



Standard Treatment Workflow (STW) CONSTIPATION

ICD 10- K59.0

WHAT IS CONSTIPATION?

- Decreased frequency of bowel motions (<3 per week)
- Passage of hard or large stools
- Painful bowel motions with difficulty in pushing out



CONSTIPATION 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

CONSTIPATION 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 calibre 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

	Type 1	Separate hard lumps.	Severe constipation
	Type 2	Lumpy and sausage like	Mild constipation
	Type 3	A sausage shape with cracks in the surface	Normal
	Type 4	Like a smooth, soft sausage or snake	Normal
	Type 5	Soft blobs with clear-cut edges	Lacking Fibre
	Type 6	Mushy consistency with ragged edges	Mild diarrhea
	Type 7	Liquid consistency with no solid pieces	Severe diarrhea

HISTORY

KEY COMPONENT	LESS THAN 1 YEAR	MORE THAN 1 YEAR
STOOL PATTERNS	Fewer than three complete stools per week (Type 3 or 4) (Exclude exclusively breast fed babies older than 6 months)	Fewer than three complete stools per week (Type 3 or 4) Overflow soiling (Loose, Smelly), Thick, Sticky or Dry
SYMPTOMS ASSOCIATED WITH DEFECTION	Hard Large Stools Rabbit Droppings (Type 1) Distress on stooling (Bleeding, Straining) Previous episode of constipation Previous or current anal fissure	Rabbit Droppings (Type 1) Large infrequent stools that can block toilet Poor appetite improves with passage of stools Waxing and waning of abdominal pain with passage of stools Retentive posturing, straight legged, tiptoed, anal pain, Straining

PHYSICAL EXAMINATION

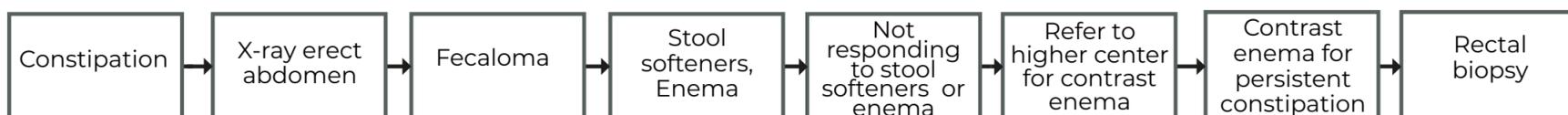
	IDIOPATHIC CONSTIPATION	PATHOLOGICAL DISEASE
INSPECTION OF PERINEAL AREA	Normal	Abnormal- appearance, position, patency
ABDOMINAL EXAMINATION	Soft, Flat or Distension can be explained because of age or excess fat	Gross distension
SPINE/ LUMBOSACRAL/ GLUTEAL	Normal appearance	Abnormal- asymmetry or flatening, sacral agenesis, discoloured skin, naevi or sinus, hairy patch, lipoma, central pit
LOWER LIMB NEUROMUSCULAR EXAMINATION	Normal gait, tone and strength	Deformity in lower limb such as talipes. Abnormal neuromuscular signs
REFLEXES (WHEN RED FLAGS (+) IN HISTORY) OR NEW ONSET NEUROLOGICAL IMPAIRMENT	Reflexes present	Abnormal

INVESTIGATIONS

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| <ul style="list-style-type: none"> Abdominal and rectal examination Serum T3, T4, TSH X-ray erect abdomen | <ul style="list-style-type: none"> X-ray spine: AP and Lateral Contrast enema | <ul style="list-style-type: none"> Anorectal manometry Rectal biopsy |
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MEDICAL MANAGEMENT

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|--|---|--|
| <ul style="list-style-type: none"> Disimpaction of stools: manual or with retention enemas | <ul style="list-style-type: none"> Laxatives: Sodium picosulfate, Bisacodyl, Polyethylene glycol, Lactulose, Senna, Docusate sodium | <ul style="list-style-type: none"> Dietary modifications: proper weaning, no dilution of milk, reduce milk and increase roughage |
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INDICATIONS FOR RECTAL BIOPSY

- Persistent constipation
- Contrast enema showing transitional zone
- Absent ano-rectal reflex on manometry
- Positive acetylcholinesterase fibers in rectal biopsy
- Biopsy showing absent ganglion cells

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Colostomy

Definitive pullthrough surgery (Duhamel's, Scott Boley or Swensons pull through) OR single stage pullthrough in neonates and infants after adequate decompression

MANAGEMENT

- Proper toilet training
- Adequate liquids and fibre in diet
- Biofeedback
- Laxatives
- Suppositories
- Evacuant enema
- Surgical intervention

👉 **KEEP A HIGH THRESHOLD FOR INVASIVE PROCEDURES**