Information for Parents About Bowel Management

Dysfunctional Elimination Syndrome
- causes lower abdominal or back discomfort
- increases pelvic pressure from stool accumulation
- increases bladder pressure from compression
- lowers functional bladder capacity
- limits efficiency of bladder emptying
- promotes extreme urinary urgency and frequency
- causes daytime or nocturnal urinary incontinence
- increases risk for urinary infection

12 Week Program
Use Miralax Powder (OTC) or Benefiber Powder (OTC): ELIMINATE EFFICIENTLY
2 or 3 teaspoons once or twice DAILY in juice or milk
(best if shaken or pre-mixed in a screw top beverage bottle)

Timely Elimination with flatus ("tooting"): ELIMINATE EARLIER
Monitor for twice daily soft bowel movements (before school and before bed)
and record progress and symptoms on an elimination calendar
(assign this duty to your child, and review calendar twice weekly)

Use Cranberry or Blueberry Products to change the bacterial flora in the colon,
and to limit risk for urinary infection

Record voided urine volumes while at home to document improvement in Functional Bladder Capacity

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Bowel Management

The bladder and bowel share the same general space in the pelvis. When there is increased pressure and distension of the bowel, the bladder can be severely compressed (the bladder always loses this fight). When full, the bowel can wrap around the body of the bladder much like a blood pressure cuff can be wrapped around your arm.

Dysfunctional elimination (inefficient emptying of the bowel) promotes increased pelvic pressure affecting both the bowel and bladder. Specific bowel symptoms (abdominal distension and discomfort, back pain, frequent flatus) may be present, but most children do not report these to their parents.

Straining to have a bowel movement or bleeding from the rectum are signs you may expect to see if your child is severely constipated.

Parents may also notice extremely large or hard bowel movements requiring a long time for evacuation, but many children have a less obvious presentation, and may even have up to two bowel movements daily (usually small in size). The colon (large intestine) can fill up with so much stool, that only soft of liquid stool can pass through around more solid stool present in the rectum. This situation explains why some children can have loose stools even though they are constipated.

Chronic compression of the bladder causes extreme urinary urgency and frequency with daytime and nighttime urinary incontinence (due to diminished functional bladder capacity), and also contributes to inefficient bladder emptying with elevated bladder storage pressures.

Overall, this pattern is unhealthy and must be improved in order to limit the risk for urinary infection, hematuria, and progressive bladder deterioration.

Many parents are surprised to hear that their child may have this problem. Normal bowel patterns vary for each person, but symptoms from increased bowel pressure deserve to be recognized and treated to improve overall health now, and to prevent problems in the future (hemorrhoids, diverticulitis, rectal prolapse). Symptoms of back, abdominal or perineal discomfort are often present, and are caused by increased pressure.

There are several easy things you can do to improve your child’s bowel habits.

**Relief of bladder symptoms requires both better efficiency and better timing of bowel evacuation.**

The most effective regimen includes giving 2-3 tsp of Miralax or Benefiber **powder** every morning in any noncarbonated beverage (a second dose can be giving with the evening meal if no bowel movement occurred during the day) coordinated with scheduled toilet-sitting **both before school and before bed** to optimize functional bladder capacity when it is needed most (at school and while asleep).

**Efficient bowel emptying every morning also helps prevent progressive packing of the colon during the day** (bowel movements reported at school are usually not effective in emptying the colon due to limited time and privacy available for your child).

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Miralax and Benefiber Instructions
Miralax and Benefiber are stool softeners that increase the frequency and volume of bowel movements by retaining water in the stool. The more Miralax or Benefiber your child takes, the softer their stools will be.
Both contain no bowel stimulants, and therefore are not likely to cause cramps like other laxatives. They are not habit forming, and are not absorbed. They do not prevent absorption of nutrients, and can be used for as long as necessary. They are tasteless and dissolve well in most liquids (best if mixed in a bottle with a lid to allow shaking of the combination).
**Both work best in powder form because the fluid you mix it in is needed to be effective within the colon.**
The Miralax cap is used to measure the powder. The line marked 17 grams is equivalent to 1 capful or 1 tablespoon.

Treatment Goal
Bowel management should result in at least one soft bowel movement daily.
Increase the dose by \(\frac{1}{2}\) the initial dose if your child is not having one soft bowel movement a day, or decrease the dose by \(\frac{1}{2}\) the initial dose if the stools are loose (diarrhea consistency). Provide an extra dose in the evening whenever necessary.

Miralax and Benefiber do not take effect immediately. It may take several days for your child to have a bowel movement if their bowel is very distended.
**Do not stop the medication without discussing it with the doctor or nurse practitioner.**
Our goal is for your child to have the best possible function of their urinary system. Healthy bowel habits are an important part of that. Following this bowel regimen should improve your child’s urinary symptoms. Monitoring their progress with a calendar (completed by your child) is the best way to promote continued interest in achieving a healthy pattern. Record the timing and frequency of bowel movements and any urinary symptoms that occur. You can make this process enjoyable by setting goals and providing rewards. Once your child has established healthy bowel habits, the stool softener (Miralax or Benefiber) can be discontinued.
**Restart the regimen if symptoms return or if bowel movements become problematic.**

North Texas Pediatric Urology Associates

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