

A Teen Guide to Constipation and Soiling (leakage of poo)

What is constipation?

Constipation is when you are unable to fully empty your rectum (the bit of bowel nearest your bottom). It is a common problem for teenagers. It is important to know that constipation is not caused by anything you have or have not done. Constipation can develop quite slowly, so you may be unaware of it and not know how or when it first started.

What are the symptoms of constipation?

If you are constipated you may pass hard and/or large poos, small poos or have skid marks in your pants. You may also find that you try to hold on and stop yourself from doing a poo.

If you have two or more of the following symptoms you may be constipated:

- Pooing less than three times a week or more than three times a day
- Very smelly poos
- Any amount of poo leaking without warning into your underwear, known as soiling
- A painful bottom or pain when doing a poo
- Your tummy swelling and bulging (abdominal distension or bloating). This may reduce after you have had a poo
- Not feeling hungry when you have not passed a poo for a few days, your appetite increasing after you have passed a big poo
- Having to strain to pass a poo
- Feeling you have not completely finished after doing a poo
- Passing large hard poos which may block the toilet, or passing only small poos (soft or hard) or poos of different sizes and/or textures
- Feeling angry, or irritable, or lacking energy



Diagram showing rectum full with poo and liquid/runny poo seeping past

Some teenagers with constipation may also have bladder problems, including wetting in the day and/or at night. This is because the rectum (the area of bowel nearest your bottom) is full of poo which presses on the bladder. Constipation may increase the risk of you getting a urinary tract infection (UTI).

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Why does poo sometimes leak?

If the constipation continues for long enough, or is bad enough, so much poo can build up, so that you will be unlikely to be able to pass it all without treatment. The poo can then start to leak. This is called faecal impaction.

What are the symptoms of faecal impaction?

As well as any of the symptoms of constipation, faecal impaction symptoms include:

- Passing small hard bits of poo that have broken off the larger poo (often described as poo that is like rabbit droppings), or passing sticky, loose, or watery poo
- Passing lots of smelly wind
- Passing poo in your underwear (soiling). You may not notice when this happens

Is there any treatment?

Faecal impaction and constipation can be treated with medicines called laxatives. The laxative usually tried first, in teenagers, is from the group called [macrogols](#). These include Cosmocol, Laxido and Movicol. The macrogols work by adding water to your poo to soften it and make it easier to pass.

If treated early, it may resolve quickly. However, if it has gone unnoticed for a few weeks or more, then treatment often needs to be continued for many weeks or months.

Faecal impaction or constipation in teenagers does not usually get better on its own. It nearly always needs treatment with laxatives.

What is the treatment for Faecal Impaction?

The poo that has become stuck has to be cleared out of your bowel, otherwise the soiling and other symptoms will continue, and the constipation will not get better. This is achieved by taking increasing doses of laxatives over a few days, often called a disimpaction regime. [Macrogol laxatives](#) are usually used for this. Your doctor or nurse will tell you how many sachets of macrogol you need to take and for how long. The usual doses for teenagers with faecal impaction are shown in the table below.

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Chart showing disimpaction doses of macrogol in sachets








Age	Recommended dose of macrogol in sachets						
	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
5-12 years old (paediatric sachets)	4	6	8	10	12	12	12
12 – 18 years old (Adult sachets)	4	6	8	8	8	8	8

You will start to notice a change in your bowel movements as the laxatives start to work. This may take a few days. The number of days you will need to stay on the increasing or higher doses of laxatives will depend on how long it takes for your bowel to completely empty.

When your bowel has emptied your poo will be watery (Type 7 on the Bristol Stool Chart – see picture). The watery poo may have 'bits' in it from undigested foods and may be any shade of brown, but if disimpaction is complete there will be no lumps of poo present. This usually takes between five and seven days, although it could take longer.

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The Bristol Stool Form Scale

Type 1		Seperate hard lumps, like nuts (hard to pass)
Type 2		Sausage-shaped but lumpy
Type 3		Like a sausage but with cracks on its surface
Type 4		Like a sausage or snake, smooth and soft
Type 5		Soft blobs with clear cut edges (passed easily)
Type 6		Fluffy pieces with ragged edges, a mushy stool
Type 7		Watery, no solid pieces ENTIRELY LIQUID

Do not continue with disimpaction for more than two weeks unless advised to do so by your healthcare professional. If you are unsure if you have disimpacted, you could try eating some sweetcorn. If it appears in your poo within 24 hours, it is very likely that has all the old poo has cleared from your bowel.

