CHILDREN'S CONTINENCE SERVICE

Providing a Child Centred Approach to Bowel and Bladder Problems in Children aged 2- 19yrs.

www.childrenscontinence.com

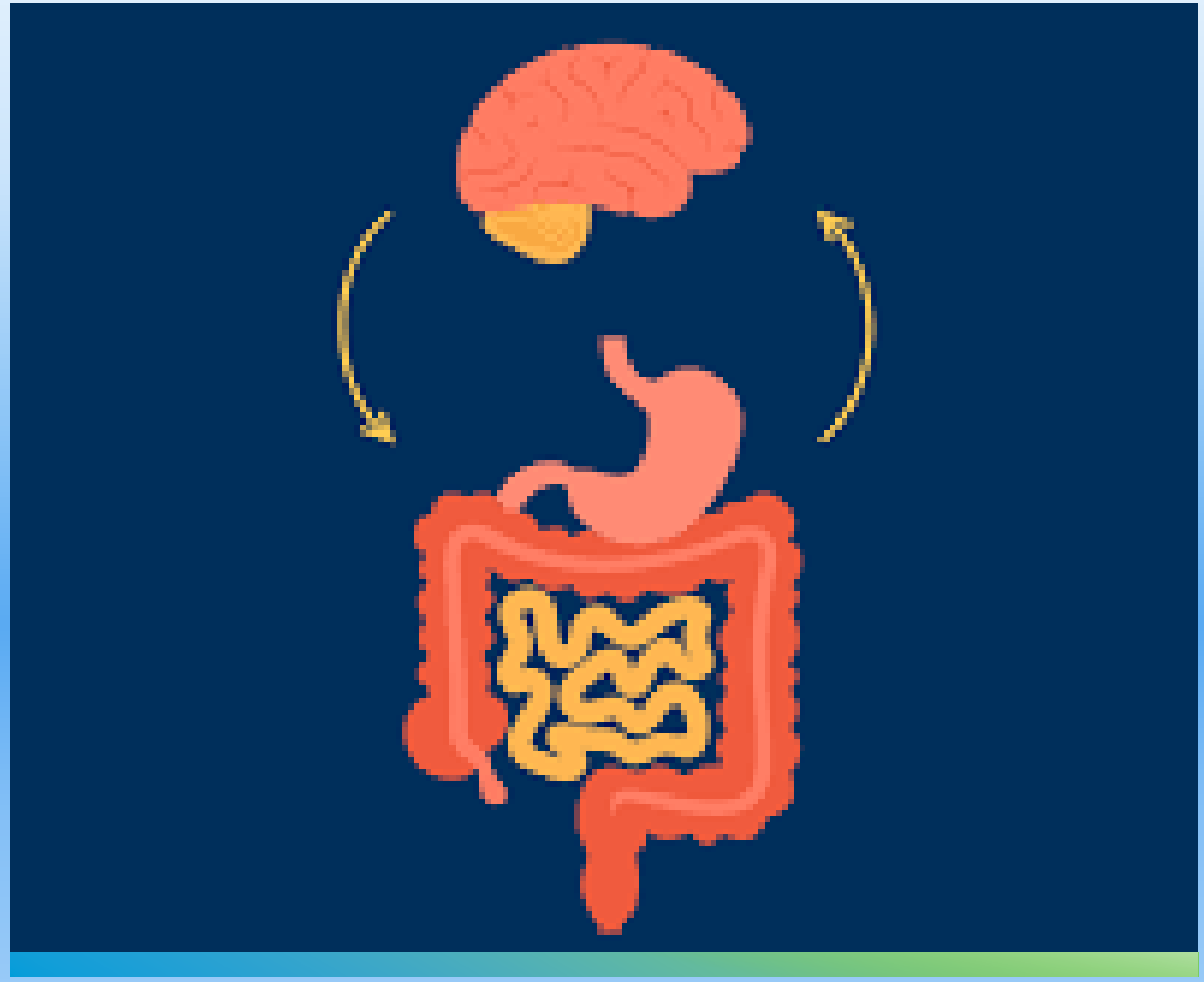
Continence Services

- Toileting troubles
- Constipation/soiling
- Daytime wetting
- Bedwetting
- Education for all

