

Healthcare is selfcare.

THE PODCAST



Transcript - Episode 9: Kids & Constipation

Aloysius Ballard Host **April Ulmer, MD** Pediatric Gastroenterologist

Ballard: If there's one thing we've learned it's that taking care of ourselves is key. And there are a lot of ways to do that. Selfcare has come to mean taking time for the things that make us happy, for the things that make us feel good, and for the things that keep us healthy. Healthcare is Selfcare Podcast presented by Singer River Health System focuses on candid conversations with medical professionals aimed at improving health and saving lives. So sit back, grab a cup of coffee, and prioritize you.

Welcome to Healthcare is Selfcare: The Podcast. I am your host, Aloysius Ballard. I am the Digital Coordinator here at Senior River Health System. And I have another—listen to me—I have another incredible guest for you today, but I'm going to allow them to introduce themselves. Go ahead.

Ulmer: I'm Dr. April Ulmer, Pediatric Gastroenterologist and owner of Kids and Tummies pediatric GI practice here on the Gulf Coast.

Ballard: Now, Dr. Ulmer, that is a mouthful. Say that one more time, let's say it slow for the people, for the back of the room.

Ulmer: There you go! Pediatric Gastroenterologist. So, I deal with everything tummy that has to do with kids from birth to—I think some of my oldest patients are 20 to 23 years old. They've been with me for a while and I refuse to give them up!

Ballard: Now I had Dr. Cooper on who did not separate from her peds doctor until she was almost well in her twenties. Matter of fact, she said they had to kick her out the door. Now you can't be letting 23-year-olds hang out in the lobby and color and stuff.

Ulmer: You know what? Hey, if they want to keep coming to see me, I let them, because the way I look at it is—you know, when you're 22, 21, you're in college, you only think you're a full-grown adult. You're not really. So if they want to come see me, I let them.

Ballard: Well, Doc, I love that. I love the fact that we kind of just set the precedent of how you care for your patients. One of the things we want to talk about today is constipation, primarily in kids. How much of that is something you see on a regular basis?

Ulmer: Oh, it's really my bread and butter—I see it all the time. Sometimes patients come in, or parents come in, with that complaint. “My child is constipated, and sometimes it's truly constipation, sometimes it's not. And they just think it is. And so, like I said, it's one of the most common things that we see it's one of the most common things that kids struggle with for a variety of reasons—sometimes because there's sort of an underlying health condition that is causing that constipation.

And I always like to make that distinction with parents. Even if a child is truly constipated. The question is—is that the only problem? Or is the constipation simply a symptom of something else? And so it's like I said, it's something so common, and I see it every day.

Ballard: Now, number one, you're telling us in a nice way to stop diagnosing our children.

Ulmer: Well... *laughs*

Ballard: And bring them to a professional.

Ulmer: You know, sometimes it's worth it just to make

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sure that it is what we think it is. And just to kind of go a little bit into that. Constipation, it means a lot of different things. I mean, growing up I remember hearing if you didn't go to the bathroom—if you didn't poop—that some pediatric GI terms that we use, you know, if you didn't poop often enough, you were constipated.

Ulmer: But what does that mean exactly? What is often enough? And it can vary from child to child. It can vary in different age groups. I have some kids who don't go that often, but they actually have diarrhea. So is that constipation or not? So, it can get a little bit hairy. So being able to sit and really walk through what the symptoms are with the family and ask them very specific targeted questions is key.

You know, now I want to have a little bit of fun, OK? This is a kid's topic. So if I'm a parent and my kid runs and hides when it's time to poop—what should I do?

Ulmer: OK, well, that means that they're withholding. Sometimes parents will say, "oh, they need privacy." They run and they hide in the corner, and they'll go on and push it out, but they need privacy. Or they'll say, "Oh, I see them, you know, posturing. And they're pushing so hard, they're trying so hard to get it out."

And I'm like, no, they're trying to keep it in, which is different.

So that brings up a good point, though. The first thing is, OK, is your child constipated? Let's say, for example, I see a child who comes in and their poop is firm or it's too large or it's painful, and as a result, they're withholding. Oftentimes, parents will focus on that part of it. You know, why are they withholding? Well, they're withholding because they're scared to death. Right. But you can't reverse that behavior until you treat the issue. Right. We have to get the poop to where it's not uncomfortable. But even after that, some of my kids, they're so afraid that they will still

attempt to withhold. And I tell parents all the time, especially because some of my parents get a little leery about medications. But when I have a child who has severe constipation or a child who clearly is afraid of pooping, sometimes they just need medicine. OK?

