GP Update Series - Paediatrics

Understanding childhood constipation.

Dr JO MENAKAYA
Moor Park Paediatric Practice

Effective MDT approach to managing childhood constipation.

Dr J. O. Menakaya
Consultant Paediatrician
Hillingdon Hospital Middlesex

Objectives.

- The challenge of complex constipation and encopresis in childhood.
- Developing an effective MDT (PURA) approach to childhood constipation
- Practical considerations for Trans Anal Irrigation in children.
- Outcomes for constipated children and their families.
- Next steps……

Context.

- Gastro intestinal symptoms make up 1 in 3 GP paediatric consultations.
- 10-15% of referrals to secondary care. (IPCC Hillingdon)
- 900,000 children suffer constipation in the UK. (ERIC)

Case History

- 3 year old girl
- Poor feeding behaviour
- Recent history of diarrhoea
- Reduced frequency passing stool
- Rectal prolapse once.
- Blood in stools.

Constipation

- Common.
- 5-30% of children
- 10% of hospital referrals

www.moorparkpaediatrics.com
Tel: 07488773707

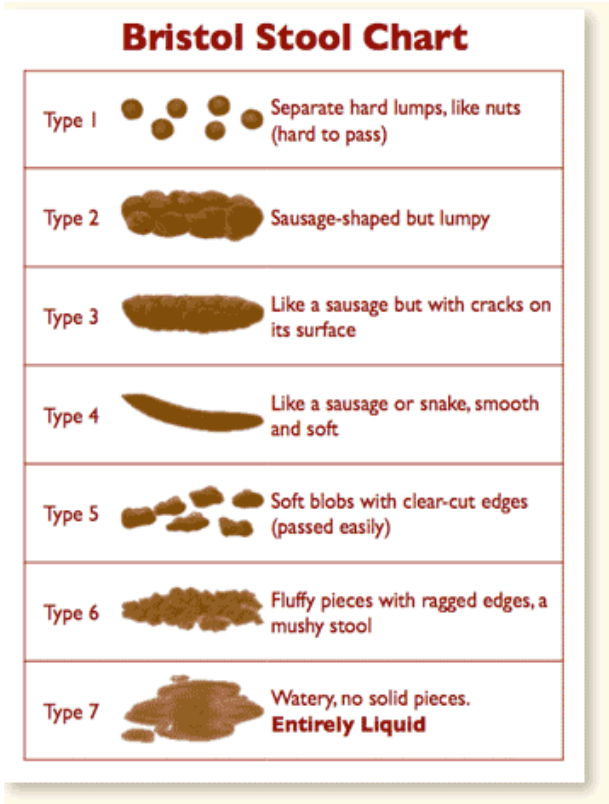
Definition of constipation.

- A period of 8 weeks with at least 2 of the following symptoms:

- Defecation frequency less than 3 times per week.
- Painful passage of large hard stools.
- Palpable abdominal or rectal faecal mass.

Assessment.

- Cleveland Score
- St Mark's Score
- Bristol Stool Chart
- **CoSBoM** Formula.



www.moorparkpaediatrics.com
Tel: 07488773707

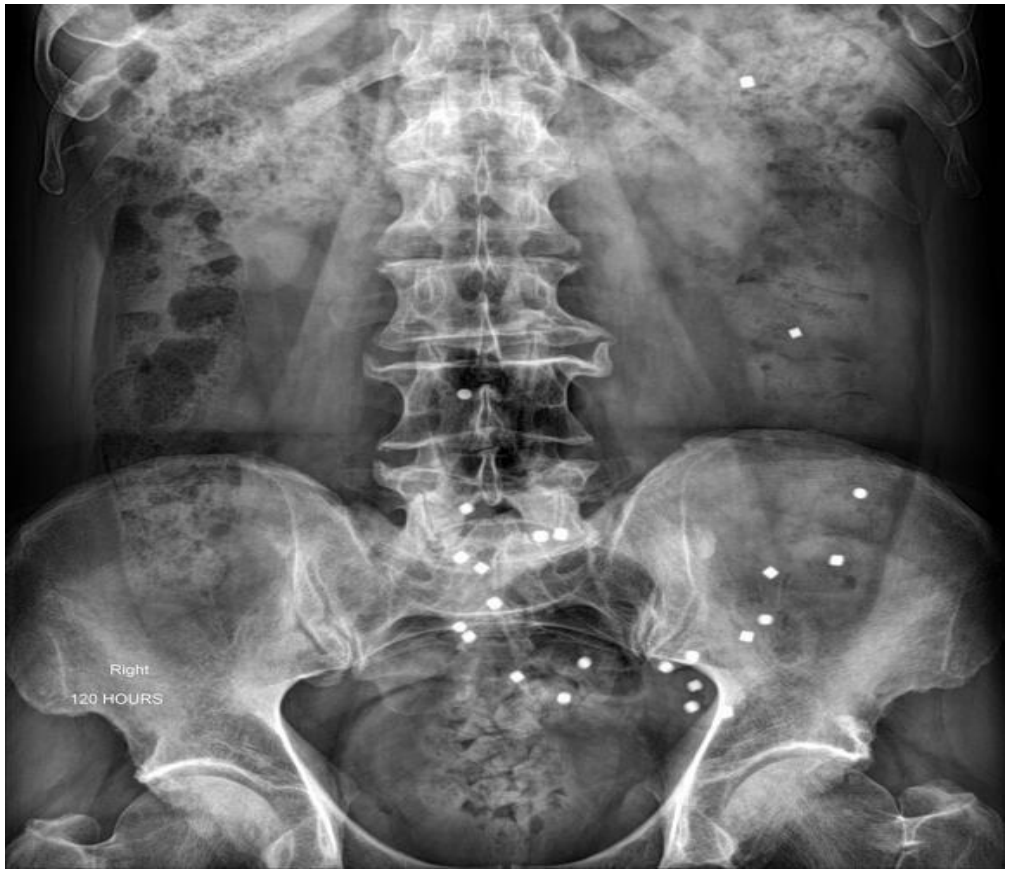
Examination.

- General physical examination - Scores
- Abdominal examination –
- Inspection of anal verge
- Examination of the Spine
- Neuromuscular examination.
- Digital rectal examination??.