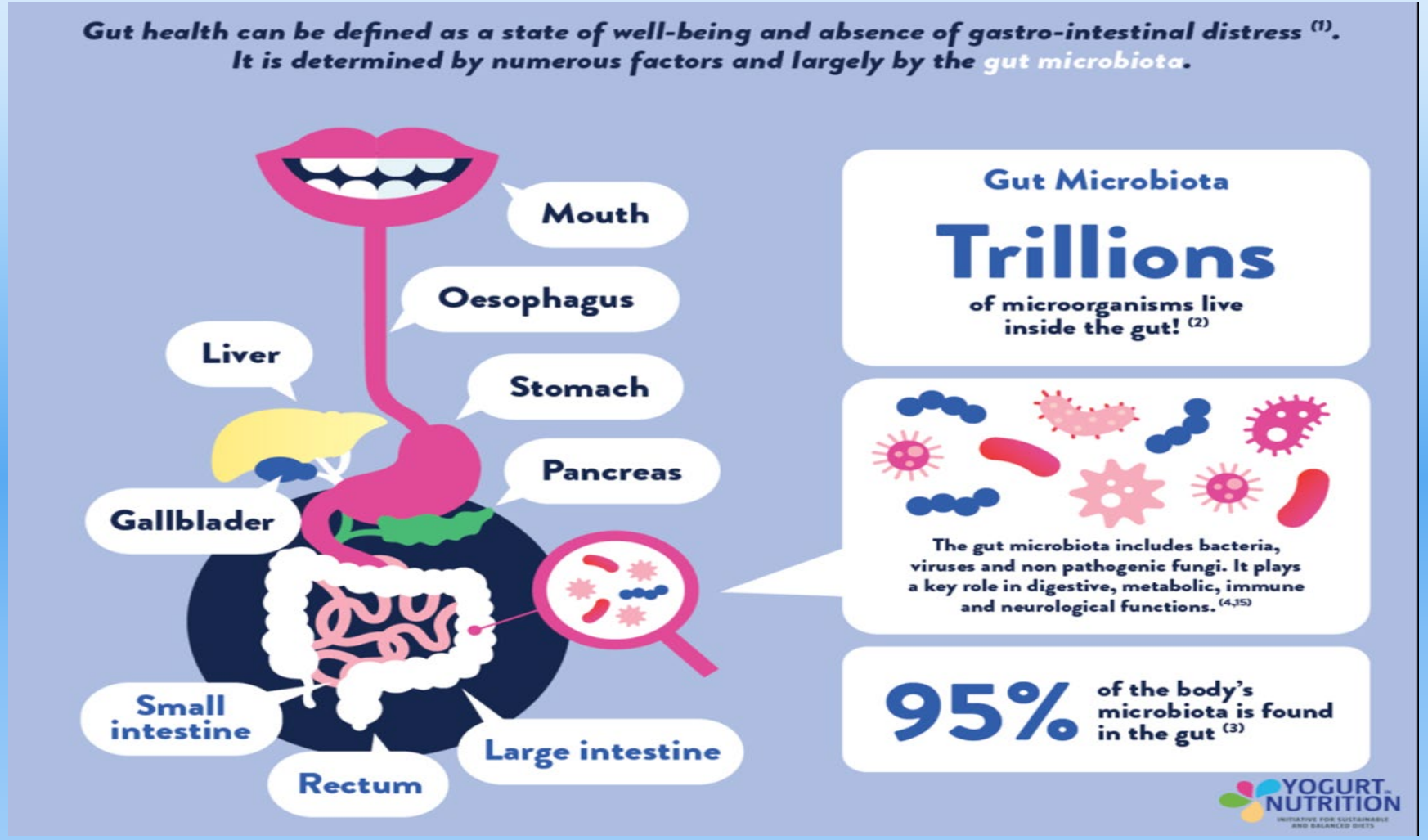
My FASD Journey

Outline

- The Gut-Brain Connection
- Facts
- Constipation
- Case Study



Our Gut Microbiome

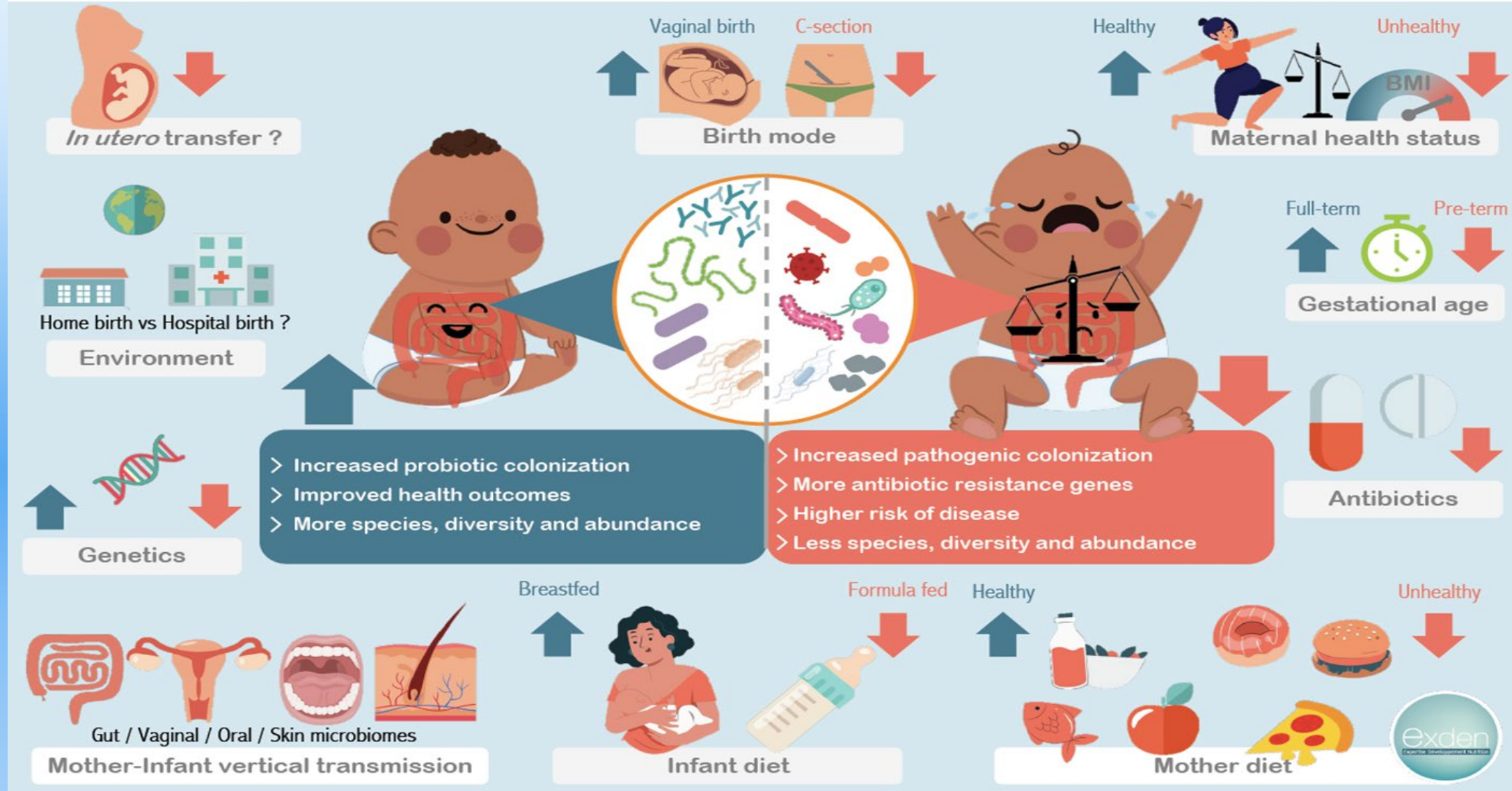


What does our Gut Microbiome do?

- Food breakdown
- Micronutrient Production
- Protection from harmful bacteria
- Supports Immune system

WHAT PERINATAL FACTORS INFLUENCE THE INFANT GUT MICROBIME ESTABLISHMENT?

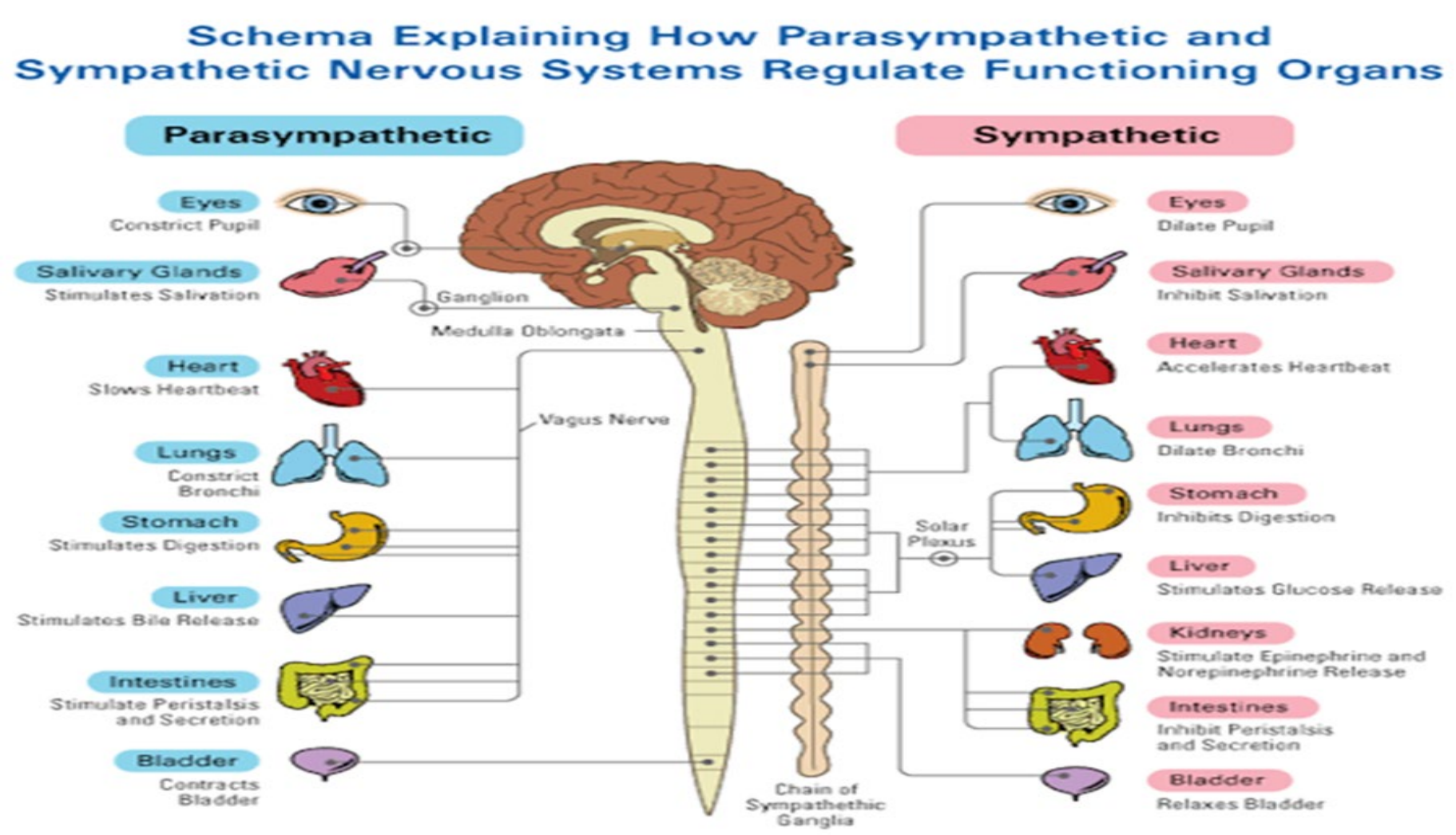
(Linehan et al., 2022)



