

## **CHILD PATIENT**

Female – 8 years old

### **Outpatient Clinical Summary**

Date of Appointment: 19<sup>th</sup> December 2023

#### **Diagnosis**

Constipation

#### **Presentation**

Referred to Watford General Hospital from primary care for assessment of constipation despite faecal impaction treatment.

Mid-November a 3-week history of abdominal pain and intermittent diarrhoea. Abdominal pain was often cramping, resulting in brown, pasty diarrhoea that was felt to be overflow and pellets of hard stool and at times is also causing associated headache.

Treated in children's ED with up to 12 sachets a day of Laxido macrogol together with 20mg a day sodium picosulfate.

Good response to this but stopped after 2 weeks. She then started getting abdominal pain again and her stool output reduced.

After advice from GP and ERIC continence service [*ERIC is the national charity for children's bowel and bladder health*] she has increased her Laxido up to 12 sachets a day again for the last week or so. She is now passing watery stool, suggesting complete disimpaction. This time she only took sodium picosulfate for 4 days as she did not tolerate it well.

Aside from this, she is systemically well, she is eating, drinking and is active.

She has missed some school due to these problems and is keen to return. Also keen for the laxatives not to interfere with her Christmas holiday.

#### **Previous Medical History**

- 3 months pre-term
- No difficulty passing meconium at birth
- Thrived as an infant – no Hx of constipation
- Previously in 2023 an episode attributed to gastroenteritis
- No daytime wetting or nocturnal enuresis to suggest a bladder problem
- No back pain or problems with legs
- No other regular medications
- Was previously Rx Buscopan for abdominal pain plus laxatives, but Buscopan stopped as it can be constipating

### **On Examination**

- Looked well
- Abdomen soft, slightly full and non-tender, with no palpable faecal loading
- No bladder palpable
- Gait normal
- Peripheral neurology normal

### **Radiology**

X-ray showed mild faecal loading in right upper quadrant, no faecal loading at all on the left side or in the rectum, suggesting good response to laxative disimpaction.

### **Treatment Plan**

1. Reduce from 12 sachets per day to 4 over next 4 weeks – check patient can still pass daily stool without discomfort
2. Follow-up in 3 months, potentially reduce laxative dose further. Ensuring she can still attend school
3. Increase daily fibre intake