Tower Bridge Hospital London

Tower Bridge Hospital London
97–99 Whitechapel Road, London E1 1DT
020 7916 0029 · Open 7 days, 9am–7pm
towerbridgehospital.co.uk

PATIENT INFORMATION · PAEDIATRICS

Constipation in children
why treatment takes months, not days

Constipation is very common in childhood and usually starts with one painful stool that a child then learns to avoid. The single most common reason it becomes long-standing is stopping treatment too early. Expect this to take months to fix properly, and it usually will.

Seek medical assessment urgently if your child has

- **vomiting that is green or contains bile**
- a **swollen, distended or very tender abdomen**
- **severe abdominal pain**, or pain that wakes them at night
- **blood in the stool** that is not simply a small streak from a tear
- **weight loss**, poor growth, or is generally unwell
- not passed **any** stool for several days and is in obvious distress
- constipation in a **baby under eight weeks old**, or that began within the first weeks of life

These are uncommon but need examining to exclude an underlying cause. In an emergency call 999, or go to the Royal London Hospital Emergency Department, Whitechapel Road, London E1 1FR.

How it starts and why it persists

One hard or painful stool teaches a child that opening their bowels hurts. They then hold on. Holding on allows the stool sitting in the rectum to become harder and larger, which makes the next one more painful still. Over weeks the rectum stretches and the child stops feeling the normal urge at all.

This is not naughtiness, laziness or a behavioural problem, and it is not caused by bad parenting. It is a physical cycle, and it needs breaking physically.

Soiling is not deliberate

When a large hard stool sits in the rectum, softer stool leaks around it and stains the underwear. Children genuinely cannot feel this happening and cannot control it. Telling a child off for soiling makes matters considerably worse. It resolves once the blockage is cleared and the bowel is kept empty long enough to regain its normal sensation.

Treatment

Laxatives — usually a macrogol powder mixed into a drink — are the mainstay. There are two phases, and both matter.

Phase 1

clearing the blockage, using an escalating dose over one to two weeks

Phase 2

a maintenance dose to keep stools soft

Months

how long maintenance continues, often 6 or more

- During the clearing phase things often get **temporarily messier**, with more soiling and tummy ache, before they get better. This is expected and means it is working.
- The maintenance dose is **adjusted to the child, not to the packet** — aim for soft, easily passed stools, and tell us if you need to go up or down.
- **Do not stop as soon as things are normal.** The stretched bowel needs months of staying empty to recover its tone and sensation. Stopping early is the commonest cause of relapse.
- Reduce the dose gradually when the time comes, with our guidance, rather than stopping abruptly.

Laxatives for children are not habit-forming

Parents very often worry that a child will become dependent on laxatives or that the bowel will ‘forget’ how to work. Macrogol laxatives work by holding water in the stool; they are not stimulants and the bowel does not become reliant on them. The far greater risk is under-treating and leaving a child with a stretched, insensitive rectum for years.

Toilet routine

Medicine alone often is not enough. A predictable routine retrains the reflex.

- Sit on the toilet for **five to ten minutes after meals**, particularly after breakfast and the evening meal, when the bowel is naturally most active.
- **Feet must be supported** on a step or stool, knees higher than hips. A child dangling their legs cannot use the right muscles.
- Make it unhurried and unpressured — a book or a timer works better than instruction.
- **Reward the sitting, not the result.** A sticker chart for going and trying removes the pressure that causes holding on.
- Never punish, criticise or show frustration about accidents.

Food and drink

Diet helps prevent constipation but rarely fixes it once established — do not rely on it instead of laxatives.

- Plenty of water through the day. Limit milk to around 400ml daily in toddlers, as large volumes fill children up and worsen constipation.
- Fruit, vegetables, wholegrain cereal and bread, beans and lentils.
- Fruits containing sorbitol — prunes, pears, apricots, peaches, plums — are particularly useful.
- Daily physical activity genuinely helps bowel movement.

Book an appointment if your child is not improving after a few weeks of treatment, needs a laxative dose reviewed, is soiling, is distressed about toileting, or you would like them examined. We see children seven days a week and can arrange paediatric input where it is needed.

Seen today, not next week

Same-day appointments most days, seven days a week, 9am–7pm, on Whitechapel Road.

Book an appointment

or call 020 7916 0029

Where to get help

Tower Bridge Hospital London
97–99 Whitechapel Road, London E1 1DT

020 7916 0029

WhatsApp **07903 284 189**
info@mhwclinic.co.uk
Open 7 days, 9am–7pm

In an emergency
Call 999, or go to the Royal London Hospital Emergency Department, Whitechapel Road, London E1 1FR.

When we are closed and it is not an emergency
Call NHS 111 or visit 111.nhs.uk.

Related: **Paediatrics** · **Private GP** · **Gastroenterology** · **All patient leaflets**

Written and reviewed by Dr H Bolat, GP & Clinical Director **Review date: 26 July 2026** **Next review due: July 2028**

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This leaflet is based on current NHS and NICE guidance on constipation in children and young people. It is general information and does not replace advice from a clinician who has assessed you. If your symptoms change or you are worried, contact us on 020 7916 0029, call NHS 111, or call 999 in an emergency.

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