The Gut is the Second Brain

- This is a bi-directional communication pathway between the Brain and the Gut
- If the brain is under stress it will impact on the gut and vis versa.
- 95% of the Serotonin, the ‘Happy Hormone’ is manufactured in the Gut.

Let’s break this down



Study looking at Health Concerns in Children with Pre-natal alcohol Exposure

- All children experienced health concerns
- 100% had sleep difficulties
- 64% had sensory issues
- 59% visual defects
- 41% history of ear infection
- 36% had constipation
- 4% had diarrhoea

MacEachern, S et al.(2023) Frontiers in Paediatrics. Factors predicting general health concerns and atypical behaviours in children with prenatal alcohol exposure and other adverse exposures.

SOME FACTS

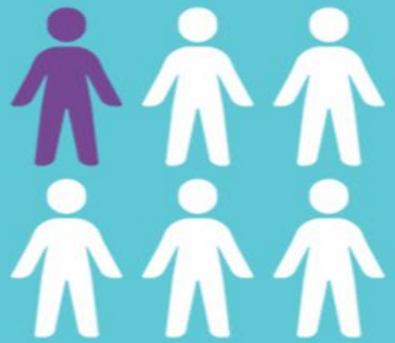
ON DISABILITY AND CONTINENCE

People with additional needs
- are 4 times more likely to have continence problems
- have a higher incidence of bladder and bowel dysfunction.

In a study of 111 children with a mean age of 9 years who had additional needs, only 39.6% were continent and 9.9% had good fluid intake.

Constipation affects up to 70% of people with a learning disability compared to only 30% within the general population.

1 in 6 New Zealanders are disabled.



People with Down syndrome
- are 4-5 times more likely to have renal and urinary tract dysfunction
- have a higher rate of constipation and coeliac disease.

The lower a person's IQ, the higher the rate of constipation.

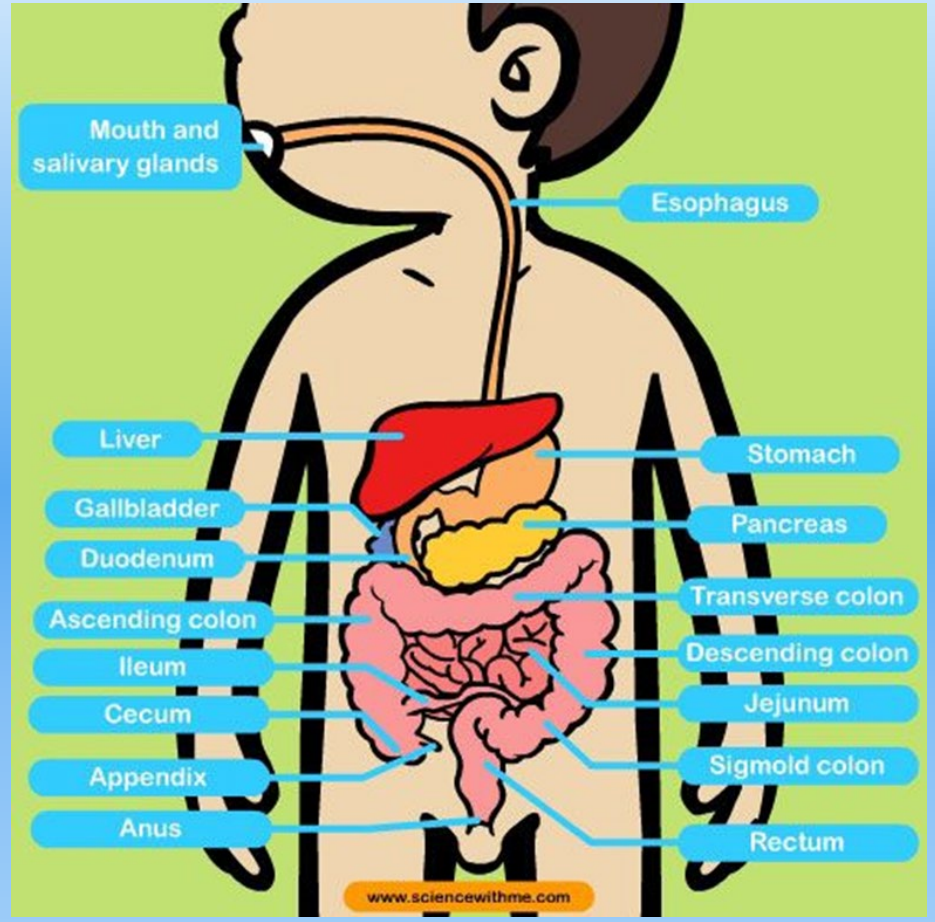
Constipation – Definition

- Constipation is defined as a “lack of regular bowel motions which may cause pain and discomfort. There may also be incomplete elimination of stool in the natural reservoirs(the sigmoid and rectal colon)” *Dr Melanie Schmidt, Paediatric Gastroenterologist.*

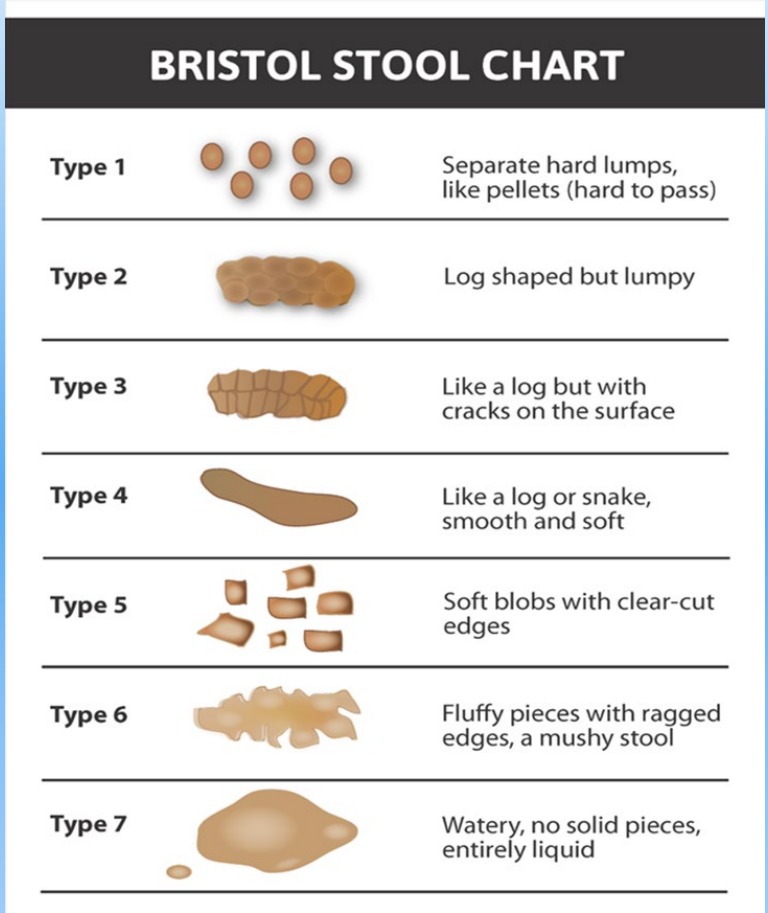
Constipation Can have a huge impact on the child and family