Routine Investigation(s)

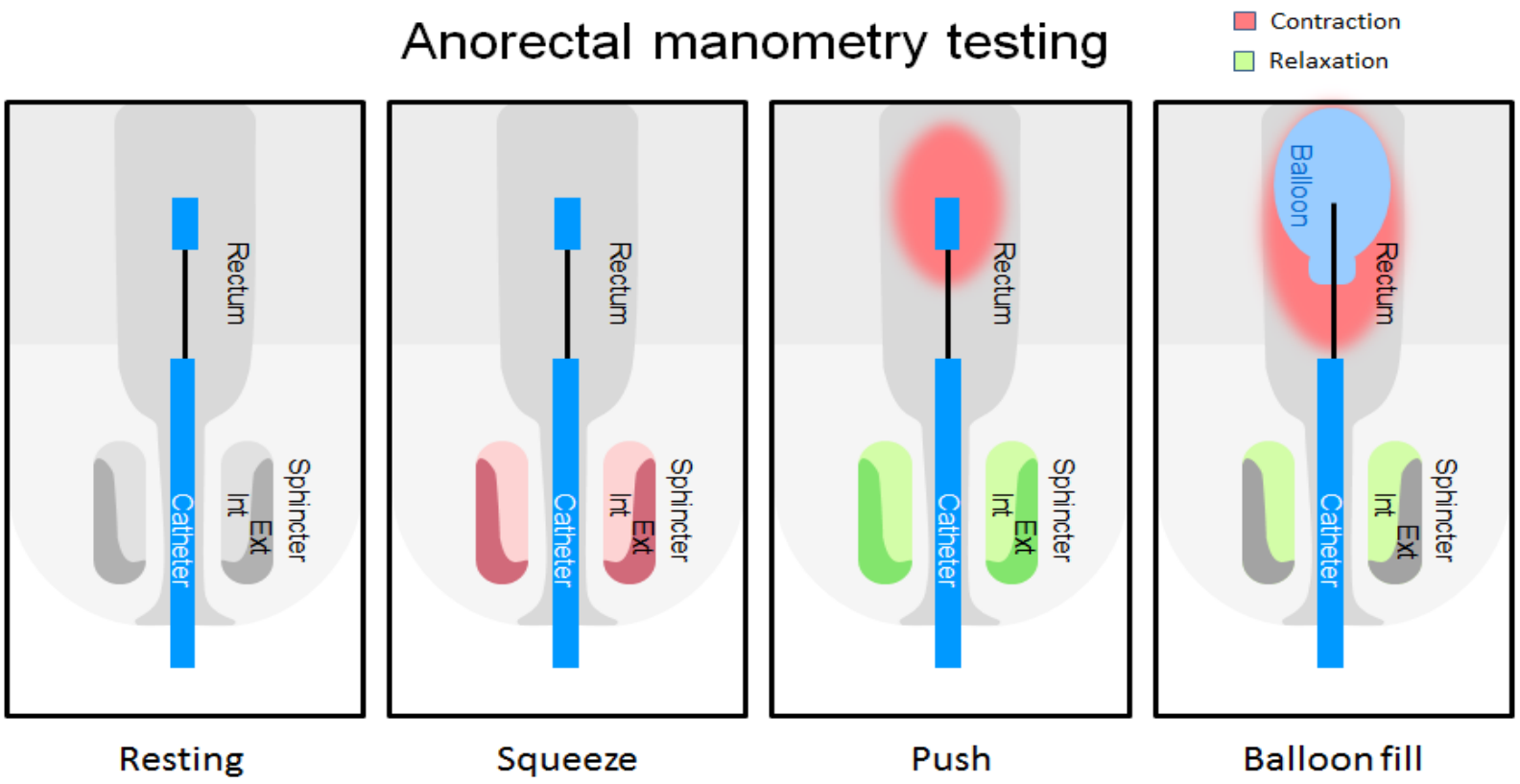
- Full Blood Count
- Ferritin
- Tissue transglutaminase
- Thyroid Function Test

Colonic Transit Marker study



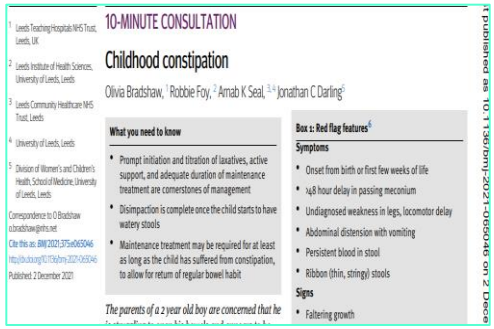
www.moorparkpaediatrics.com
Tel: 07488773707

Ano Rectal Manometry



www.moorparkpaediatrics.com
Tel: 07488773707

Standard Approach – NICE guidelines



10-MINUTE CONSULTATION

Childhood constipation

Olivia Bradshaw,[1] Robbie Foy,[2] Arnab K Seal,[3,4] Jonathan C Darling[5]

What you need to know

- Prompt initiation and titration of laxatives, active support, and adequate duration of maintenance treatment are cornerstones of management
- Disimpaction is complete once the child starts to have watery stools
- Maintenance treatment may be required for at least as long as the child has suffered from constipation, to allow for return of regular bowel habit

Box 1: Red flag features[6]

Symptoms

- Onset from birth or first few weeks of life
- >48 hour delay in passing meconium
- Undiagnosed weakness in legs, locomotor delay
- Abdominal distension with vomiting
- Persistent blood in stool
- Ribbon (thin, stringy) stools

Signs

- Faltering growth

The parents of a 2 year old boy are concerned that he

Dis impact.

Maintenance.

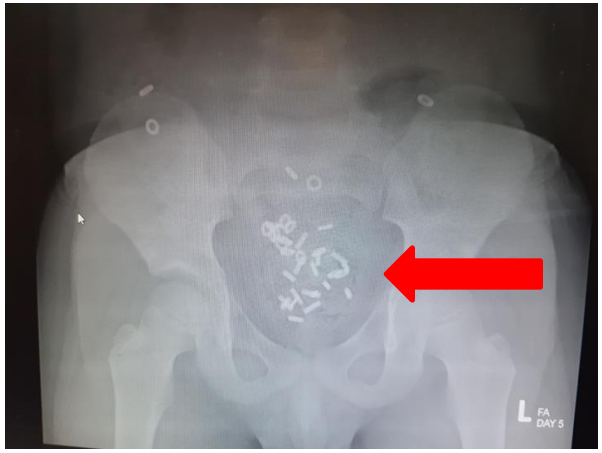
Fibre in Diet.

