

Instruction leaflet for children and young people requiring bowel clear out for faecal impaction (disimpaction regime)

What is faecal impaction?

Faecal impaction is a large lump of dry, hard stool that stays stuck in the lower bowel or rectum. It is most often seen in children and young people who are constipated for a long time.

What is constipation?

Constipation is difficulty passing stool or the infrequent passing of stool. Normal bowel habits vary between individuals. Three bowel movements per day to three per week is considered

to be the normal frequency range. The Bristol Stool Chart (below) is a handy tool to guide you on what to aim for. Ideally, your stool should be approximately Types 4 and 5, "like a

sausage or a snake, smooth and soft" to "soft blobs that pass easily".

What is disimpaction ?

The aim of disimpaction is to clear the bowel of impacted faeces. Clear out is achieved by increasing the dose of Macrogol 3350 by two sachets each or every other day for up to six days according to the response. The dose will have been prescribed according to the child's age.

What is a Macrogol 3350 medicine?

A Macrogol 3350 is a type of laxative (brand names Movicol, CosmoCol, Laxido, Molaxole, Macilax) which softens the stool by increasing the amount of water in the large bowel by retaining the fluid it is mixed with. A Macrogol 3350 is an effective and gentle means of clearing the stool from the bowel in faecal impaction. They can also be used in long-term management of constipation.

What is likely to happen during disimpaction?

Faecal incontinence (soiling) is likely to get worse at the onset of treatment i.e. there is likely to be a mixture of very hard and very loose stools during disimpaction. However, once disimpaction is complete faecal incontinence should resolve quickly.

How will I know disimpaction is complete?

Once the child has passed faecal masses (hard lumps) and passed watery stools that are less offensive smelling for 1-2 days it is likely disimpaction is complete. You should now reduce the amount of Macrogol 3350 to the advised maintenance dose.








What if my child is still soiling?

If still soiling, this suggests disimpaction is not complete. If not improved significantly you and your child may need more support and should be reviewed by a health professional. You

may need to continue with a higher dose i.e. eight to twelve sachets a day for a few more days. For any concerns or queries or if you are concerned your child is not responding to treatment contact the prescriber (Paediatrician/GP/Health Visitor/School Nurse).

Patient Name.....DOB.....
 Prescriber Contact Details.....
 Review Plan.....

Disimpaction regime

Bristol Stool Chart		Number of Sachets
Type 1	 Separate hard lumps, like nuts (hard to pass)	
Type 2	 Sausage-shaped but lumpy	
Type 3	 Like a sausage but with cracks on the surface	
Type 4	 Like a sausage or snake, smooth and soft	
Type 5	 Soft blobs with clear-cut edges	
Type 6	 Fluffy pieces with ragged edges, a mushy stool	
Type 7	 Watery, no solid pieces. Entirely Liquid	
		Day 1
		Day 2
		Day 3
		Day 4
		Day 5
		Day 6
		Day seven onwards: Reduce to a maintenance dose of sachets if no evidence of retained stool (i.e. offensive smell). The aim is to increase and decrease the daily maintenance dose in order to achieve a type 4 stool and regular bowel movement.
		If you have passed a good amount of hard faecal matter and your stools have run watery loose for 2 days before you reach day six you can move on to the maintenance dose.
		You can divide the number of sachets up throughout the day or you can take them all at once. You must add the recommended amount of water (63mls.) for EACH sachet.

Maintenance Treatment

It is likely that your child will need to continue to take a Macrogol 3350 for some time in order to manage their constipation and prevent further faecal

impaction. The usual dose is between 1-3 or 4 sachets daily to achieve a type 4 stool and

regular bowel movements. If the stool becomes watery loose then reduce the daily maintenance dose. However, soiling can also indicate inadequate dose. If soiling recurs you should make contact with a health professional for advice.