- Constant soiling
- Parents having to pick child up from school
- Intolerance
- Low self-esteem
- Abuse

The Gastrointestinal Tract (Food to Poop Tube)



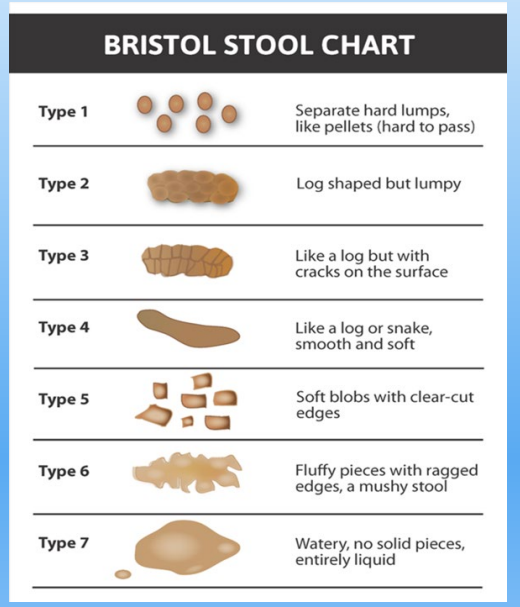
What is a Healthy/Happy Poo



- Type 4-5 stool daily up to three times per day
- Or 3-4 times per week
- Soft, light brown
- Easy to pass
- Not overly offensive smelling
- Most people should poop at least every second day.

What is an Unhealthy/Sad Poo

- Type 1-3 on the Bristol stool chart
- Pain and straining on defaecation
- Darker in colour
- Faecal Incontinence(encopresis, soiling)
- More offensive smelling
- Pooing less that twice a week
- Small stools passed greater than four times per day
- Blood present on toilet paper after wiping



Some Poops

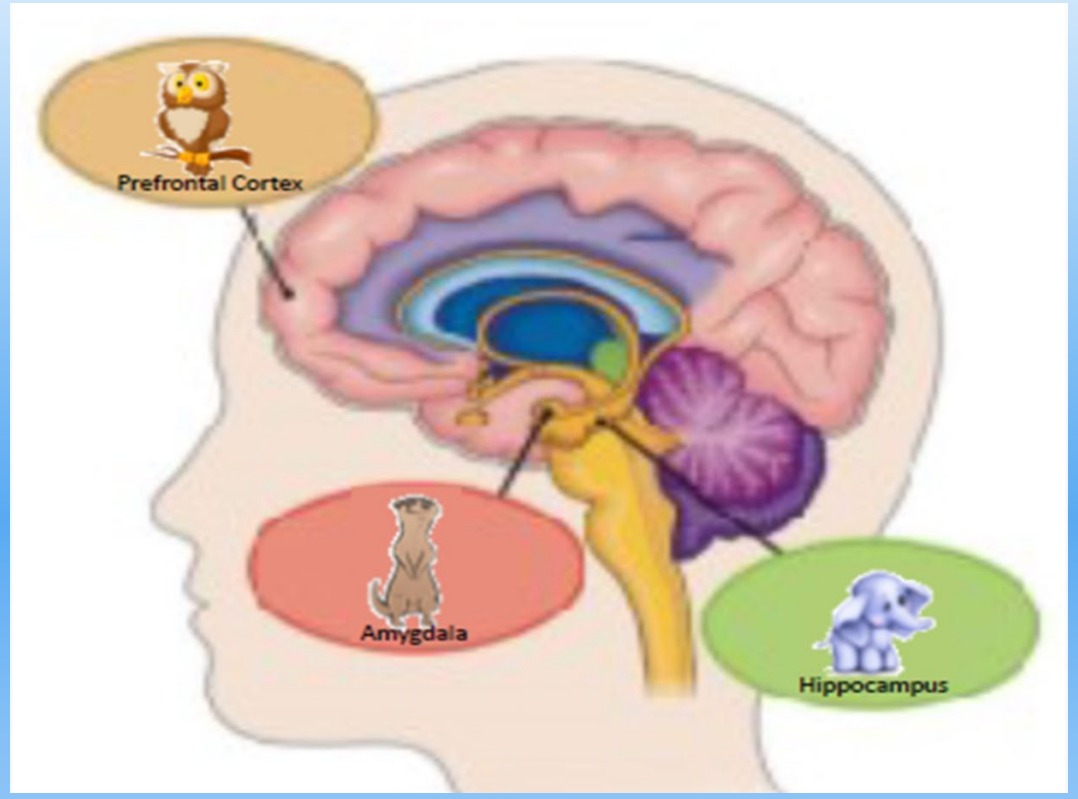
Some Poops

Constipation is:

- Common
- Chronic
- Confusing
- Complex

- 30% of children will have constipation at some point
- If it continues for longer than three months it becomes chronic
- It can be confusing as the first signs may be daytime wetting or ‘diarhhoea’. Kids can poop every day but still be constipated
- The causes are multifactorial and treating it can be complex especially in kids with Neurodiversity: FASD, ADHD, ASD

The Brain and Impact on the Bowels



Stool withholding Behaviour

Signs and Symptoms

- Tummy pain
- Bloated/distended /hard tummy
- Loss of appetite/Nausea
- Lethary
- Poor sleep
- Poor concentration
- Toilet avoidance/refusal

More Subtle Signs of Constipation

- More anxiety
- More Aggression
- Frequent mood changes
- Increased Autistic behaviours: stimming/flapping/tics/self harming
- Increase seizure in kids with Epilepsy
- Not wanting to leave home
- Not wanting to take part in physical activity

When is Constipation likely to happen

From Infancy

Commencement of Toilet training

Starting Kindergarten or School

Puberty

But the biggest cause is:

Case Study – Julie 8yrs

- Adopted as baby. No maternal history.
- Parents now separated and do 60/40 shared care
- At risk of FASD (shows all the signs but unable to confirm whether there was pre-natal alcohol consumption)
- Difficulty with feeding and pooping during infancy
- Dairy and egg allergy
- Wetting and soiling, vulvovaginitis,
- Constipation with h/o of rectal bleeding and anal fissures
- Poor fluid and dietary intake (struggles swallowing water)
- Sensory and auditory processing disorder
- Intellectual Impairment – functioning around a 4yr old level

Julie's Brain on High Alert most of the time

- Predisposition to poor Gut Microbiome due to prenatal alcohol exposure
- Her Sympathetic Nervous System is activated most of the day due to her sensory sensitivities esp at school
- Dealing with change of home each week between parents who are separated

Where to Start?

