



Constipation and Soiling (Encopresis)

What is constipation?

Constipation occurs when your child has hard stools (small or large) that are painful to pass. It also occurs when stools are not passed regularly, which is 3 or more days without having a bowel movement. Passing the stool can cause small tears, or fissures, and a small amount of bleeding in the anus. Sometimes, there is a small amount of blood on the stool or toilet paper when wiping. This makes bowel movements painful.

What is soiling?

Soiling (encopresis) occurs when there is a large amount of hard stool in the colon. Soft or loose stool then leaks around the hard stool and into the underwear or diaper.

What is stool withholding?

Stool withholding occurs when your child stops themselves from having a stool. This is done by tightening up certain muscle groups when standing, lying very straight or crossing the legs. Some children intend to do this, and others do it without knowing it.

What causes constipation and soiling?

- Not eating enough high-fiber foods
- Not drinking enough fluids
- Lack of exercise
- Drinking or eating too many milk products
- Waiting to have a bowel movement
- Resisting bowel movements due to pain, asserting independence during potty training or being distracted by other activities
- Certain medical conditions

One of the functions of the colon (large intestine) is to act as a sponge by removing fluid from the stool before it leaves the body. The longer the stool stays inside the colon, the drier and harder it becomes, which stretches the colon.

When the colon becomes stretched out from stool buildup, it is not able to move the stool out of the body normally. Once the stool is removed during clean out, it will easily fill up again with large amounts of stool, unless treatment is given. It takes months of regular bowel movements for the colon to get back into shape.

How is constipation treated?

There are many different ways to treat constipation because there are often many different causes.

Medicine

(This section will be filled out by your child's doctor or nurse.)

The purpose of this medicine is to: 1) move the hard stool out of the colon and 2) soften the stool and keep fluid in it.

Laxative

A laxative is used to clean out a large amount of stool from the colon. It is used for a short period of time. Your child's laxative is called

_____.

Medicine that keeps fluid in the stool

Increase this medicine if your child is still having hard stools after the first clean-out period. Decrease this medicine if stools are too loose or watery. Once you have made a change in dose, wait for 3 days before making any more changes. It will often take this long to see the effect of a dose change. These medicines are safe to use for long periods of time and do not form habits. Your child's medicine is called

_____ and it is taken once daily or twice daily.

Other

- Drink more fluids to keep the stool soft.
- Add high-fiber foods to your child's diet.
- Try an enema or suppository.

How long will my child have to take this medicine?

Your child will need to take _____
(medicine)

for _____
(time period)

until they are having soft stools regularly for _____
(months)

It will take this long for the colon to get back into shape. Treatment varies, based on how long constipation has been a problem.

To Learn More

- Call the clinic where your child usually receives their GI (gastrointestinal) care
- www.seattlechildrens.org

Free Interpreter Services

- In the hospital, ask your child's nurse.
- From outside the hospital, call the toll-free Family Interpreting Line 1-866-583-1527. Tell the interpreter the name or extension you need.
- For Deaf and hard of hearing callers 206-987-2280 (TTY)

Behavioral treatment

These methods will help your child after the stools are already softened through the clean-out process:

- It is important that your child's stools be softened through medicine or diet so that there is no pain when having a bowel movement. We do not want your child to be afraid to pass a stool.
- If your child tightens the wrong muscles when having a bowel movement, teach them to sit and relax these muscles. Make sure that their feet touch the floor while using the toilet. For smaller children, try a potty seat or put a footstool in front of the toilet.
- If your child is not toilet-trained, do not begin toilet training until the constipation has stopped. Have them squat down, or hold them in your arms so that they are in a seated position (your arm under their bottom, with their knees bent).
- Make every attempt to take your attention off this issue. Many children with constipation have fear and anxiety around having a stool, which can increase by focusing on the problem.
- To learn about behavioral treatment plans, ask your doctor or nurse. You may be referred to the Encopresis Treatment Center.

Seattle Children's offers interpreter services for Deaf, hard of hearing or non-English speaking patients, family members and legal representatives free of charge. Seattle Children's will make this information available in alternate formats upon request. Call the Family Resource Center at 206-987-2201.

This handout has been reviewed by clinical staff at Seattle Children's. However, your child's needs are unique. Before you act or rely upon this information, please talk with your child's healthcare provider.

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