

The 'Right Care' approach for treating intractable idiopathic constipation in children An overview comparing patient journeys

Suboptimal Journey

James is referred to the health visitor when he is three years old, as he is not toilet trained. Despite a number of visits and telephone contacts James has ongoing wetting and soiling problems. His continence continues to deteriorate; he misses school due to abdominal pain and his mother has to give up work to attend school to assist him to change his soiled clothes. James is referred to the school nurse who gives lifestyle advice including advising to sit on the toilet after meals.

James's behaviour deteriorates and he falls behind his peers at school. He is referred to the GP who prescribes laxatives, but the soiling gets worse. His mother is referred to a parenting support group. James is referred to CAMHS due to the behavioural issues and is also given disposable pads to contain the incontinence. Eventually he is referred to a paediatrician who admits him to hospital for five days for disimpaction. Laxatives are prescribed; James is referred to a dietician for trial of a milk free diet and to a gastroenterologist for investigations including a rectal biopsy.

Soiling continues so he is referred to a surgeon for an ACE procedure. James is finally fully continent when he is 11 years old.

This journey cost **£20,678**.

Optimal Journey

James is referred to the health visitor when he is three years old, as he is not toilet trained. She does a comprehensive assessment, refers him to the GP for a macrogol laxative and provides lifestyle advice. The health visitor maintains contact and when James does not make expected progress she refers him to the children's continence service.

The children's continence advisor does a full assessment, recommends treatment with macrogol laxatives and maintains contact. James improves and is discharged when he is 4 ½ years old. However, soiling resumes when James is 7 years old. The continence advisor supports disimpaction at home, maintains contact and advises about an ongoing laxative regime. She liaises with school, where a care plan is introduced.

Despite the laxative treatment the soiling and abdominal pain continue, so James is reviewed by a gastroenterologist, and undergoes a number of tests including a rectal biopsy which are all normal. James has a trial of suppositories before commencing transanal irrigation. Contact with the continence advisor is maintained as James improves. He is able to discontinue treatment and is discharged aged 9 ½ years old.

This journey cost **£3,977**.

Cost implications

- Not including social impacts, there is a difference of **£16,701** between the suboptimal and the optimal scenario.
- Identifying and treating the patient early in the community setting reduces the need for expensive interventions in the acute setting.
- An optimum scenario not only increases value to the NHS, but also improves the quality of service with positive outcomes for the child and their family.

Analysis by cost category	Suboptimal Journey	Optimal Journey
Primary care	£799	£442
Secondary care	£19,847	£713
Medication/medical devices	£32	£2,822
Total	£20,678	£3,977

For further information and to read the full patient journeys, contact Bladder and Bowel UK

☎ 0161 607 8219 Bladderandboweluk@disabledliving.co.uk