- Full Continence Assessment: Bowel and Bladder diary; Food and fluid charts.
- Obtain full Developmental assessment
- Gather in the Team: Parents, School SENCO and Teacher Aides;

Bowels and Bladder

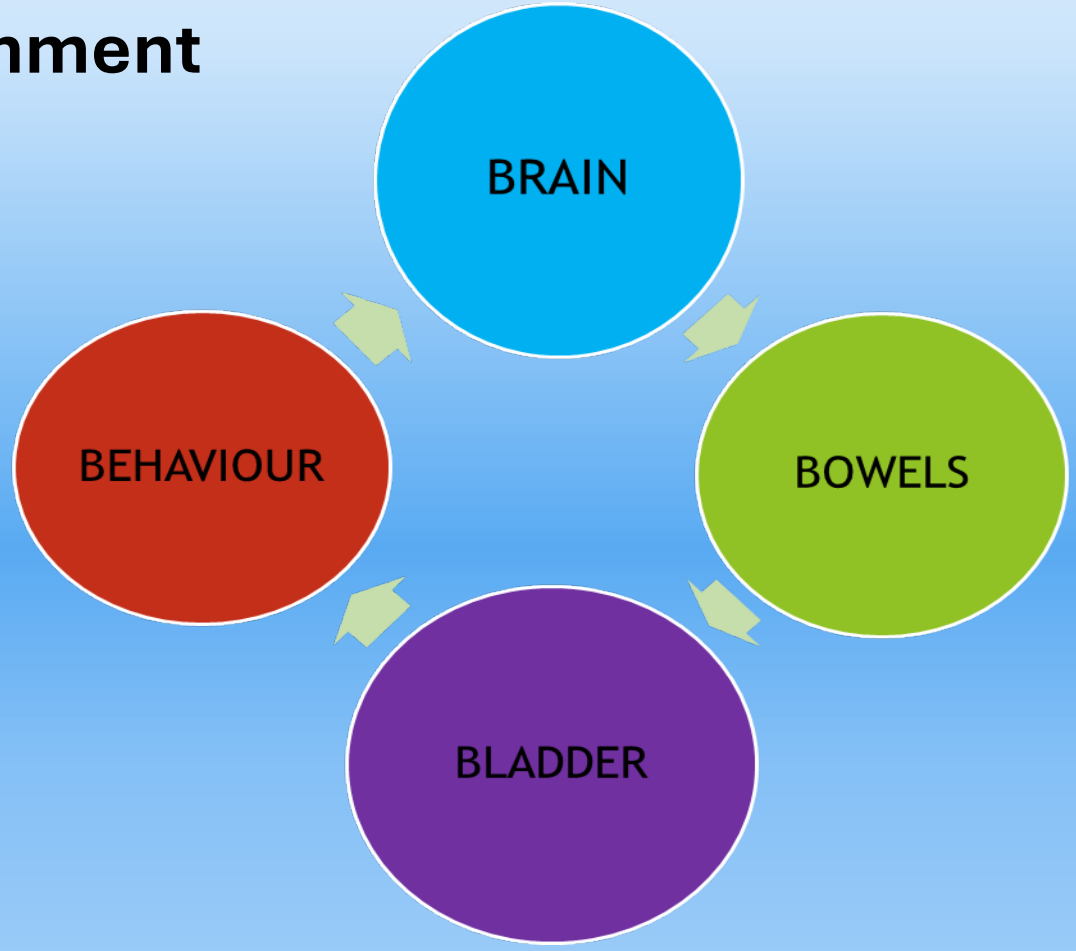
- Bladder – dark amber. Holds on for up to 8hrs. Voids 2-3 times per day. Dysuria.
- Bowels - Type 1-2 every 2nd or 3 rd day. 'spikey' poos. Soils daily. Tummy pain. Agitation when about to pass a motion.
- Fluids - 250 mls per day on a good day
- Diet – very restrictive. Min fibre. Mainly pureed consistency

