



Bladder & Bowel UK

Supporting people with bladder and bowel problems

part of Disabled Living

The 'Right Care' approach for treating idiopathic constipation in children.

Comparing patient journeys

Suboptimal Journey

Michael aged 2 years 3 months is taken to the GP as mum is concerned that he seems to have frequent tummy ache and sometimes cries when he has his bowels opened (which is very infrequently). When questioned by the GP mum reports that Michael is a picky eater and is also a reluctant drinker. The GP suggests to mum that Michael may be constipated and mum is told to encourage him to eat more fruit and vegetables and to come back if things don't improve.

Michael ages 2 yrs 6 months is taken back to the GP as things have not improved and mum is now keen to start potty training. The GP prescribes Lactulose 5-10 mls twice a day.

Despite the lactulose Michael's appears to strain every day, passes a large hard poo about twice a week but starts soiling several times a day. His Mother stops the medication thinking it is making the problem worse.

Michael starts to complain a lot about tummy ache. One evening he is particularly distressed; mum is concerned that something might be seriously wrong so she takes him to the local A&E department. Michael is found to be faecally impacted and is given a suppository which results in a large bowel movement. His mother is given a prescription for a macrogol (Movicol Paediatric Plain) and is told to mix the sachets with water, to give Michael 1-2 sachets per day and to see the GP for follow-up.

Mum finds it difficult to get Michael to take the medication, so he is not given it every day and soon starts to cry with tummy ache again and the soiling continues. Mum takes him back to A&E as she felt the suppository was the only thing that worked. However, this time Michael gets very upset when they try to give him another suppository so it is not given. Michael's mother is given a further prescription for Movicol and told to keep increasing the sachets up to 8 sachets until he is emptied out. However, mum does not get the prescription dispensed as she feels that laxatives just make the soiling and tummy aches worse.

Michael continues to soil so mum stops trying to potty train and he starts nursery still in pull-ups. Nursery tell mum that Michael needs to come out of the pull-ups and she needs to start potty training him as he is now 3 years 4 months old. Despite all mum's best efforts, she cannot get Michael to sit on the potty to open his bowels and nursery have started to ask her to come in to change him as he is soiling so frequently. He is also missing nursery at least once a week due to his tummy aches.

Mum takes Michael back to the GP and requests a referral to see a specialist as she feels there is something seriously wrong with him and she has 'tried everything' to resolve the constipation and soiling.

Michael is referred to the gastroenterologist at the local hospital for review. Mum gives a history of ongoing constipation and soiling 'for as long as she can remember' and expresses concern that there is something seriously wrong with him as 'she has tried everything and nothing has worked'. The gastroenterologist decides to do a blood test to exclude Coeliac's and when this is clear suggests a rectal biopsy to exclude Hirschprung's disease. Arrangements are made for Michael to be admitted to hospital for manual removal of faeces and a rectal biopsy.

Michael spends 2 days in the hospital and is seen in clinic for the biopsy results which prove to be normal. The doctor explains to mum that Michael has developed a problem called acquired mega rectum/colon because of the long standing problem with constipation. Micheal is given a combination of laxatives including a macrogol and a stimulant, advised how to give these and the doctor explained that Michael will probably have to stay on the laxatives for the next 2 years. A follow up appointment is arranged in the gastroenterologist outpatient clinic.

Michael is reviewed every three months initially and then every six months in the clinic and after the third review Michael is symptom-free and mum is advised how to reduce the dose of laxative gradually. He stops regular laxatives 18 months after the rectal biopsy.

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Optimal Journey

Michael aged 18 months is taken to see the HV by mum as, after reading a leaflet the HV had previously left with her, she thinks he may be developing constipation. The HV takes a brief history; including checking when Michael first passed meconium, when the problems first started and whether there has been any vomiting. Mum reports Michael began to have infrequent bowel movements on and off since he was fully weaned, but the problem had gradually got worse and he is only opening his bowels about twice per week. The HV discusses diet and fluid intake and suggests Michael would benefit from the introduction of laxatives and arranges for a prescription of Macrogol (Movicol Paediatric Plain) with the GP. The HV explains to mum how the sachets need to be made up with water, but that juice can be added to add disguise the taste, if Michael is reluctant to drink it. She advises that there may initially be some loose stools.

After 2 weeks of taking the Movicol Michael is opening his bowels daily with no problems – thinking the problem is resolved mum decides not get a repeat prescription after he has taken all the sachets.

At age 2 years 4 months' mum decides to try and start potty training but, although Michael will sit on the potty to wee, he refuses to sit on to do a poo and mum is concerned he is developing constipation again. Mum goes back to the HV for further advice. The HV discusses the issues with mum and suggests a referral to the paediatric continence service because of the previous history.

Michael is seen by the paediatric continence advisor (CA) who reviews the assessment carried out by the HV and asks a few further questions. She reassures mum that the problem appears to be idiopathic constipation and discusses the importance of continuing with the laxative treatment, for at least 3-6 months in order to prevent relapse even if Michael appears to be passing stools without problems. The CA reviews progress via the telephone every week for the first month to check response to treatment and advises regarding appropriate dose. Micheal is then reviewed 2 weekly by phone and mum is advised to ring the CA if she has any concerns meanwhile.

After 3 months on Movicol x 1 sachet Michael is reported to be passing regular type 5 stools so mum is advised to reduce to half a sachet per day and if he continues to pass regular type 4/5 stools he is to remain on that dose for another month and then consider stopping taking it regularly and only to have a dose if the stools become hard, small, difficult to pass or if he has not opened his bowels for 48 hours. At review mum reports the Movicol has been discontinued and Michael is passing regular soft stools with no problems. Potty training has recommenced with good progress, Michael is now happily sitting on the potty to open his bowels. Michael is discharged aged 2 years 10 months. Mum is advised to monitor his stools over the next few months and to restart the Movicol if she feels he is becoming constipated again and to contact the service if she has any concerns in the future.

Cost implications

Not including social impacts, there is a difference of **£6769.40** between the suboptimal and the optimal scenario.

Identifying and treating the patient early in the community setting prevents expensive interventions in the acute setting.


An optimum scenario not only increases value to the NHS, but also improves the quality of service with positive outcomes for the child and their family

Interventions	Number of Interventions		Cost of interventions	
	Suboptimal Journey	Optimal Journey	Suboptimal Journey	Optimal Journey
Primary Care				
GP	3		£ 116.00	
HV		2		£ 130.00
CA		2		£ 84.25
CA phone contact		8		£ 48.80
Total Primary Care			£ 116.00	£ 263.05
Secondary Care				
A&E	2		£ 270.00	
Hospital elective inpatient admission	2		£ 5,980.00	
Gastroenterologist outpatient attendace visit	3		£ 540.00	
Total Secondary Care			£ 6,790.00	0
Medication				
Lactulose 15mls			£ 7.62	
Macrogol			£ 84.32	£ 19.71
Docusate 100ml dioctyl			£ 38.14	
Bisacodyl 5mg			£ 16.06	
Total			£ 146.14	£ 19.71
Total cost			£ 7,052.14	£ 263.05

*sources: Drug Tariff Sept 2017, PSSRU 2016

For further information contact Bladder and Bowel UK

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