STANDARD TREATMENT WORKFLOW (STW)

Constipation

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Standard Treatment Workflow (STW)

Constitution

ICD-10: K59.0

**Constitution in < 1 Year Olds.**
- Not passing stools with abdominal distension
- Associated vomiting
- Absent or ectopic anal opening
- Changes in infant formula, weaning, insufficient fluid intake

**Constitution in Child Older than 1 Year**
- Starts after a few weeks of life
- Bottle fed or change of diet
- Fissures, timing of potty/toilet training
- Generally weight and height within normal limits
- History of poor fibre diet and/or insufficient fluid intake

**Red Flag Signs**
- Constipation reported from birth or first few weeks of life
- Failure to pass meconium (delay more than 48 hours after birth in term baby)
- All abnormal location or caliber of anal opening
- Ribbon stools (more likely in <1 year olds)
- Previously unknown/undiagnosed weakness in legs, locomotor delay, signs of hypothyroidism
- Abdominal distension with vomiting

**Bristol Stool Form Scale**

<table>
<thead>
<tr>
<th>Type 1</th>
<th>Type 2</th>
<th>Type 3</th>
<th>Type 4</th>
<th>Type 5</th>
<th>Type 6</th>
<th>Type 7</th>
</tr>
</thead>
<tbody>
<tr>
<td>Separate hard lumps</td>
<td>Lumpy and sausage like</td>
<td>A sausage shape with crumps in the surface</td>
<td>Like a smooth, soft sausage or snake</td>
<td>Soft blobs with clean-cut edges</td>
<td>Mucus consistency with ragged edges</td>
<td>Liquid consistency with no solid pieces</td>
</tr>
</tbody>
</table>

**Key Component**
- Less than 1 year
  - Fewer than three complete stools per week (Type 3 or 4. Exclude exclusively breast fed babies older than 6 months)
- More than 1 year
  - Fewer than three complete stools per week (Type 3 or 4)
  - Overflow soiling (loose, smelly, thick, sticky or dry diarrhea)

**History**
- Rabbit Dropping (Type 1)
- Distress on stooling (bleeding, straining)
- Previous episode of constipation
- Wasting and wasting of abdominal pain with passage of stools

**Symptoms Associated with Defecation**
- Persistent posturing, straight legged, tip toed, anal pain, straining

**Physical Examination**

<table>
<thead>
<tr>
<th>Idiopathic Constipation</th>
<th>Pathological Disease</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abdominal complaint</td>
<td>Abnormal appearance, position, potency</td>
</tr>
</tbody>
</table>

**Idiopathic Constipation**
- Abdominal examination
  - Soft, fat or distension can be explained because of age or excess fat

**Spine/ Lumbar Sacral/ Gluteal**
- Normal appearance

**Lower Limb Neuromuscular Examination**
- Normal gait, tone and strength

**Reflexes (When Red Flags (+) in History) or New Onset Neurological Impairment**
- Reflexes present

**Investigations**
- Abnormal

**Medical Management**
- Disappearance of stools: manual or with retention enemas
- Laxatives: Sodium picosulfate, Bisacodyl, Polyethylene glycol, Lactulose, Senna, Dulcolax

**Indications for Rectal Biopsy**
- Persistent constipation
- Absent or ectopic anal opening
- Biopsy showing absent ganglion cells
- Colostomy
- Definitive pullthrough surgery
- Initial stage pullthrough

**Management**
- Proper toilet training
- Adequate liquids and fibre in diet
- Nurse back
- Laxatives
- Suppositories
- Surgical intervention

**Keep a High Threshold for Invasive Procedures**

This STW has been prepared by national experts of India with feasibility considerations for various levels of health-care systems in the country. These broad guidelines are advisory, and are based on expert opinion and available scientific evidence. There may be variations in the management of an individual patient from higher to primary care, as determined by treating physician. There will be no indemnity for direct or indirect consequences. Kindly visit the website for more information: www.cnes.ca For more information.

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