

**CENTER FOR DISABILITIES AND DEVELOPMENT***Nationally designated as Iowa's University Center for Excellence on Disabilities*

# CenterLines

**FRONT AND CENTER WITH USEFUL NEWS FOR FAMILIES!**

## When the going gets tough *Constipation, encopresis, and your child*

Constipation and encopresis are common problems in childhood. If your child complains of stomachache, never seems to be hungry, or is often crabby, constipation may be the culprit. Put simply, constipation means a child is not having bowel movements often enough.

Stomach-ache  
+ Poor appetite  
+ Crabiness

May = constipation!

How much is "enough"? Most children should have a bowel movement every day, or at least three times a week. This is important for keeping the child's colon functioning like it should.

A bowel movement that is very hard or that hurts is a sign of constipation. When it hurts to go to the bathroom, a child may try to have fewer bowel movements. Though it looks as though he is trying to go to the bathroom, he may actually be squeezing hard not to go, so it won't hurt. Over time, stools get bigger and harder. This makes it hurt even more when the child finally does go to the bathroom. Now he will be even less willing to have another bowel movement. And so the problem keeps getting worse.

### Encopresis

With continued constipation, a child's colon can get so stretched that it can't push out the stool very well. Its nerves can be affected, so

the child can't tell it's time to go to the bathroom. Sometimes softer stools leak out around the hard stool and onto the child's underwear. When the stool finally gets so big the colon can't hold it, it can "fall out" into the child's underwear, often without the child even knowing. When a child who is old enough to be toilet trained has bowel accidents like this, it is called encopresis.



Children with encopresis don't have accidents because they are lazy, or to be naughty. They can't help the accidents. They have a physical condition that affects how their colon and its nerves work.

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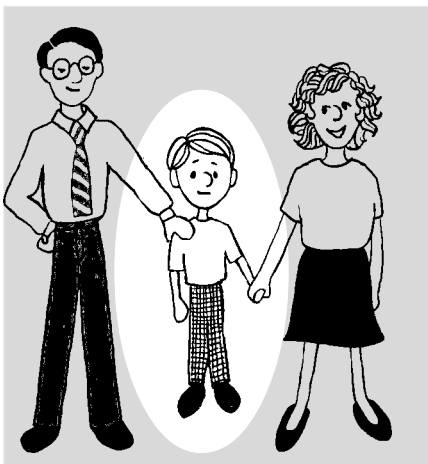
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## What should you do if your child is constipated?

First, have your youngster sit on the toilet and try, pushing hard, to have a bowel movement for 5 to 10 minutes after every meal. Talk with her teachers, so that she also goes to the bathroom after every meal at school. Have her try to have a bowel movement for 5-10 minutes after each meal, even if she has already gone to the bathroom that day.

While she is sitting on the toilet trying to have a BM, it may help if she puts her feet up on a footstool. This can help her keep her balance and push hard. To help her push, you can ask her to take a deep breath, tighten her stomach muscles, and push while she counts to ten. Then have her relax (blowing soap bubbles can help with this). Or have her bend over and touch her knees with her nose, take a deep breath, and push while counting to ten.

After each toileting session, reward your child with praise or with a small treat. Make sure your child understands that constipation isn't their fault, and that you know they are trying hard.



## Preventing constipation

What a child eats is especially important if they have constipation or encopresis. The Big Three - fiber, fluid, and exercise - can really help. To learn more about the Big Three, see the table below.

First, make sure your youngster is drinking enough, usually about 5 cups of liquid each day. Encourage them to eat high fiber foods like raisins, fresh fruits and vegetables, and whole grain foods. Avoid high fat foods that can make constipation worse. Exercise is also key. Limit the number of hours your child spends sitting, and encourage them to walk, play in school sports, and do other kinds of physical activity.

## Get more help if you need to

Children who are badly constipated or have encopresis may need extra help. You can talk with your

family doctor or nurse about laxatives, enemas, or suppositories. These can be used in combination with the routine described above to help a child return to healthy bowel habits.

## Are you worried about constipation and your child?

We may be able to help. Contact:



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Practitioner  
joni-bosch@  
uiowa.edu  
319-356-4686

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319-354-7375



## Prevent constipation with THE BIG 3: FLUIDS, FIBER, and EXERCISE!

### 1. Fluids



5 cups per day water, prune juice  
apple juice, apricot juice (2-4 oz per day)  
Avoid soft drinks (pop) and juices with sugar added

### 2. Fiber



Fruits - 2 servings  
Apples, raisins, prunes, apricots, peaches  
Veggies - 3 servings  
Potatoes, beans, carrots  
Whole grain cereals  
Bran cereals, shredded wheat,  
oatmeal, granola  
Whole grain breads, pasta, muffins

### 3. Exercise

Running, outdoor sports, skating,  
swimming, walking the dog



## Cut down on:

**High fat foods** Fried food, lunch meats, bacon, cheese

# Finding Help with Your Child's Health Care Costs

Do you worry about how to pay for health care for your child with special needs? Iowa's Medicaid waiver programs may be what you're looking for.

