

*Clinic address*

*DATE*

*GP name
Name and address of surgery*

Dear Doctor \_\_\_\_\_\_\_\_\_\_\_\_\_,

**Re: *CHILD’S NAME DATE OF BIRTH***

 ***ADDRESS***

*[Child’s name]* was recently seen *[at home/at school/in clinic]*. I have reviewed *[his/her]* constipation management. Despite optimal use of laxatives and diligent adherence to a regular, effective toileting programme *[child’s name’s]* bowel emptying problems persist.

I have explained that a range of rectal interventions exists, and that ideally the child commences a simple intervention, advancing through the more complex options as required until the optimum treatment is identified. The aim is for *[child’s name]* to evacuate *[his/her]* bowel effectively and regularly and to prevent faecal soiling.

The intervention is commenced on a daily basis, at a similar time every day. The escalating schedule is as follows:

* *LecicarbonC* or *Bisacodyl* Suppository, or *Sodium Citrate Micro-Enema*
* Mini rectal washout such as *Qufora Mini* or *Aquaflush Compact*
* Simple rectal washout such as *Aquaflush Actif* or *Qufora Cone System* or *Dansac*
* More complex bowel washout such as *Peristeen* or *Navina* or *Qufora Balloon System* or *IryPump*

The subsequent options would be surgical, either an incontinent or a continent stoma.

Prescribing information can be accessed via the ERIC website [www.eric.org.uk](http://www.eric.org.uk) – look for *Links to Bowel Equipment Product Information.*

I have explained the range of options to *[child’s name]* and I have given the family the ERIC leaflet *ERIC’s Guide for Children living with Complex Bladder and Bowel Problems.* I have suggested that the parents make an appointment to see you to discuss a prescription; the product they would like to try first is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

I will provide the family with teaching and support in using the products and monitor *[child’s name’s]* progress.

Please let me know if you require any further information. You can contact me on\_\_\_\_\_\_\_\_\_\_\_ / at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Many thanks.

Yours sincerely,

*Health professional’s name
Health professional’s designation*