Fluid intake.

Exercise.

Complex constipation - Functional

- Evolving maturity – control over bodily function
- Dependence on an external care giver.
- Ambivalence about diet and fluids.
- Long periods away from home.
- Disrupted routines across care settings.
- Inconsistent advice from healthcare professionals.
- Improvement relies on addressing all these challenges simultaneously.



Visualising constipation.

Cleveland Scores.

St Marks Scores.

Frequency of defaecation.

The PURA Way - how we change constipation care.

1. Bespoke and highly customisable data driven care.
2. More data points - more insights.
3. Visual Displays of data – population / patient.

The PURA Clinical Project.

- Weekly online sessions with parents/carers: (1-6parents)
- Weekly Community MDT clinics: 300 - 350 appointments.
- Hospital and home delivered nurse led interventions.
- Partnerships with schools.
- Physiotherapy interventions.
- Dietetic interventions.
- Psychology interventions.
- Social care liaisons.
- Safeguarding MDT reviews.

- 40 different interventions.

The PURA Centre: Data-driven Tailored Patient Care.

Synchronised 1º care MDT support.

- Paediatrician - Assessment, tests, medication, decision making.
- Nurse – Support, treatment, liaison, safeguarding.
- Dietician – Dietary advice, dietary choices, information.
- Psychologist – Motivation, Empowerment, Support.
- Physiotherapist – Abdominal & pelvic floor exercises.
- Teachers – Toileting routines, support in school settings.
- Social Worker – All round family support, mentorship.

The PURA Service

~~Rapid/ Frequent Reviews.~~

Dis Impaction.

Physiotherapy Referrals.

Discussion with Schools.

Nursing Support.

Admission to Paediatric Day care.

School support/calls.

Referral to CAPS service.

Social Care referrals.

Psychosocial meetings.

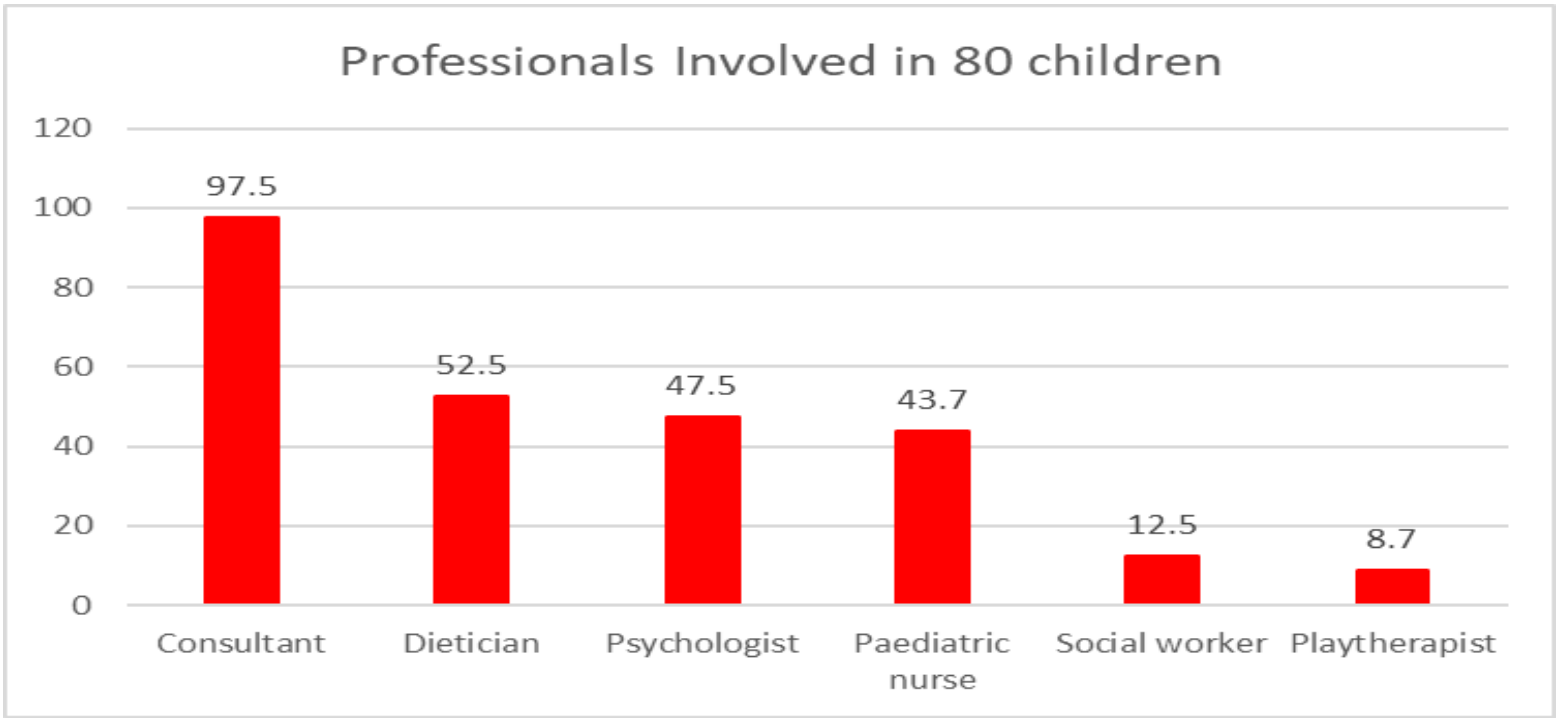
Peer Group Support.

High Volume Trans Anal Irrigation

Low Volume Trans Anal Irrigation.
New Referrals.

And more….

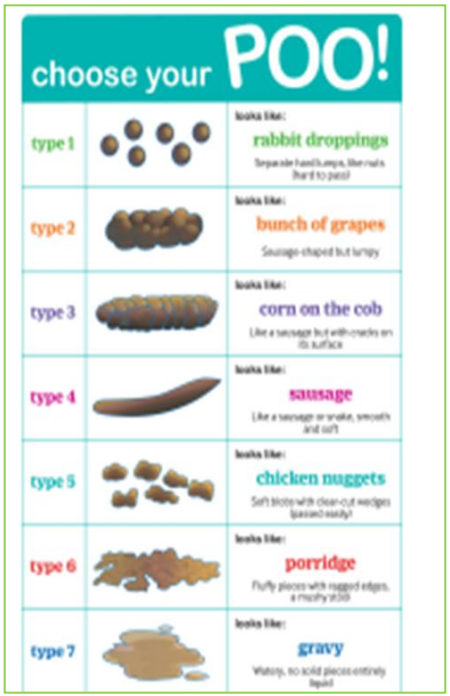
MDT approach: 80% had >1 professional.



