

Child health information factsheet

Advice to parents of children with anal fissure and rectal prolapse

In this leaflet some medical terms will be used. These are described here to help you understand.

Faeces - poo, motion, stool, number two

Defaecation - doing a poo, doing a number two, passing a motion, opening your bowel

Rectum - the very end of the gut where faeces are stored before they come out

Soiling - leaking of faeces producing a "skidmark" or a more major "accident"

Anus - hole where the faeces comes out.

Children who are found to have an anal fissure or a rectal prolapse are often constipated, so their treatment is the same.

Constipation is where your child does not defaecate enough so the bowel is full of faeces and overstretched. The faeces may be hard and your child may have problems knowing when to go to the toilet if the lower bowel is always full, resulting in soiling.

Anal fissure

Anal fissures are a common problem in toddlers and pre-school children. They are caused by the passing of hard faeces which tear the delicate anal lining. Defaecation becomes very painful. Your child may scream when doing a poo and have bright red blood on the faeces and toilet paper.

A cycle develops



To break this cycle, it is important to make the faeces soft with Lactulose, and ensure regular defaecation with Senakot.

Regular, soft faeces help with the healing of the fissure. Even when the fissure is healed, the memory of the pain stays with the child and they may be fearful of defaecation, so it is very important to continue the Lactulose and Senakot after any bleeding has stopped and the fissure is healed.

Rectal prolapse

This is when the inner lining of the rectum can be seen hanging out of the anus. It is dark red, slimy and may bleed.

Most parents are terrified when they see this for the first time. Their child is crying and has usually been straining to pass hard faeces.

The child may feel that there are more faeces to pass, and keep straining, but the feeling is caused by the prolapse itself.

The child should be laid down on their front, and often the prolapse will go back by itself within a few minutes. If necessary, push it back with a wet wipe rather than tissues.

Encouraging your child to pant during defaecation may help.

Sometimes the prolapse can be persistent and need injection treatment, as is done in adults for piles. Your child will need to come in to hospital for the day and will need a general anaesthetic (medicine given to make you go to sleep) for this procedure.

Aim of treatment for anal fissure and rectal prolapse

The aim of treatment is to make sure your child regularly passes soft faeces, with minimal straining. This can be achieved with the use of Lactulose and Senakot, adequate fluid intake and a balanced nutritional diet.

Lactulose

Lactulose needs to be given two to three times a day with meals. It is a non-digestible sugar which draws water into the large bowel making your child's faeces large and soft, similar to what a high fibre and bran diet does. However, it does not necessarily make your child defaecate.

Complications of Lactulose

It is very sweet, so extra care should be taken with cleaning your child's teeth after every dose.

Too much Lactulose produces runny faeces.

Senakot

Senakot is made from senna pods and the active ingredient is similar to the one in prunes and figs, which most children will not eat.

Senakot works differently to Lactulose. It stimulates the passage of faeces about six to ten hours after your child takes it. It makes the bowel contract, pushing the faeces along, and so makes your child defaecate.

If the Senakot is given at night then usually nothing happens while your child is asleep and hopefully your child will defaecate after breakfast.

Alternatively, in school children, the Senakot can be given in the morning and your child should be encouraged to defaecate after school.

Complications of Senakot

Your child may have stomach cramps (colic) caused by the bowel contracting and pushing the faeces along. Constipation may also cause stomach cramps.

Too much Senakot will produce runny faeces.

Dosage

The treatment of constipation with foods like Lactulose and Senakot is very different from the treatment of other illnesses with drugs such as antibiotics.

Every child needs a different dose of Lactulose and Senakot.

The correct dose for your child is the one that will consistently produce large soft faeces, hopefully daily, after breakfast or after school. It may take a few days or weeks to find the right dose for your child.

Very often parents give too much while trying to get the correct dose. This does not matter, you just need to reduce the dose a little to get it right.

Length of treatment

As the treatment is with foods and not drugs, there are no risks involved.

When you have worked out the correct dose of Lactulose and Senakot, it is important to continue treatment for at least one month after the symptoms have gone, to allow the bowel to settle into its new rhythm.

It can then be reduced very slowly, by 2.5ml (half a teaspoon) per week. If the problems return then go back up to the original dose.

If your child has had problems with their bowels for six months, it may well take that long to sort them out completely. Some children may need to take the Lactulose and Senakot for longer than this.

As the bowel shrinks back to its normal size, it will function more efficiently, reducing the need for the Lactulose and Senakot.

The worst thing that you can do is to get the correct dose of Lactulose and Senakot, say to yourself "Hooray", and then stop them suddenly. Everything will go back to the original constipated state.

If your child starts eating lots of fruit, vegetables, cereals, and plenty of fluids and they show improvements, it may be possible to reduce the Lactulose separately from the Senakot.

Summary

- Lactulose and Senakot are foods not medicines
- Increase the Lactulose to make the motions softer
- Increase the Senakot to make sure that your child defaecates regularly
- Brush your child's teeth after giving Lactulose to prevent tooth decay
- The correct dose is when your child produces regular soft faeces
- Keep giving the correct dose for a while before slowly reducing it
- Keep a watchful eye on your child's faeces to make sure that the problem does not return.

If you have any questions or concerns please contact

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