



## Pediatric Urology

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### Bowel Management for Children Five and Older

#### ***Developmental Issues:***

As your child approaches school age, achieving continence becomes very important for social reasons. If a child does not have a well established bowel program by this time, the child and parents must realize it may take several months to get a program working. It is important to keep providing your child positive support.

Goals at this age (if not already achieved) are to:

- Develop good stool consistency and prevent constipation
- Establish a regular time for bowel movements to occur
- Achieve accident free days
- Achieve increased independence in self care

#### ***Assessment:***

If your child has not been on a bowel program before or has not been successful with previous efforts at bowel training, it is helpful to obtain a two to three week record of bowel patterns. This record should include the number of accidents, when they occur, the consistency of stools, and degree of constipation. This information will help determine what type of program might be most successful with your child.

Before starting any program, it is important that the bowel be cleaned out. Your health care provider will recommend a clean out regimen. If your child has had chronic constipation, it may take several months for the colon to return to its normal shape. If a good stool consistency has not been obtained, a high fiber diet, adequate fluids and the use of a bulking agent should be introduced.

Children who are not constipated and have 2 or less stools per day are often successful with a habit training program. The habit training program is a program in which the bowel is trained to empty at the same time each day. This is done by having the child sit on the toilet and push at the same time each day. After a meal is often a good time since the child can take advantage of the natural elimination reflex that occurs after

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eating. Some children may need to use a suppository or an oral medication such as Senokot to help train the bowel to empty at a scheduled time.

Children with frequent (3 or more stools per day) or hard, ball-shaped stools may be more successful with an "enema continence program". This consists of administering an enema on a daily basis, at the same time each day.

Once an enema continence program is implemented and successful for several months, you may try to wean your child off the enemas. Do this by reducing the enemas to every other day rather than daily and begin habit training on the alternate days. The goal is to use fewer enemas as the child increases the number of bowel movements on the toilet with pushing.

In children with very lax sphincter muscles who are unable to retain a regular enema, a special enema tube called the Enema Continence Catheter may be used. This enema is used as a daily cleansing program to achieve continence. The catheter is a tube with a balloon at the end that can be inflated in the rectum. This allows fluid to remain in the colon. This procedure is done on the toilet.

If this fails, there is a surgery called the Malone or ACE (Antegrade Continence Enema). This surgery creates a channel to the bowel that can be catheterized. This channel will be used to give enemas, which will produce a predictable bowel movement.

Please keep in mind, no one bowel program works for all children. Each child needs to have a program modified to his or her needs. Through modifications, "fine tuning," and consistent praise, your child can be successful.

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