Medications.

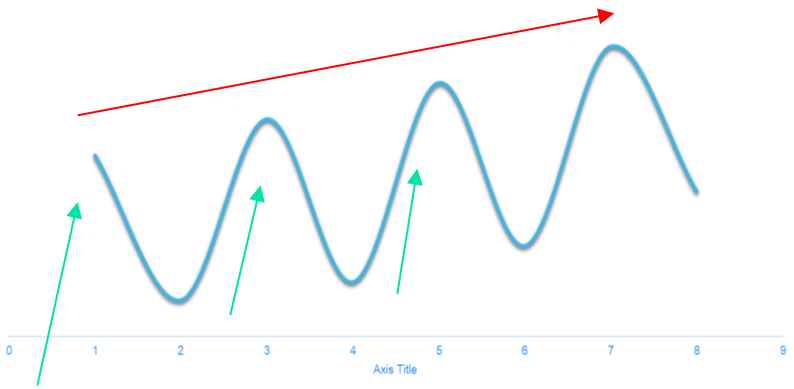
- Macrogols.
- Sodium Picosulphate.
- Senna.
- Sodium Docusate.
- Phosphate Enema.
- Microlax Enema.
- **Trans Anal Irrigation.**

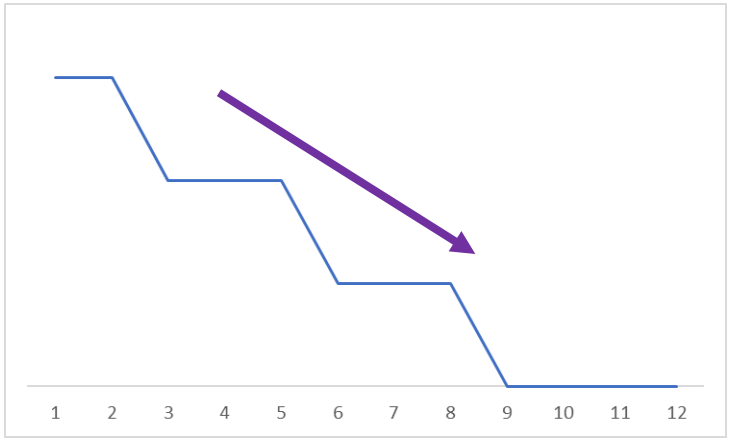
The PURA Formula.



