### INTRODUCTION
- Constipation is a common childhood symptom, accounting for up to 20% of primary care visits; 40% of cases may be chronic, typically beginning in the first three years of life.
- In most children, no underlying abnormality can be identified.
- The ROME III criteria define functional constipation as < 2 BM’s per week associated with pain, large, obstructive BM’s, and fecal mass in the rectum.
- Alarm signs that may suggest an underlying abnormality are: Delayed passage of meconium>48 hrs, FTT, recurrent UTI, persistent blood in stools, persistent abdominal distension and/or persistent vomiting
- Functional constipation is managed by parental education, emphasis on fluid and diet, and use of stool softeners (polyethylene glycol, lactulose) with or without laxative agents.
- [http://pedsinreview.aappublications.org/content/36/9/392](http://pedsinreview.aappublications.org/content/36/9/392)

### INITIAL EVALUATION AND MANAGEMENT BY PRIMARY CARE
- History: Elicit any alarm signs, determine any family history of CF, celiac disease, atopia
- Exam: Growth parameters, abdominal exam, anal exam for anterior anus, tags, fissures; sacral exam for dimples, tufts, sinus, gluteal fold symmetry; rectal exam for stenosis, empty vault, mass, gross blood
- In most cases no lab or X-ray testing needed

### WHEN TO REFER
- Presence of alarm signs, abnormal PE and recalcitrant constipation

### HOW TO REFER
- (413) 794-KIDS

### WHAT TO EXPECT FROM BAYSTATE CHILDREN’S HOSPITAL VISIT
- Detailed assessment, parental education and dietary guidelines
- Potential evaluation to include laboratory, radiographic, endoscopic, biopsy, manometry

Author: **Anastasios Angelides, MD**  
Pediatric Gastroenterology  
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Contact:  [Baystatechildrenshospital@baystatehealth.org](mailto:Baystatechildrenshospital@baystatehealth.org)