KISSSS Approach

- K - Keep
- I - It
- S - Same
- S - Short
- S - Slow
- S – Simple

Management of Chronic Constipation

Framework: **My 4 B's + Environment**



Five E's

Evacuation

Elimination

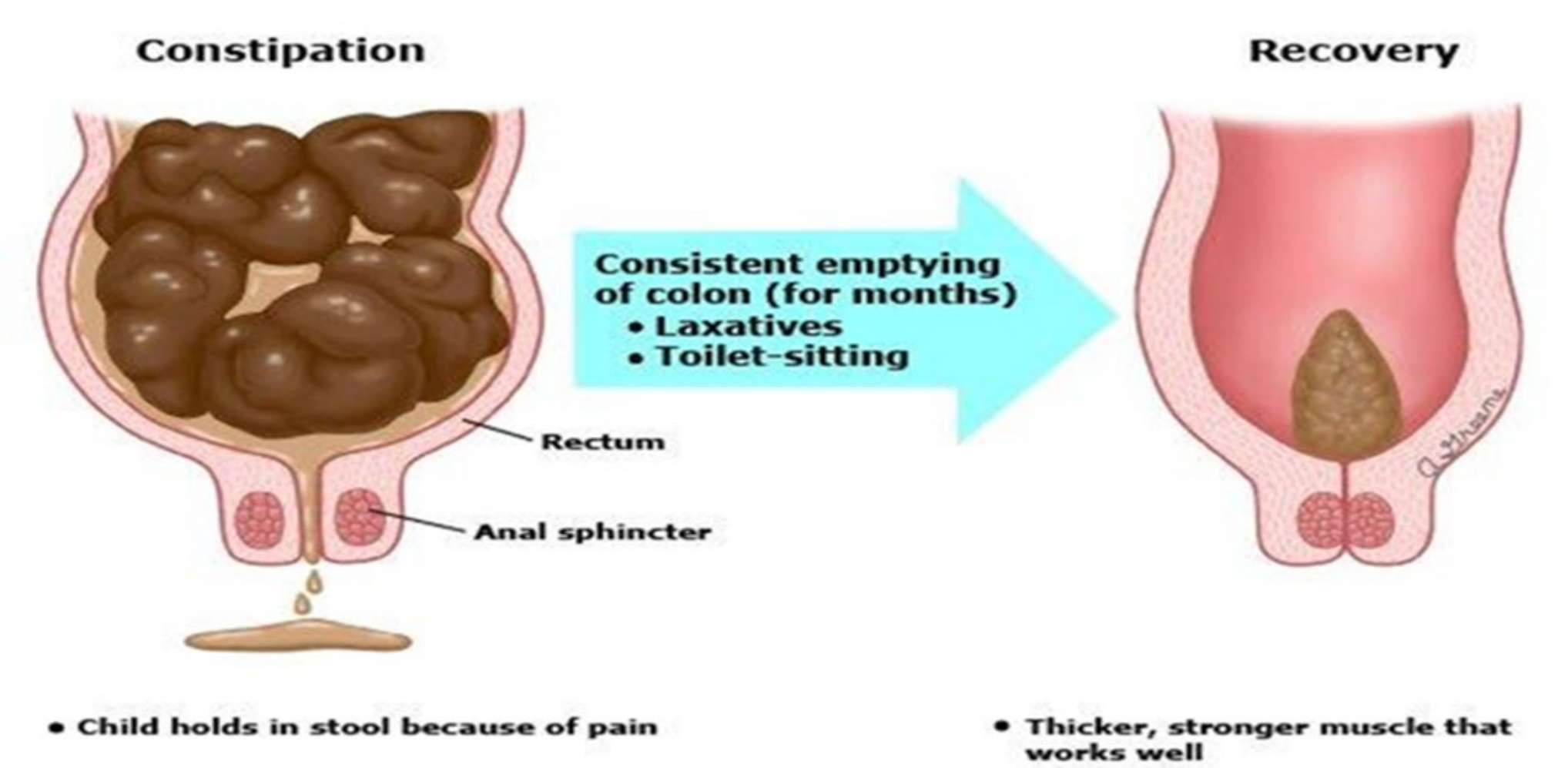
Establish

Educate and Empower

Action Plan for Julie

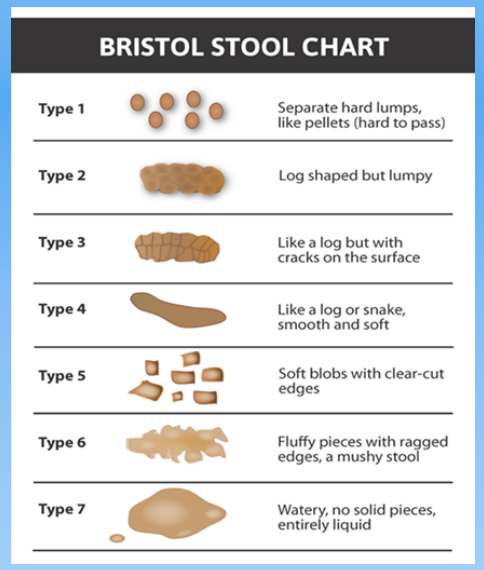
- Healthy Bowels
- Healthy Bladder
- Toilet Environment
- School support/funding
- Monthly reviews paid for under PCSS

Evacuation (Faecal Disimpaction)



Laxative Medication

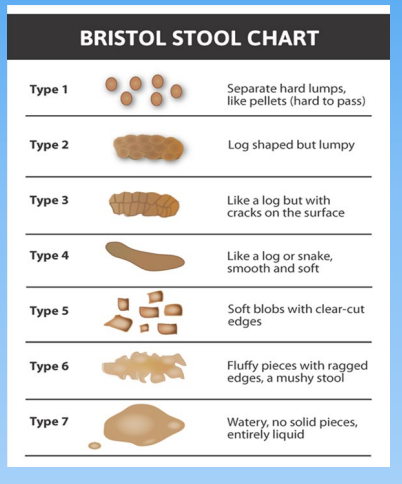
- Most children require Faecal Disimpaction (Bowel Clearout)
- Will require at least a week of Kindy/school
- By end of clearout the poo should look like a Type 7 – watery brown liquid



Be Practical during Bowel Clearout

Elimination –Once bowels are empty we need to keep them empty

- After Bowel Clearout child needs to have a Type 5-6 poo daily, up to three times a day and be easy to pass with no ability to hold on.
- Gradual reduction of laxatives over several months

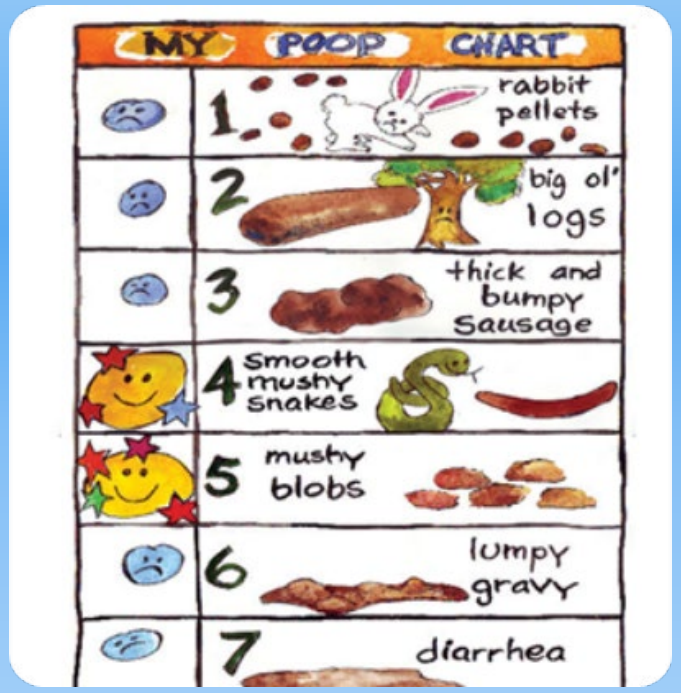


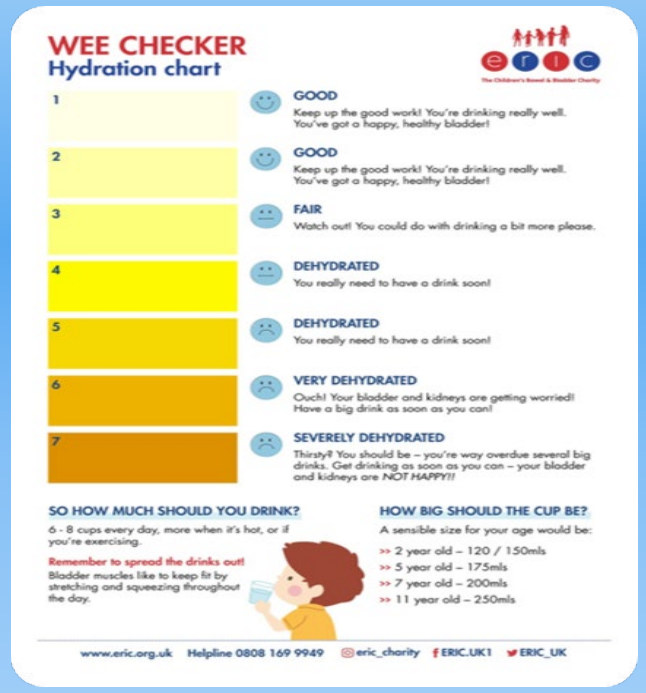
Monitoring of Bowels

- Sweetcorn test/edible glitter/oil based food colouring/beetroot
- Happy Poop App

Know your Business

- No Need to Rush, Check before you flush
- Encourage child to check what their wee's and poo's are doing.