7/7 : 4-5 x 28

Usual Approach Vs PURA MDT Approach

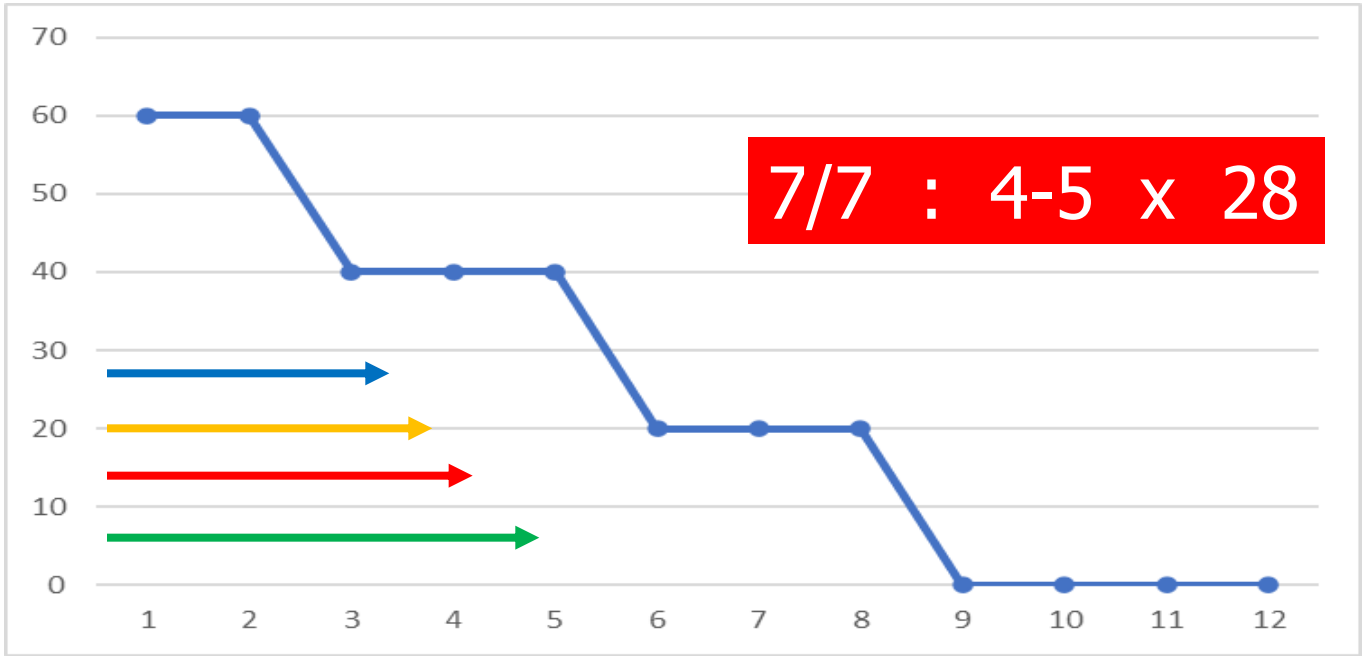




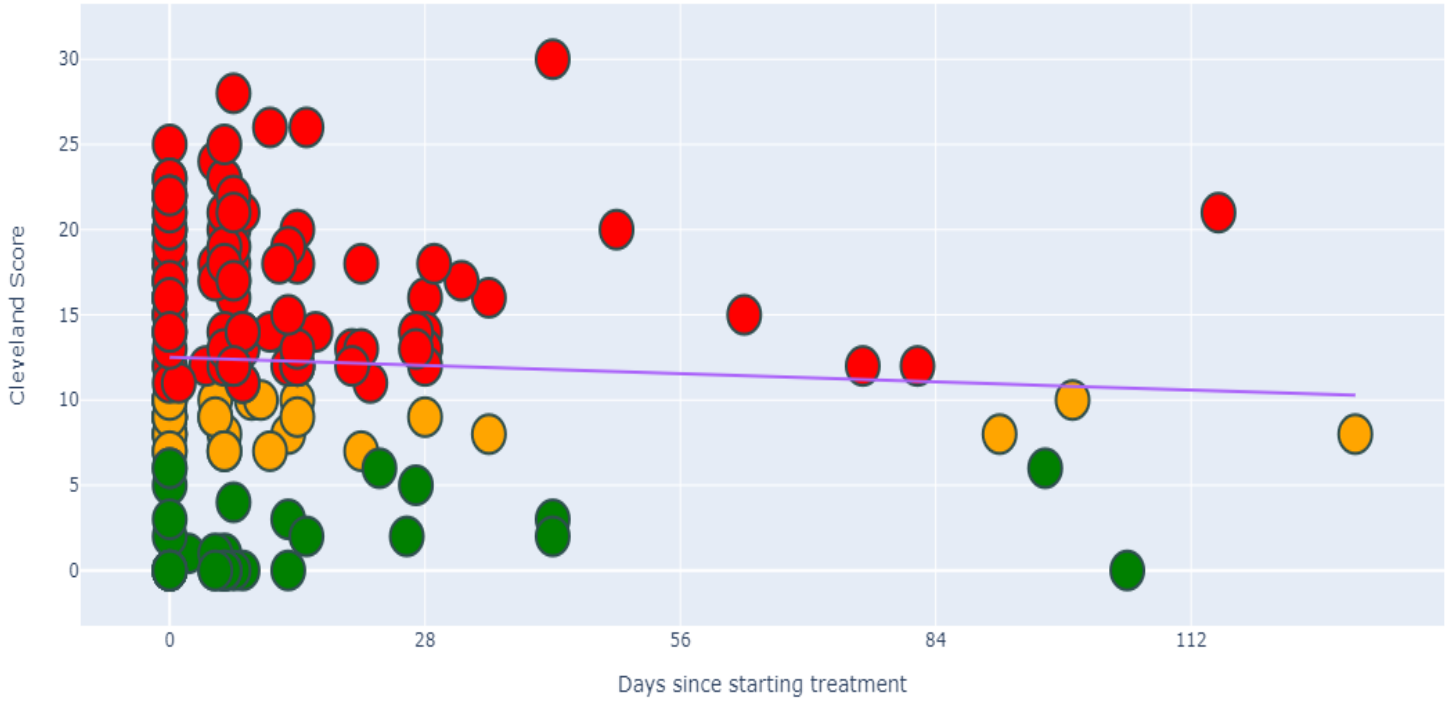
Worsening symptoms

Improving symptoms

MDT Based Approach



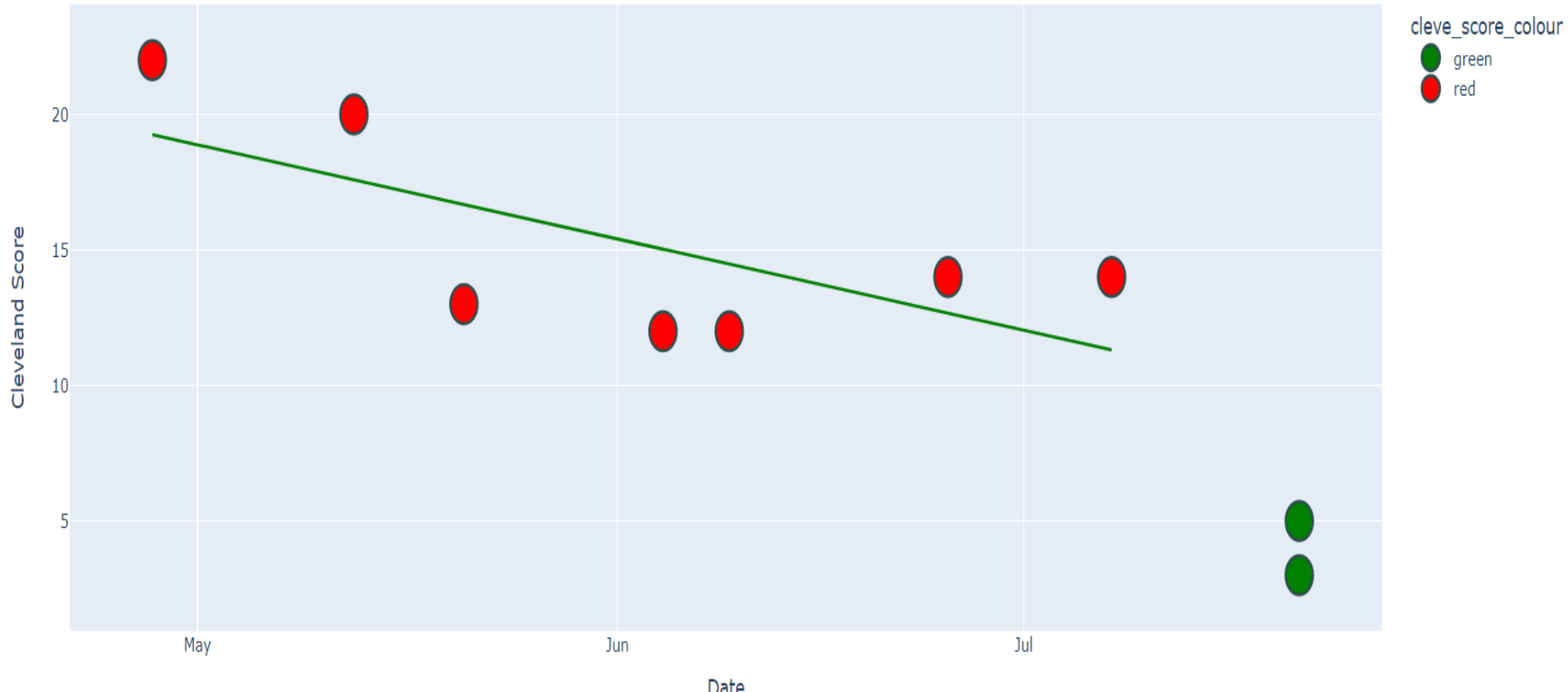
Impact of PURA Pathway



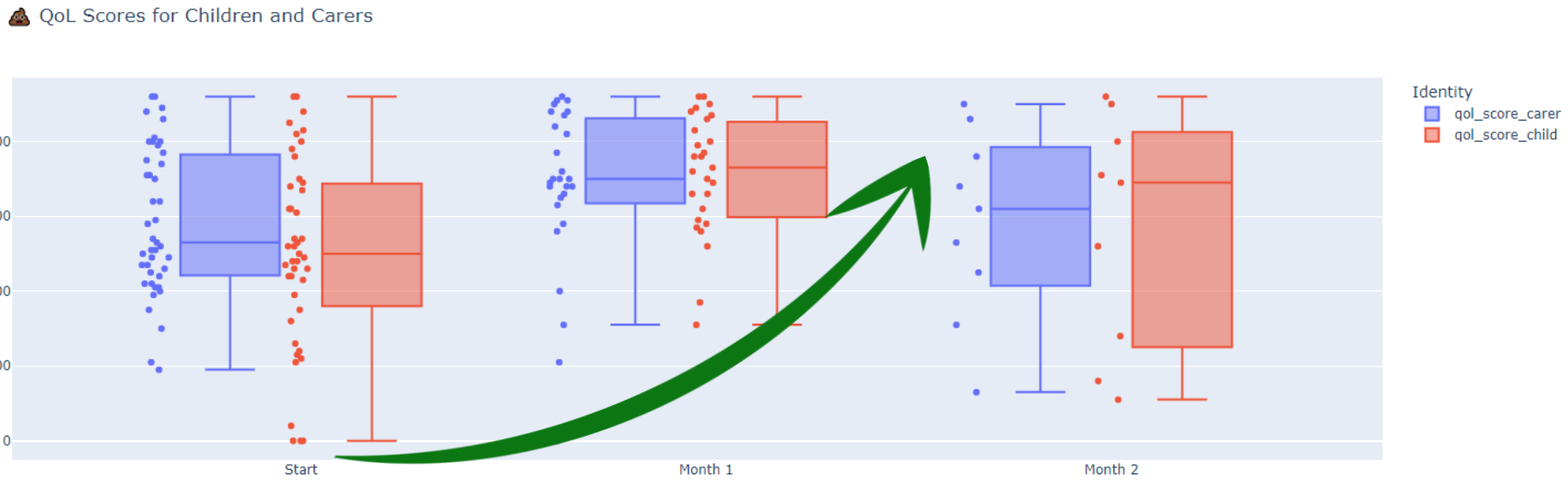
www.moorparkpaediatrics.com
Tel: 07488773707

Caring - The PURA Way

Cleveland Score for QIP21



Quality of Life Scores



A Child's Journey.

April 2021 CSBM 1/7 : 5 x7/28
Cleveland Score 15 (8)
St Marks Score 15 (5)

July 2021 CSBM 3/7: 4 x7/28
Cleveland Score 11 (8)
St Marks Score 6 (5)

'She wanted me to show you this photo of her at her infant school graduation assembly this morning' ***Mrs J***

Paediatrician.
Paediatric Nurse.
Psychologist.
Dietician.
Physiotherapist.
School Teacher.
School Welfare Officer.
Social Worker.
General Practitioner.
Parents and Family.

Consultant led community based multi-disciplinary clinic results in rapid clinical improvement in children with intractable constipation and faecal incontinence.

JO Menakaya[1] C Giles[1] S Ross[1] A Chandran[2]

[1]Department of Paediatrics, Hillingdon Hospital, Middlesex, UK. [2]Imperial College London.

Imperial College