And a couple of things have to occur. Number one, we have to get the poop moving so that the colon can regain its strength and its tone and its function, because that's one of the things that's often lost when a child is chronically constipated. So that has to be in alignment. The colon, the gut has to be able to do it.

You also have to have a child who is willing to do it. So by getting that stool to a certain consistency, watching that child—take cues from them in terms of their comfort level with pooping—when they are ready, then we start to pull back on medical therapy.

I tell parents all the time, especially when it comes to toddlers, because they're just bossy. I mean, they get something in their head and that is it, right? And you can't reason with them. So the only way to prove to them that pooping is not bad is to prove it every day. You have to give them time.

And I'll have toddlers where their colon—they've been treated—their colon is more than ready to come off medical therapy, but that child is not. And every time we try, they freak out and they start holding. And I tell parents, we can't stop yet, not because they're not able to do it—they're just not willing. And if they start back holding it, we're going to be right back at square one.

So like I said, I tell parents, listen, if your child's hiding, that's a clue. They may poop every day. But if they're hiding, they're flirting with disaster. They're trying to keep it in there. And the longer the poop stays in there, the harder it's going to get, the more uncomfortable it's going to get, and they're going to get more afraid. So it

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definitely becomes a vicious cycle.

Ballard: Now, let's look at the other end of their spectrum. They may go days without pooping. What do you say to that?

Ulmer: As a general rule, if a child goes several days without pooping, it's probably an issue. OK, but not every child has to poop every day in order to be normal. Just to kind of give you an example of how I assess a child when they come to see me, especially if there's this concern about constipation, my first question is how often are you going?

Right. Sometimes parents can say that. They can say, "Oh, they're going every day" and they know for sure they are. Sometimes, I'll ask a child and they'll be like, "I don't know," because they don't want to talk about it. So then I have to kind of get down on the level. I'm like, "Do you go every day?" And they may say, "No, I don't go every day." OK, "Do you go a day, miss a day and then go?" "Yeah, that's what I do."

OK, so you go about every other day. OK, so when you go, is it hard? Is it firm? What is it like? You know, sometimes I'll use language that only kids use.

I'll say, you know, is it a turd or is it not? And they'll say, "oh, yeah," because they know what that means and sometimes they'll giggle, but everybody knows what that means.

So, what is it like? And they'll tell me. "Does it hurt your bottom when it comes out?" That's another clue. And then sometimes you know, I have parents who will say, "Yeah, they go... and you know, it's like a grown man poop. You know, it's a good poop." I'm like—but he's three. Shouldn't be a grown man poop. Right?

So all these things lead me to the diagnosis of whether or not this is constipation. And you can have a child who only goes every other day or a child who goes every couple of days. But if

it's not hard, if it's easy, if it doesn't hurt their bottom, if it's not clogging the toilet, they're not constipated.

Now, the flip side of that is I have some kids who poop every single day, and they've been sent to me as a referral because maybe their pediatrician is worried that they're constipated. And their parent's like, "No, they're not constipated. There's no way. He poops every day." I'm like, "OK, let's explore it. So he poops every day. How long does it take him to go?"

"Oh, it takes a while."

"OK, how big is it?"

"Oh, it clogs the toilet."

"OK, then by definition, he's constipated, right?"

So constipation doesn't just mean how often you go. As a general rule, I like my kids to go at least every other day. OK, but it's bigger than that. OK, what's the consistency of the poop? Does it hurt your bottom? Is it associated with tummy pain or discomfort? Are you having a strain? Does it take a long time? OK, those things are the questions that really help us to decide whether this is a constipation issue or not.

Also, the frequency of pooping can change with age. You know, breastfed babies are kind of notorious for having that soft seedy poop and they may go every time that they nurse so they have a bottle in the early weeks. Formula fed babies, they may go a little bit less often. But you know, I have some parents who come in also same thing with babies. And they'll say, "oh, if I let them, it'll be three days before they go. So I have to do a suppository." I'm like, OK, but when they do go, if they go on their own, what is it like?