Waiver programs were created to help families get essential services for their children with special needs. If your child meets certain guidelines, these programs may be able to help you - even if you aren't poor.

Three Iowa Medicaid waivers focus specifically on helping families get care for a child with special needs. Each has its own set of guidelines:

### Brain Injury (BI) Waiver

- ◆ A medical diagnosis of brain injury
- ◆ Medical records must show the BI occurred during or after birth, not during pregnancy

### Ill and Handicapped (IH) Waiver

- ◆ Presence of special needs such as nursing care, tube feeding, physical therapy, occupational therapy, speech therapy, etc.

### Mental Retardation (MR) Waiver

- ◆ A psychologist's diagnosis of mental retardation affecting mental ability and daily living skills
- ◆ IQ must fall within certain range

### MEDICAID MYTHS

**MYTH #1:** You can get Medicaid only if you're poor.

**MYTH #2:** You can get Medicaid only if you don't have health insurance.

You CAN have other insurance coverage and still get Medicaid coverage as well as waiver benefits. It makes sense to apply early for waiver services. Medicaid coverage can't begin until the waiver services begin, and waiver services may have waiting lists.

We understand that costs are a real concern for many families. Our CDD Benefits Specialist can help you investigate your options. This specialist will work with you to determine eligibility, help you with application paperwork, and monitor your application.

Last year, more 655 applications from CDD families were filed, and to date 55% have been approved, and 25% are still pending or on waiting lists. In addition to the three waiver programs above, the CDD Benefits Specialist can also talk with you about Social Security Disability, Supplemental Security Income, Health Insurance Premium Program (HIPP), and HAWK-I.

If you would like to learn more about Medicaid waivers and other benefit programs, call



Kristi Lynch  
Health Care Benefits Specialist  
kristi-lynch@uiowa.edu  
319-384-6281

## BREAKING NEWS

### The Ketogenic Diet: When it comes to treating seizures, something old is new again

CDD's new Ketogenic Diet Service helps children who suffer from seizures that don't respond well to medication. The service is provided in partnership with the Department of Pediatric Neurology.

Based on an updated version of an 80-year-old therapy, the ketogenic diet has proven effective for many children whose seizures are poorly controlled by medication. A ketogenic diet can also help children who have significant problems with the side effects of seizure medications.

This diet is high in fat, low in carbohydrates, and adequate in protein. A child who follows it will burn fat for energy, rather than carbohydrates. When fats are burned, the body produces chemicals called ketones. For reasons we don't entirely understand, ketones help prevent or lessen seizures.

Treatment in our Ketogenic Diet Service begins with a 3- to 5-day hospitalization at CDD. A parent or other caregiver accompanies the child, and stays in the same room as their youngster. In addition to CDD professionals, the child will see staff from Pediatric Neurology at the Children's Hospital of Iowa. After the child returns home, we provide follow-up and support through outpatient visits and phone calls.

If you would like to know more about the CDD Ketogenic Diet Service, contact:  
Cheryl Stimson  
319-356-1414  
cheryl-stimson@uiowa.edu



**Questions?Comments?  
Suggestions?**

**Knowing where  
to FIND the answers**

These days the important thing is not to KNOW all the answers (impossible!) but to know where to FIND the answers. Did you know that CDD also offers a variety of free resources that can help you find the information you want? These include:

**CDD Disability Resource Library**

800-272-7713  
w.medicine.uiowa.edu/uhs/drl/  
Free to folks with disabilities and their families. You can check out materials in person, by phone, or by e-mail. Browsing the virtual shelves at their web site, you'll find books, videos, software, and other materials. Or call to speak with the DRL librarian.

**CDD Web Site**

w.uihealthcare.com/cdd  
The place to go if you want to know more about CDD services, to find a

map that will get you to our front door, or to read up on selecting a wheelchair (among many other topics!).

**Iowa COMPASS**

800-779-2001  
w.medicine.uiowa.edu/iowacompass/  
COMPASS information specialists can give you detailed information about 6,000 local Iowa services, answer your questions on assistive technology, and direct you to a wide range of funding resources.

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*The role of the information in this newsletter is not to provide diagnosis or treatment of any illness or condition. We strongly encourage you to discuss the information you find here with your health care and other service providers.*

*CenterLines* for families, the newsletter of the Center for Disabilities and Development at the University of Iowa Hospitals and Clinics, is published three times a year. It provides families with current information on child and adult development, issues affecting people with disabilities, and CDD resources available to them and their families. The newsletter is available in print, and also online at w.uihealthcare.com/cdd → Centerlines for Families.

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