NHS The Hillingdon Hospitals NHS Foundation Trust

BACKGROUND: Chronic constipation and faecal incontinence has a significant adverse impact on the a child and family's physical emotional social wellbeing and quality of life. We sought to evaluate the impact of a consultant delivered community based multi disciplinary weekly clinic on clinical outcomes and quality of life for referred children and their carers.

Fig1: Simultaneously delivered MDT model for constipation care.

METHODS: We analysed demographic and clinical data of children referred to a weekly community based consultant led dedicated Multi-Disciplinary Clinic for constipated children. We reviewed the models of treatment offered to the children and professionals involved in their care. We analysed the data on quality of life scores completed by children and their carers in an online customised secure database Qualtrics XM. We used descriptive analysis to evaluate the data.

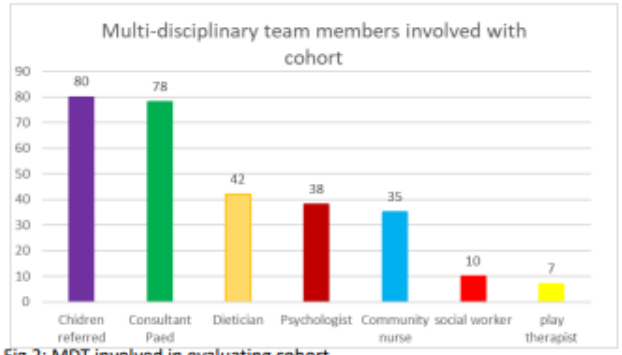


Fig 2: MDT involved in evaluating cohort.

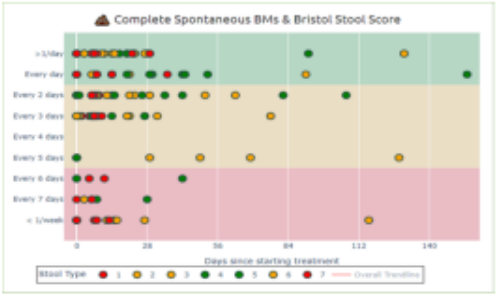


Fig 3: Self reported progress on clinical scores

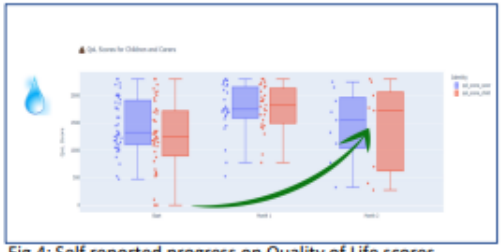


Fig 4: Self reported progress on Quality of Life scores.