Well, it's mushy. It's seedy. It's quite soft. I'm like, OK. So even though they're only going every three days and they're a baby—are they fussy? Are they uncomfortable? No, no. Then they're fine. If the baby is fine, if they're not fussy, if the

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texture of the poop is appropriate, then they're OK. So you don't have to feel compelled to chase it. So like I said, you have to interpret pooping history in the context of that particular child and in the context of what are the things that they might have going on.

Ballard: Now would you say in good practice it's just good for most parents to at least have one consultation or visit with you or someone in your field just to make sure the development of our children is on the right path?

Ulmer: Absolutely. I tell parents all the time, if there's any question, come see me. The vast majority of kids that I take care of are pretty healthy, meaning there's not something catastrophic going on. But it doesn't mean that it doesn't deserve treatment, OK? And the way to put children in the best position to move past whatever difficulty they're having, even if it's pooping, is to manage it appropriately at that time.

I tell parents all the time, you know, when I was a kid, you just didn't go the doctor for constipation. You just didn't, right? But nowadays what we know is that if left on its own, then what happens is you can have a child who turns into an adult who has that chronic issue.

You hear a lot about things like IBS—oftentimes those are adults who maybe didn't get the proper management when they were children. So it's never a bad idea to come see me. And I'll tell you, if it's functional constipation, it doesn't mean it's to be dismissed. I'm going to help you get them better and then I will get them off medicine, but this is what we're dealing with. Sometimes in kids, like I said, they can be constipated or have difficulty pooping, but that's not the main issue. They can have an allergy in their gut, and oftentimes they'll have other findings that only I am going to pick up when I do that exam. They have tenderness. Maybe they aren't growing as

well as you think they are.

Those are clues that are not associated with just run-of-the-mill constipation. Right? So, sure, I'm going to get them pooping. But let's talk about this other stuff over here, because this is what's really concerning to me—why aren't they growing? You know, why are they tender in their belly? Why are they only eating a few foods? They're really picky. It can all mean something. So it's never a wrong idea just to come see me.

Ballard: So I always like to also be proactive in our conversations here on the podcast. What are some things that parents need to include to make sure that our kids are having a healthy bowel?

Ulmer: So, the rule number one for me, is if you have a child, especially if the child is up to school age and even older, right? If you're concerned about something that they're doing from a GI standpoint—even if you aren't worried too much about constipation, but you think that there's something concerning going on, you should always have an idea about what the poop looks like. Always have an idea.

I can't tell you the number of times when I have kids come in and I'll say, how often are you pooping? And I'm talking to mom or I'll say, how often are they pooping? The child, six, seven, eight, ten... and Mom looks at the kid, "How often are you pooping?" And they're like, "I'm not going to talk about it. I don't know." So I got nothing. And I'll say, "OK, well, what does the poop look like?" and Mom looks at the kid "Well, what does your poop look like?" Kid: "Poop looks like it's normal." What does that mean? And they don't want to talk about it anymore because they're embarrassed.

Ulmer: So, if it's enough of a concern to go to a doctor about anything GI, you need to know what the poop looks like. And that can mean—oh, I see it accidentally because my eight-year-old son didn't flush the toilet. There's value in that. OK, what

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does it look like? Sometimes you just tell kids, listen, don't flush. Your tummy is bothering you, I think you might need to see a doctor. I need to know what your poop looks like. There's no shame in it. Let me see it.

For some of my teenagers. They're like, no. And you can say, OK, well, you're going to have to describe it to me. You know, teenagers are old enough to give you a good description of their poop. Or, you know what? Take a picture and you can either send it to me and I'll have it, or when we go see Dr. Ulmer, show it to her. You know, parents who whip out phones and they're like, "I know this is gross," but I'm like, "No, I need it. I'm glad you let me see it." You know, that's important.

So that's rule number one. Always know what that poop looks like. And like I said, in terms of being proactive, you know, having a well-rounded diet can be helpful—making sure your child does incorporate fresh fruits and vegetables. You know, kids sometimes eat junk, but they still grow and they're still healthy. So if there's any little thing that kind of doesn't sit right with you...my child eats but they don't eat great, but they're having tummy pain too often. I'm concerned about their poop and I'm concerned about their growing. Even about their eating behavior. Making that appointment, taking that first step, is what I call being proactive. And I tend to be really forward leaning with kids that I take care of. I'll tell parents I'm like, "Listen, if you're worried about it, I'm worried about it. Bring them in. We'll figure it out together and I'll lay out options that are appropriate. And I'll tell you what I'm thinking and we'll work together to get it resolved. No matter what it looks like."