What happens after the impaction has been treated?

When you have been passing type 7 poos, with no lumps of poo in them, the laxative dose will be reduced. This may be done immediately, or it may be done gradually. Your healthcare professional will tell you when to reduce the dose and what the new dose should be.

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The aim is to reduce the dose until you are passing type 4 or type 5 stools once to three times most days. The dose at which this happens is called the maintenance dose. For many teenagers the usual maintenance dose is about half the disimpaction dose. The dose may need to be adjusted according to your progress.

The muscles in your bowel may have become stretched if you were constipated for a long time. These muscles will take time to recover, so you may need to take the laxatives for a long time. It is usually recommended to continue with the maintenance dose of laxatives for at least three to six months before very slowly trying to reduce them.

What is the treatment for constipation?

When treating constipation, the aim is to give enough laxative to make sure that you are passing medium to large amounts of type 4 or type 5 poos (see Bristol stool chart below for types of poo) once to three times most days. This is known as the maintenance dose.

Laxatives for teenagers should be prescribed by a healthcare professional.

Recommended doses of macrogol for maintenance	
Age	
6 – 12 years old (paediatric sachets)	2 – 4 sachets / day
12 – 18 years old (adult sachets)	1 – 2 sachets /day

If the macrogol maintenance dose is not working well enough to control the constipation, a **stimulant laxative** may be suggested. The ones used most often are sodium picosulfate or senna. It is not unusual for teenagers to need more than one type of medicine to treat constipation.

The stimulant laxatives make the muscles of your bowel wall work more effectively, so the poo is moved along your bowel more quickly. This helps to keep your poo soft. Your health care professional will advise you about the correct dose(s) of medication for you. It is likely you will need to continue to take a maintenance dose of medication for 3 – 6 months.

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How should I try to reduce laxatives?

If you try to reduce the laxatives too quickly you may struggle to poo – the constipation may come back. Always follow the advice of your healthcare professional when reducing the laxatives.

If your poo becomes loose (type 5 – 7 on the Bristol stool chart) and you have been passing a medium to large poo most days, you may need less laxative. You could start to reduce the dose slightly.

Not all teenagers will develop loose poos as their bowel recovers. If you have been passing soft, medium to large size poos once to three times most days for at least 3 – 6 months, your healthcare professional may suggest that you try to reduce the laxatives slowly. If you are taking more than one laxative, it is usually suggested that you only alter the dose of one at a time.

It is often suggested that if you have been on a regular maintenance dose with no problems for about six months you could start to reduce macrogols by half to one sachet at a time. E.g. if you are having two sachets every day you reduce to one and a half sachets or one sachet a day. You may be advised to stay at the reduced dose for about four to six weeks before trying to reduce again. If you open your bowels less often or have any symptoms of constipation you may need some extra laxative. (See the next section for more information).

Stimulant laxatives should also be reduced slowly. These should be reduced by about 2.5mls at a time. E.g. if you are having 10mls of stimulant laxative (sodium picosulfate or senna) then reduce to 7.5mls a day and stay at that dose for 4-6 weeks, before trying to reduce again.

What should I do if I do not poo or the poos are hard?

If you are on a maintenance dose of laxatives, there may still be occasional days when your poos are smaller or harder than usual. You may also have occasional days when you do not do a poo. The amount and consistency of poo may change if you have become dehydrated, due to not drinking as much as usual or because you have been unwell. The poo may also change if your diet changes or if you are trying to reduce your maintenance dose.

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If your poos are smaller than usual, if the poos are hard (type 1 or 2), if you have not done a poo at all for 24 hours or more, or if there are any other symptoms of constipation, then you should take some extra laxatives, so long as your healthcare professional is happy for you to do this.

If you are reducing the maintenance dose and you need to have extra laxative more than once a week, then it is usually suggested that you increase the daily dose to the level at which you were last passing soft poos most days with no pain, discomfort, or other symptoms of constipation. Ask your healthcare professional for advice.

Further advice

You should always read the leaflet that comes with any medicine that has been prescribed for you.

Always follow the advice given to you by your child's doctor or nurse. Talk to them if you have any concerns or questions.

There is more information about macrogol and stimulant laxatives for constipation and faecal impaction in the Bladder & Bowel UK [Teenager information library](#).

Further information

Find more information about bladder and bowel health in our information library at www.bbuk.org.uk. You can also contact the [Bladder & Bowel UK confidential helpline](#) (0161 214 4591).

For further advice on bladder and bowel problems speak to your GP or other healthcare professional.