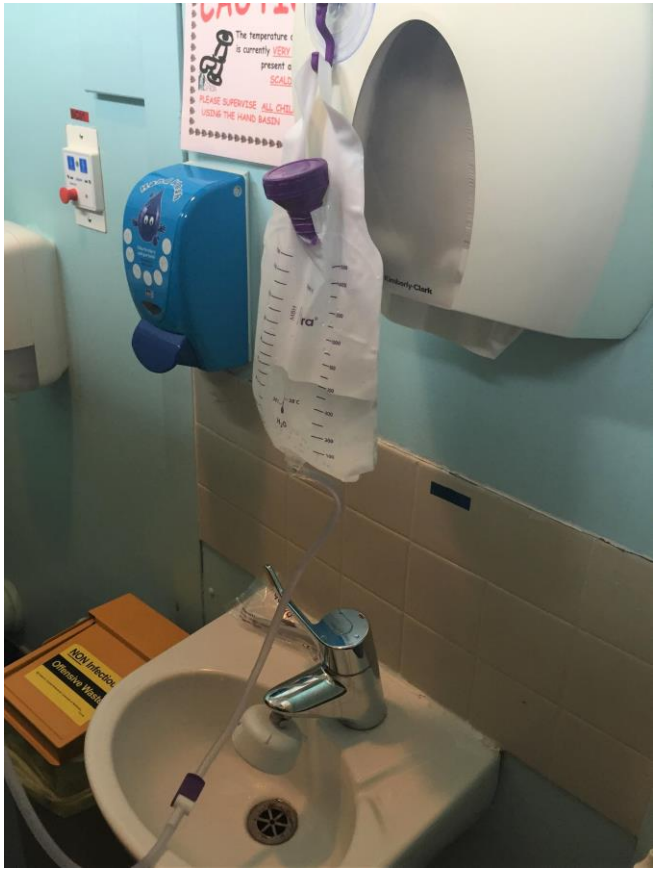
Treatment Intent Formula: 7/7: 4-5 x 28

CONCLUSION: A weekly consultant delivered community based multi-disciplinary clinic service improved clinical outcomes and quality of life scores for children with severe constipation and faecal incontinence by 8 weeks of enrolment into programme

The Confederation

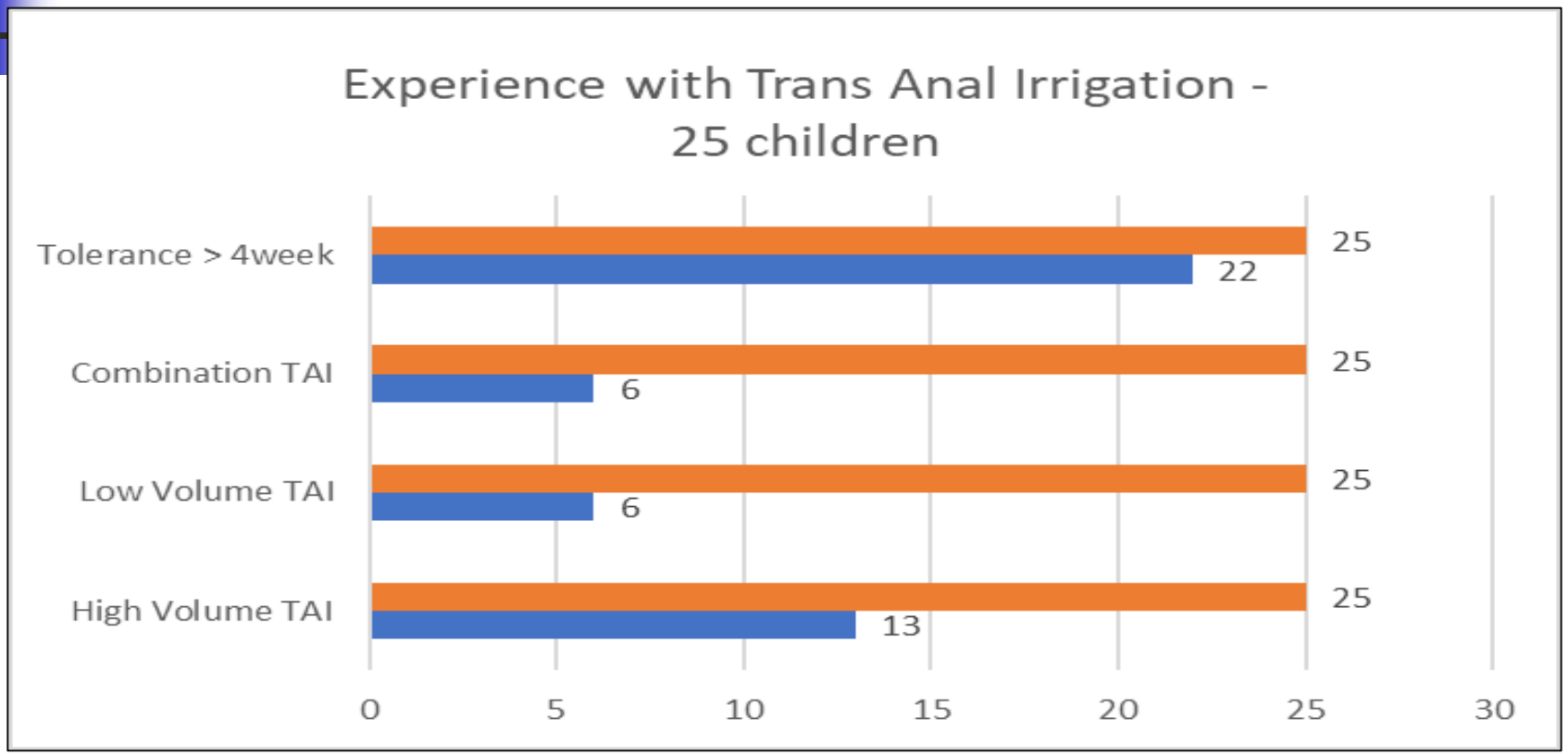
MacGregor Healthcare Ltd

Trans-anal irrigation.



Step 2. Select Equipment/ Demonstration

- Low Flow Trans Anal Irrigation.
- High Flow Trans Anal Irrigation.


Experience with Trans Anal Irrigation - 25 children
Tolerance > 4week
22
25
Combination TAI
6
25
Low Volume TAI
6
25
High Volume TAI
13
25
0
5
10
15
20
25
30

Selecting your Patient.

Choose your patient.

Wisely

TRAINING AND MONITORING

Ward or Community Based training.

Team Work (Community and Ward).

Phone Calls.

Clinics.