Ballard: So if let's say your kid is taking a long time to poop or we hear some of these things that you're discussing and we are like, "Oh, that's my child." Should we just study the poop for a week and then make an appointment?

Ulmer: I think that if you feel like there's an issue—let's say, for example, something you picked up on—it seems to be taking them a long time. You know, ask the child, "Are you in there pooping or are you on your phone?"

"No, no, no, I'm pooping."

OK, "Are you pooping the whole time or are you sitting there struggling and then you finally poop?" Just get some information and then, sure, you can follow it for a few days just to get an idea about how often your child is pooping and if you can see it that would be great. And then call and make an appointment and then I'll walk through the rest of it with you.

The other thing to understand is that when it comes to diets and dietary change, oftentimes that's not enough to take care of the problem. By the time it becomes a big enough problem where it's on your radar, sometimes they need medical therapy.

There's no problem with trying to do things at home to see if that helps or not. And if it does, great, you may not need my help. That's OK. But it's never wrong to say, we tried this. We tried that. And I'll tell parents, I think you've done everything right. I just think you need a little bit of a better plan. And that's why you're here, because this is what I do every day. Right? There's no way you would have known that giving yogurt every day wasn't the best plan, you know, come see me.

The other thing that I like to always caution parents about is when they feel like their child's having trouble pooping, especially when they're straining, sometimes parents will resort to things like enemas and suppositories. And there are times when they can be appropriate if you know, that a child you know, is sort of plugged up and they're having a hard time sort of moving that firm poop that's really down low. But it's not really a plan. OK, it is a temporary, occasional

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thing that sometimes parents do and that's how it should be left for a couple of reasons. Number one, if you give an enema or suppository, you're only moving that poop that's right down low. If a child is truly constipated, that means that they may have firm poop from the beginning of the colon to the end of it. And so as soon as they remove as they move that plug down below, they have more hard poop that's waiting to fall into position.

If you have a young child who's afraid they're going to be withholding also, and the longer that poop sits in there, from their withholding, the harder it gets, the bigger it gets, the more painful, et cetera. So we're not getting ahead of the problem—we're chasing it.

The other thing about young kids, especially those who are afraid of pooping is in their mind down there is all bad, OK? It hurts, it's uncomfortable, it's scary. And then even though, like I said, sometimes an enema or suppository may occasionally be appropriate, they're uncomfortable. And so that just sort of fuels that fear, that belief that pooping is just not something that's good, OK? And so it's always best to treat from above. And what I mean by that is if you treat with something from the mouth, you soften or you move the poop from the beginning of the colon to the end and then you keep it moving.

So instead of chasing the poop, now we're ahead of it and the gut has a chance to fully heal and recover. That child has a chance to fully heal and recover emotionally. And then that's when we systematically work to get them off medicine. It's all about having a plan, about knowing what it is we're trying to accomplish.

There's so many times when I see parents in my clinic and they're just so frustrated because by the time most parents make it to my door, it's something that they've been struggling with for a very long time and they're frustrated.

Nothing is working. They're using some of the same medicines that I use, you know, because they've sort of had the idea or been given the impression that if my child just poops with some frequency, then that's OK when it's actually not—if you have a chronic problem, a chronically sick got a child that's afraid to go, you have to, like I said, get ahead of it as opposed to just treating it at these intermittent intervals. We're not getting any further down the road or any closer to healing. Right. So, I'm always sensitized to that and sensitive to that. And sometimes I have to explain to parents, it's like, listen, I know you're frustrated and I know you're leery about this medicine, that medicine, et cetera. But let me explain what we're doing exactly. We're not just trying to give our child relief with this suppository, this enema, this dose of Miralax here and there. We need a plan because at the end of the day, my job is to get your child better pooping on his own, on the potty & off medicine. Right. That's the goal. So in order to get them there, sometimes you've got to go through. You've got to be consistent. You've got to give it time. You've got to ride it out. And I promise you I'll get them better. I'll get them off medicine. They're going to do great. And so once they understand and they're like, oh, well, now that makes sense. Now I get it. I'm OK. Let's do the medicine. I'm on board. And so it's all about presentation. It's all about education.

