

## How the Bristol Stool Chart Helps My Practice.

**Francis Akor\***

*Department of Paediatrics, Darent Valley Hospital, Dartford, Kent, United Kingdom*

**\*Corresponding Author:** Francis Akor, Department of Paediatrics, Darent Valley Hospital, Dartford, Kent, United Kingdom.

**Received:** December 24, 2020; **Published:** January 20, 2021

Every once in a while there comes the anxious parent, with a child who is convinced there is something seriously wrong with their child. How else do you explain the recurrent abdominal pain they keep having? The pain is said to be severe, intermittent and the child had been sent home from school a number of times. Analgesics have not provided any pain relief. Parents are at their wits end and usually present at the paediatric emergency looking for a definitive solution.

Recently, a surgical registrar asked me to see a 12-year-old male child with recurrent abdominal pain. It was his 3<sup>rd</sup> attendance in as many days in the A&E. Initially seen by emergency doctors on both occasions and had bloods done during these presentations. Investigations were all normal and on his third attendance he was referred to the surgeons to rule out appendicitis or any possible surgical cause for his abdominal pain. Surgeons could not find any acute surgical problem and explained this to parent. However, the parent said he was not taking the child home without knowing the cause of his child's recurrent problems.

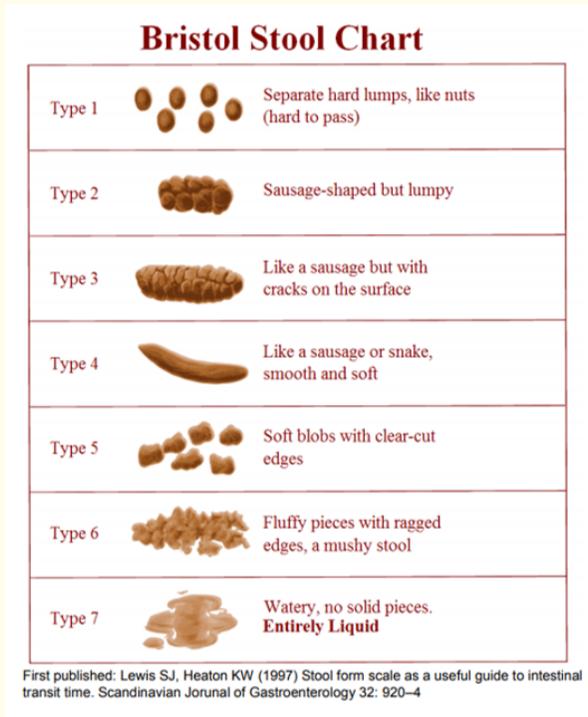
He was subsequently referred by the surgeons for a paediatric review as there was no surgical cause for his recurrent abdominal pain. A detailed history and examination is of the utmost now.

After asking about his bowel habits and how frequently he opens bowels, I reached for my wallet in my back pocket, pulling out a Bristol stool chart and asked "which stool is like yours?" He pointed to type 2 stool, voila diagnosis made! Constipation. Treatment was started and he did not have to return to A and E again!

The Bristol stool chart is a constant companion for me during consultation and has been quite helpful in allaying parental anxiety about their children's abdominal pain. Getting the children involved in the diagnosis of constipation using this easy to use tool, has been helpful in the long term management of this common condition in children.

The Bristol Stool chart (Bristol Stool Form Scale) also known as the Meyers scale is a frequently used measure in gastroenterology practice and research. The chart categorizes stools based on shapes into one of seven stool types ranging from type 1 (hard lumps) to type 7 (watery diarrhoea). Type 1 or 2 is constipated stool while 3 and 4 are considered normal type stool. The chart was developed by Dr. Ken Heaton, from the University of Bristol in 1997 and is a useful tool which has shown significant validity and reliability [1,2].

Certainly not all abdominal pain in children is from constipation, but it is worthwhile ruling it out where the abdominal pain is not due to a surgical abdomen. The Bristol stool chart is a handy, easy to use helpful tool to do just that.



### Conflicts of Interest

None declared.

### Bibliography

1. BP Chumpitazi, *et al.* "Bristol Stool Form Scale Reliability and Agreement Decreases When Determining Rome III Stool Form Designations". *Neurogastroenterology and Motility* 28.3 (2016): 443-448.
2. Lewis SJ and Heaton KW. "Stool form scale as a useful guide to intestinal transit time". *Scandinavian Journal of Gastroenterology* 32.9 (1997): 920-924.

**Volume 10 Issue 2 February 2021**

**©All rights reserved by Francis Akor.**