Acknowledgements

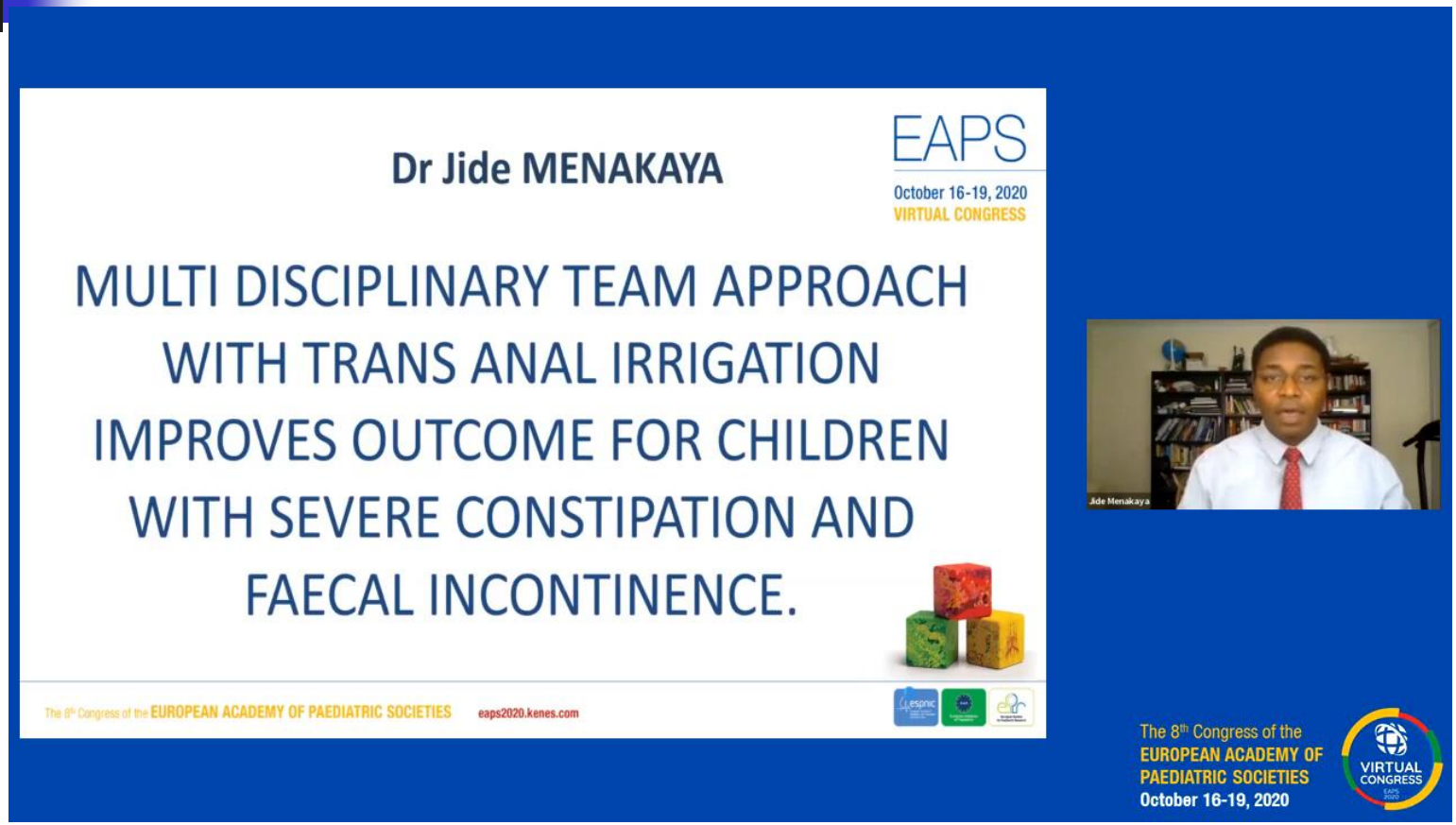
- The children, their parents and their families.
- The MDT team
- The Hillingdon Hospital NHS Foundation Trust
- The Hillingdon GP Confederation
- The Hillingdon NWL Commissioning Group
- The Warren Medical Centre
- Dr Anchit Chandran.
- Dr Delair Khider.
- McGregor Healthcare UK.

Summary.

1. Primary care based MDT model for childhood constipation is effective.

- 2. Overview of a unique s approach to constipation
- 3. Adoption of a simple outcome- based care formular – The PURA Score.
- 4. Commissioning a pioneering primary care MDT model for constipation.

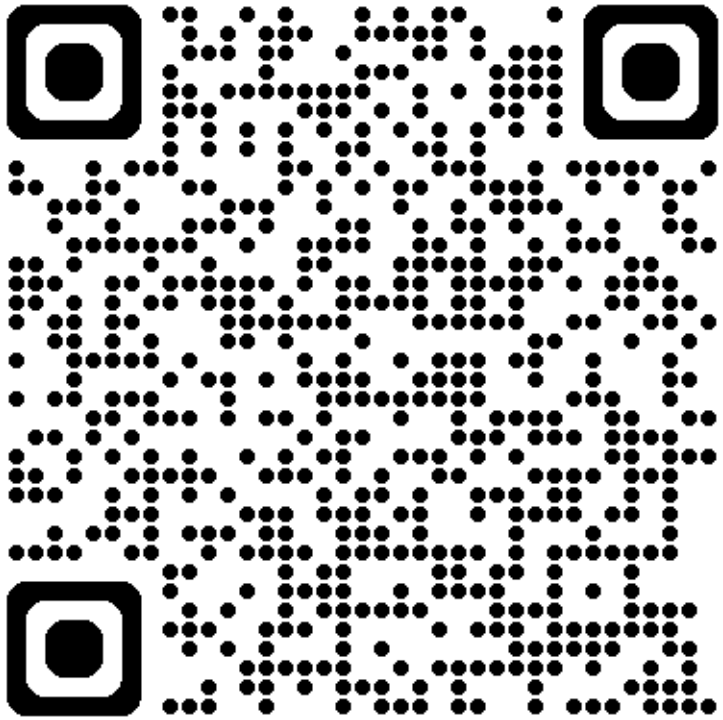
MDT – The PURA Centre



www.moorparkpaediatrics.com
Tel: 07488773707

Feedback – with QR code

Your feedback will ensure I continue to provide high quality learning events for all colleagues.



www.moorparkpaediatrics.com
Tel: 07488773707

Thank you

MOOR PARK PAEDIATRIC PRACTICE
LONDON

www.moorparkpaediatrics.com