Ballard: I think that was so much of a great gem. And I mean, like, in my eyes, like a good episode, things should pass and move along.

Ulmer: *laughs* This too shall pass!

Ballard: So this is the part of the show where I want our listeners to get to learn a little bit about you. Right. Of course, you hear the title of the podcast is Healthcare is selfcare, and I want to talk a little bit about that. So what do you do for your own selfcare?

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Ulmer: You know, I love to garden. You know, I love growing vegetables. I love being in my yard—weeding my flowerbeds, planting plants. And I think that is because of where I come from. You know, I grew up in a really, really small town. A couple of hours north of here. My family had cattle. We lived in the country. We played outside all day. I walked around the yard barefoot. That's what I love. I love being out, being sort of in the world among flowers and plants and trees and birds. And so that's what I do to relax. That's what I do to unwind. I find that that's when I'm most at peace. You know, some days I'll come home from work and my family's in the house, and I won't even make it in the house.

I get still out in my work clothes. I park my car in the garage and they look up and I'm out in the yard doing stuff they like, Oh, there's mom there. She's old. But that's what I love, you know? I love that. I love to cook. I think I'm inherently a caregiver. You know, even at home.

So I love to do things for my family, you know, I love to cook for them, make a nice meal for us to, you know, sit down together. So things like that, they bring me peace and bring me joy. I love to travel, you know, I love that as well. So whenever I can kind of slip away for, you know, for a few days to to do something nice, not anything complicated, but just have a little bit of downtime to, you know, sort of relieve my mind then I enjoy that as well. I agree. You know, it's about taking care of yourself. Because I take care of children, you know, and parents, you know, I consider myself as a family caregiver. You know, obviously, I'm the child's physician. But you find yourself taking care of entire families. And there are a lot of dynamics when it comes to families. And some of those dynamics can really weigh heavily on the GI tract. I mean, that's one in fact, you know, stress and things like that, they manifest as she has symptoms. So, there's a really, really heavy component with that when it comes to pediatric

gastro. So in caring for families, I tell them all the time and like, listen, mom, you can't care for anybody else if you're not caring for yourself, you got to take time.

You have to take time. You got to take care of yourself. Your baby's going to be fine. I'm going to help you with that. But let's kind of talk about other things that might be kind of fueling some of these symptoms that maybe your baby has. You know, kids are very intuitive, too. They pick up on things. So as adults and his parents, you know, sometimes we may not realize it, but, you know, kids are worried about you. You know, they're worried about what's going on with you. They may not say it, but they're intuitive. And so I think you know, directly, you know, caring for yourself helps us to care for our families, but also in an indirect fashion, you know, it helps our families to be healthier if they know that we're OK. So it's important.

Ballard: That was beautiful, Doc. I think that tells us everything we need to know. And I love that you have such an intricate, like, you know, map of health care that we interpret as selfcare, of course. But I think the only thing we have left is just to tell people how they can get in touch with you.

Ulmer: Yeah, well, you can give me a call. You know, like I said, Kids and Tummies our office is in Gulfport—our number is 228-222-4072. You can go to our website www.Kidsandtummies.com. You can Google me, you know, however, you know, we're always there to help. We work very, very hard to take care of our patients to make sure that they're followed very closely.

We work very hard to get our patients in as quickly as possible because you know, everybody in my office you know their parents or grandparents, one of the reasons why I open my own practice is because I have this expectation in terms of how I want my patients cared for.

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I want them cared for the way that I care for my own children.

And so with that, I was able to handpick my staff. You know, they love our patients. I love our patients. We take care of them very, very personally. And they know what I expect. And, you know, that's a blessing. It's a blessing to say hey, you know, we care for these kids as our own.

And it's also a blessing that the parents come to us. We hear that. You know what I felt? I felt like you heard me. I felt like you cared. I felt like you were there. You know, you were patient. You took time because not everything is catastrophic, but it doesn't mean that it's not important and so that's kind of our position on this type of thing.

Ballard: Well, Dr. Ulmer, I'm so glad you're here. I appreciate you stopping by the podcast.

Ulmer: Thanks for having me.

Ballard: And, man, we learned a lot. And always, if you want, you can go check her out. You can Google her or you can come see her at her location in Gulfport. And I guarantee you she'll get everything squared away.