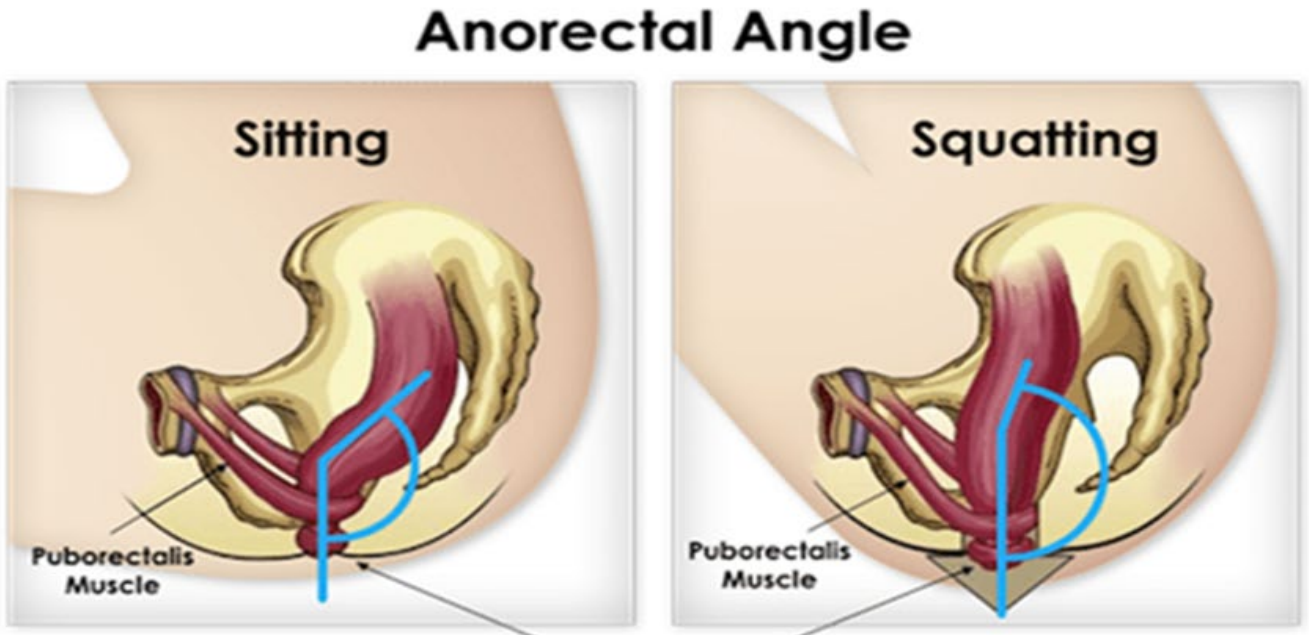




Establish a Healthy Bowel Routine: Toilet Gym to get the Bowels Back in Trim

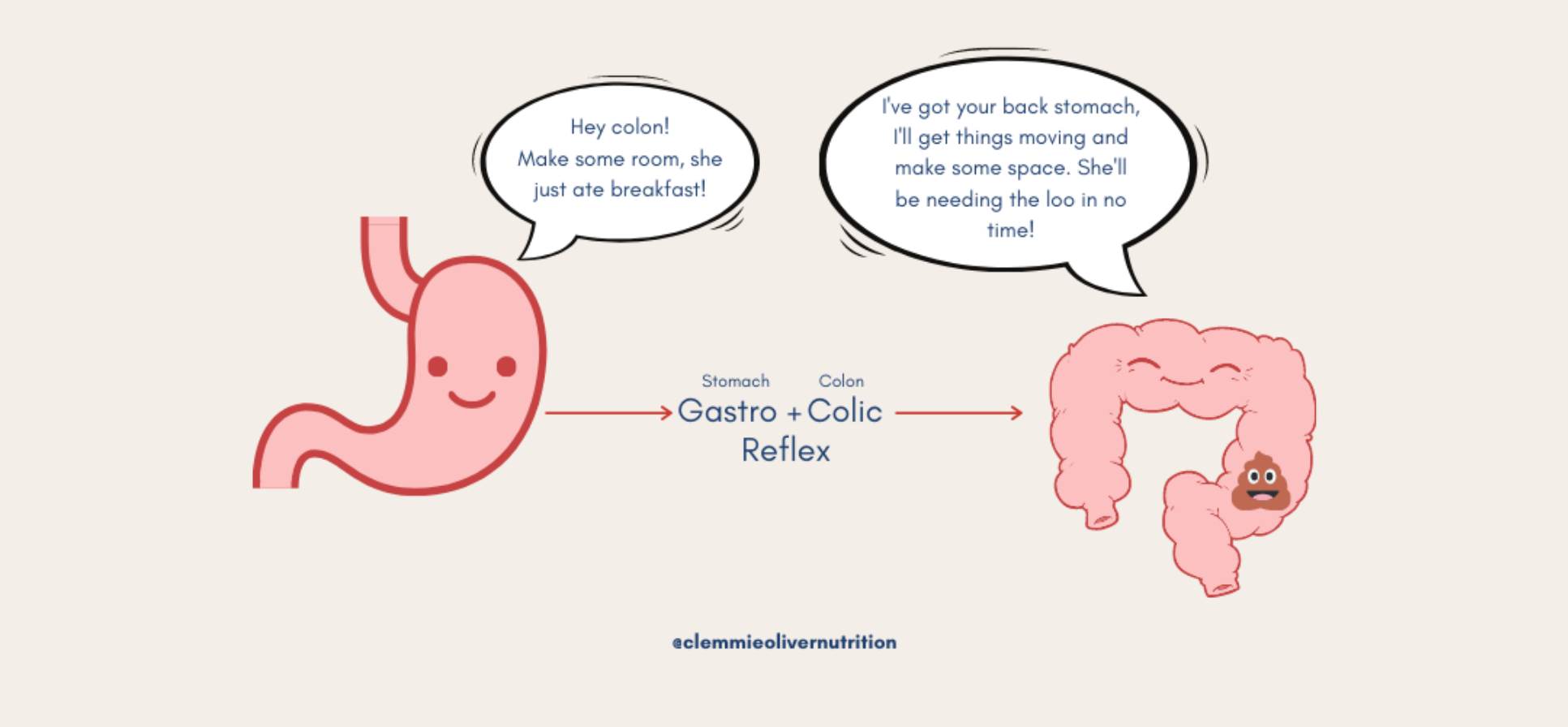
- Squatty Potty – footstool required

Why?


Anorectal Angle
Sitting
Squatting
Puborectalis Muscle
Puborectalis Muscle
Sphincter
Squatting is the only natural defecation posture

The Three R's: Routine, Relax, Reduce

- Routine: About 20 mins after meals (gastrocolic reflex)



Initially Julie too anxious to sit on toilet to poop

- Started in her safe place –Bedroom/Indoor tent
- Her sloth cuddy toy
- Small stool
- Cushions
- Fluffy rug
- Toilet treasure bag
- Gradually moved to bathroom

Relax

- Bring Play into the toilet/safe area
- Toilet Treasure/Gym Bag

Wake up Mr Poo

- Sit and Rub
- Sit and Row, rock or throw
- Sit and Blow
- Sit and Chill

Reduce

- Make our toilets a sensory safe place for children: gentle colours, posters of their favourite characters

Julie’s BOSS Plan

Scissors the Sloth say’s Julie, you’ve got this”

- I need to use a footstool for all my wee’s and poo’s
- When I sit on the toilet I need to pull my pants right down to my ankles, spread my knees and lean forward
- TAKE YOU TIME – RELAX AND DO SOME GENTLE BREATHING
- Tip the Sensory timer and you can get off once all the bubbles have gone to the bottom
- Toilet Treasure Bag and a cuddly toy
- Use your pink earmuffs when in the bathroom

