

Children with Loose Stool and Diarrhea

Children with [diarrhea](#) have an overactive colon and most of the time they do not have a reservoir. This means that even when an enema cleans their colon rather easily, the stool passes fairly quickly from the cecum to the descending colon and the anus. To prevent this, a constipating diet and/or medications to slow down the colon (such as Loperamide) is recommended. Eliminating foods that further loosen bowel movements will help the colon to move slowly.

Parents are provided with a list of constipating type of foods to be promoted and a list of laxative foods to be avoided. The diet is very rigid: banana, apple, baked bread, white pasta with no sauce, boiled meat etc. No fried foods or dairy products. Most parents know which meals provoke diarrhea and which constipate their child. To determine the right combination, the treatment starts with enemas, a very strict diet, and a high dose of loperamide (Immodium). Most children respond to this aggressive management within 24 hours. The child should remain on a strict diet until clean for 24 hours for two to three days in a row.

Then the child can choose one new food every two to three days observing the effect on his / her colonic activity. If the child soils after eating a newly introduced food, eliminate that food from the diet on a permanent basis. However, find the most liberal diet possible for the child. If the child continues to be clean with a liberal diet, gradually the dose of the medication is reduced to the lowest dose effective to keep the child clean for 24 hours.

Again, this is found by trial and error. This strict diet does not need to last forever. After about two months in which the child has remained clean on a daily basis, he / she may have one of their "black list" foods that they have been craving. If the child soils after eating that food, the children know they must stay away from it. They must only introduce one new food a week and observe the bowel movement pattern.

Failure

If incontinence appears again it means that something has changed in the child's habit and a meticulous evaluation is needed.

The first thing to question is whether the enemas are still effective. The questions are "is my child emptying himself / herself properly?" "is she / he emptying the colon less successfully than before?"



To understand this, it is necessary to have an x-ray of the abdomen taken and analyze the quantity of stool present in the colon.

If the x-ray shows a large amount of stool in the colon after the enema, it means that the enema needs to be adjusted (increase volume and/or concentration) to the new needs of the child and after a week of trial and error in which a daily x-ray is taken in order to understand if the child is clean.

On the other hand, if the plain radiograph shows a clean colon the "accidents" had to be due to increased motility and therefore it is necessary to introduce some medications to slow the colon as described previously, as well as to observe a more strict diet.

An important issue is to evaluate the consistency of the stool: feces which remain in the colon for a long time becomes harder and stickier, therefore it is necessary to carefully evaluate both the stool quantity and consistency.

The change of a child's habits plays an important role: changes in the diet, on certain occasion like birthdays, holidays etc. may have repercussions especially on children with hypermotility. In the same way, other factors can play a role on the bowel function (moving from one's house, divorces, changes of school, etc.).

In some adolescents the circumstances are predictable in which changes may influence the bowel function, such as exams, school stress, etc. In this case it is possible to give the child the day before an exam a medication such as Immodium to slow down his / her bowel motility.

Contact the Colorectal Center at Cincinnati Children's

For more information or to request an appointment for the Colorectal Center at Cincinnati Children's Hospital Medical Center, please [contact us](#).