children who are blocked up (impacted) with stool. That means he has so much stool inside that he can't push it out without help. The retained stool is too wide and hard to pass on its own. This can happen to children who have had constipation for a long time.
- A bowel cleanout is a medical treatment plan ordered by your doctor. It is used for emptying out the rectum and colon (lower bowel).

Health Information

Symptoms of an Impaction

- Children who are blocked up feel like they need to pass stool, but it won't come out.
- They cannot control their bowel movements and have stool leakage. Small pieces or smears of stool leak out many times per day. The medical term for this is encopresis. This is due to the large amount of stool putting pressure on the anus.
- Poor appetite
- Stomach aches
- Child feels discouraged or even hopeless about the stool leakage

Diagnosis

- Doctors diagnose impactions by finding a large lump in the lower belly.
- They also find a full rectum on rectal exam.
- Sometimes, an X-ray of your child's belly may also be done.

Care Advice

1. How to Give a Bowel Cleanout:

- There are different ways to relieve an impaction.
- Some doctors just use high dosage stool softeners by mouth. This is called an oral cleanout.
- Some doctors just use enemas (a rectal cleanout).
- The following cleanout uses a combination of these 2 approaches.

2. Stool Softener (Miralax):

- First, soften up the stool for 1 or 2 days with high dosage Miralax.
- Your child's dose of Miralax is ____ cap(s). (usually 1 cap)
- Give it ____ times a day. (usually 4 times)
- Continue high dose Miralax for ____ days. (usually 3 days)
- Mix the Miralax powder the following way: 1 cap in 8 ounces (240 mL) of clear liquid. The liquid can be any fluid your child likes. You can use juice, water, Gatorade or even soda.
- Goal: Passing large chunks of stool, either before or after the enema.
- Caution: Stay home and near a toilet. Your child will have diarrhea and could have a massive blowout. If your child isn't toilet trained, keep him in a pull-up.
- Diet: Keep your child on a regular diet.
- Fluids: Encourage lots of extra fluids. Reason: High-dose Miralax will make your child dry.

3. **Enemas:**

- After the stool is soft with Miralax treatment, give a saline enema. This will help the stool to break loose.
- Your child's enema is _____.
- The dose is _____ ounces by rectum.
- Give first enema after being on high dose Miralax for _____ days. This is usually at the end of the 2nd day on Miralax.
- Repeat an enema once daily for _____ days. This is usually for 3 straight days.
- Caution: Enemas are generally not used under 2 years of age.
- **Suppositories.** For some children, a glycerin suppository can be used instead of an enema. It also will help to release the soft stools.

4. **Enema Dosage:**

- Caution: Saline (Phosphate) enemas can cause complications if too much is given. The dosage of enemas must be accurate, based on your child's weight.
- Dosage: 1 ounce for every 20 pounds of your child's weight. Don't give any child more than 4.5 ounces of the enema.
- Saline (Phosphate) enemas come in 2 sizes: children (2.25. ounces) and adult (4.5 ounces).
- Dosage (based on your child's weight):
- 20 pounds. 1 ounce
- 40 pounds. 2 ounces
- 60 pounds. 3 ounces
- 80 pounds. 4 ounces
- 90+ pounds 4.5 ounces
- Caution: Never give more than 1 enema per day.

5. **Instructions for Giving an Enema:**

- Have your child drink 1 or 2 glasses of water before the enema. Sometimes, enemas can cause dehydration.
- Have your child lie on his stomach. His knees should be pulled up and under him.
- Enemas come in a disposable squeeze bag with a soft-tipped nozzle. Lubricate the enema nozzle and gently put it 1 1/2 inches to 2 inches into the rectum.
- Gradually squeeze the contents of the container into the rectum.
- When the right amount is given, remove the tube.
- Your child should wait to sit on the toilet until he feels a strong need to have a bowel movement. Usually, this takes 2 to 10 minutes. Encourage your child to hold back the enema for 5 minutes.
- For children who aren't toilet trained, give the enema in the bathroom. Also, try to put the child on the toilet after a few minutes. If he resists, just put him in a diaper or pull-up. The main goal is to get your child to release lots of stool.

6. **After Unblocked, Always Start Maintenance Medicines:**

- For new onset constipation, medicines may only be needed for a few weeks.
- For chronic constipation, medicines will be needed for many months. It will take 3 or more months for your child's rectum to work normally. The muscles of the bowel have been stretched. They no longer know how to squeeze out the stool. They will return to normal strength only if the rectum is emptied every day.
- Goal: Passes 1 or 2 large soft stools each day, without any stool leakage
- Your child's maintenance medicine is _____.
- The dose is _____.

Call Your Doctor If

- Cleanout causes vomiting or bad abdominal cramps
- Cleanout doesn't work

Pediatric Care Advice

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