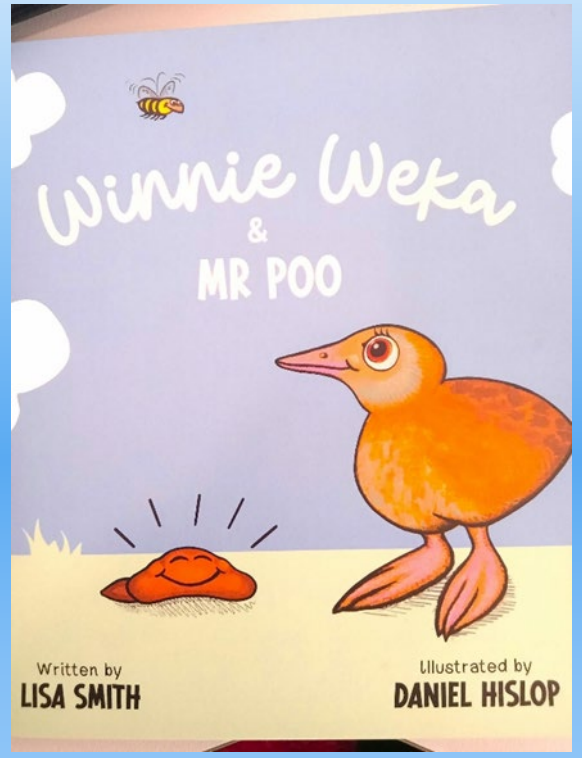
Drinking Plan for Julie

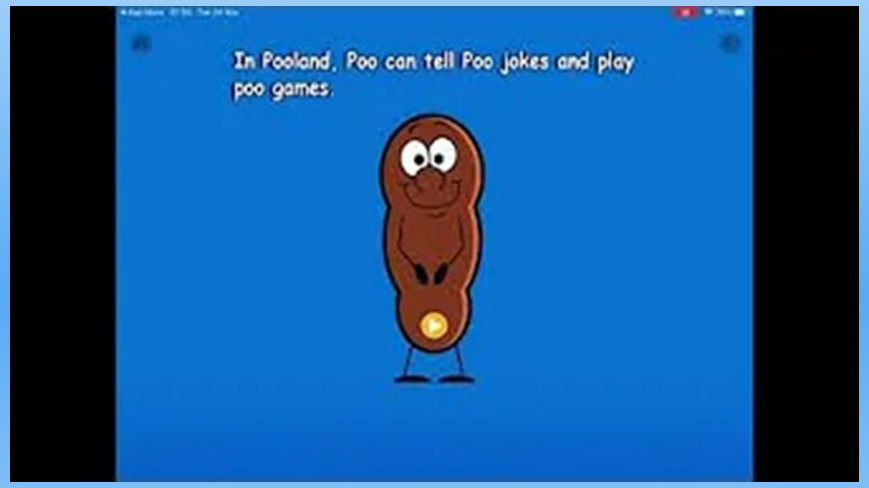
- Use one scoop of food thickener to her drink bottle
- Add some flavoured mineral drops
- Measured water bottle
- Prompt Julie to drink 50 mls every hour
- Offer Julie water rich foods at every meal and snack
- Aim is for 600mls a day

Environment: School Involvement

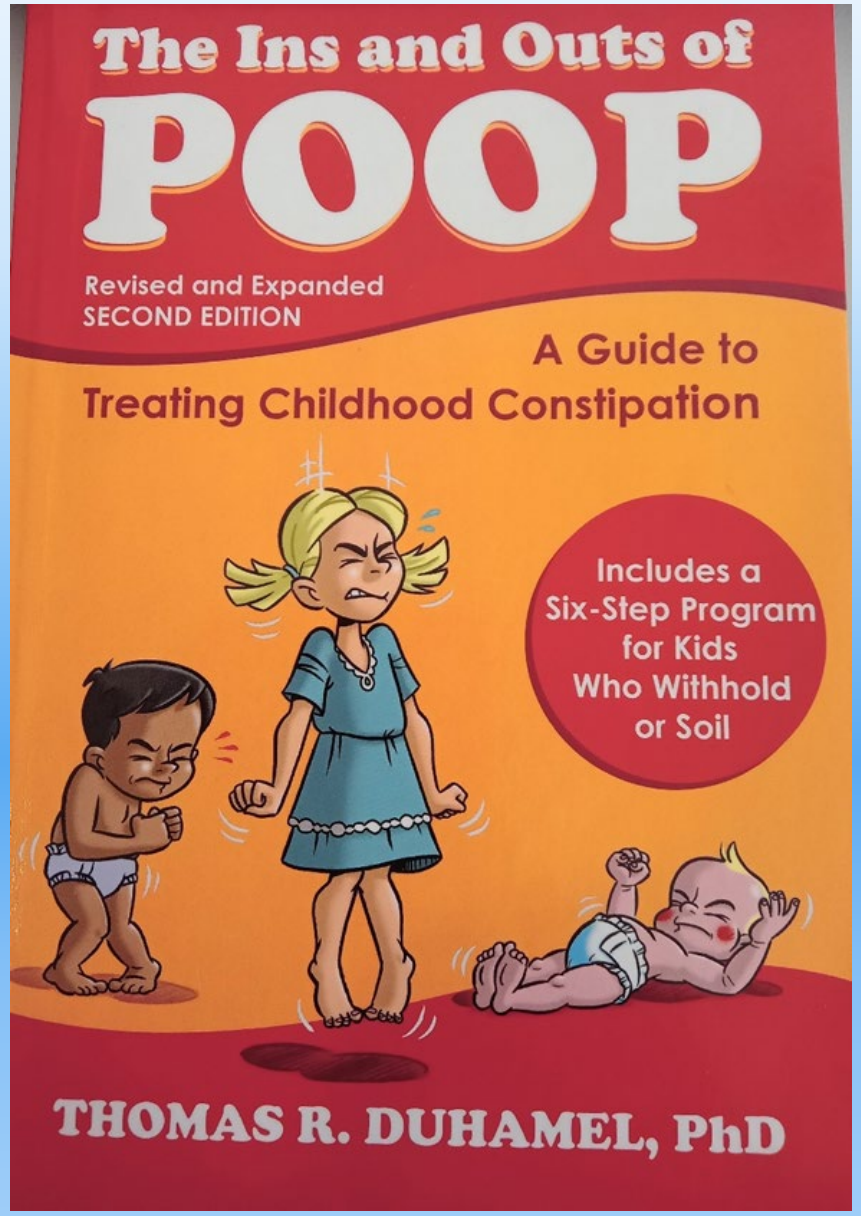
- School applied for High health needs funding to support Julie with her toileting plan

Education and Empower






CHILDREN'S CONTINENCE SERVICE
TOILET TRAINING AND
WITH CONFIDENCE!
you and your child
major milestone of toilet
friendly, specialist team
dualised programmes for
toileting issues.
+ Night time wetting problems
or chronic constipation
shops
tions
ontinence.com


The Ins and Outs of
POOP
Revised and Expanded
SECOND EDITION
A Guide to
Treating Childhood Constipation
Includes a
Six-Step Program
for Kids
Who Withhold
or Soil
THOMAS R. DUHAMEL, PhD

Prevention of Constipation: Managing Julie's High Anxiety and Sensory Needs

- Mindfulness sessions at school
- Children's yoga: Cosmic yoga on You Tube
- Epsom salt baths at night
- Art Therapist
- Paediatric Occupational Therapist

Julie – Six Months later

- Healthy bowel routine with laxatives
- Minimal soiling or wetting
- Focusing better at school
- School toilet plan in place and working well
- Still rushes the whole toileting progress due to sensory fears of the noise and smell in the toilet
- Still needs constant prompting and supervision re toileting and drinking
- Recommended a full sensory assessment from Paediatric OT re issues with interoception.

Julie now 10yrs of age: still a way to go

- Constipation well managed. Continues to have bladder leakage.
- Problems with school having higher expectations re toileting: waiting till break time to go; T/A not supporting her with cleaning after an accident.
- Ongoing problems with interoception and recognising thirst and when needing to go to the toilet.
- Julie working very hard to focus on schoolwork and not leaving enough time to get to the toilet.
- Low self-esteem as embarrassed and upset when other kids tell her she is smelly

Big Kids Pants www.bigkidstrainingpants.co.nz

- Confidence pants for older children that can absorb up to 200mls
- Encopresis Pants

Useful Resources

- NICE Guidelines 2010, updated 2018: Constipation in Children and Young People: Diagnosis and Management
- Cochrane, DJ (2021): Care Planning, Diagnosis and Management in Paediatric Functional Constipation. NZMJ Vol 134, No 1536
- www.Kidshealth.org.nz – Go to C for Constipation
- www.continence.org.nz – NZ bowel and bladder charity
- www.eric.co.uk –bowel and bladder charity for the UK

Online Training

- https://continencenz.thinkific.com/courses/constipation
- All free

Online Training

- https://continencenz.thinkific.com/courses/Disability-DSS

Further Information

Make the Most of the BEST times and the least of the worst.

That’s all from me

- Questions?

CHILDREN'S CONTINENCE SERVICE