Bowel Management Program: Frequently Asked Questions

At what age should my child begin bowel management?

Children who have fecal incontinence or soiling are unaware of their condition when they are young and in diapers. The problems start when their peers begin to wear underwear while they are still in diapers. This is the when teasing and social discrimination may start.

For most families, we recommend starting the bowel management program by the time your child is 3 to 4 years old. At this age, most children are no longer wearing diapers. The choice about when and how to start bowel management is something that each family has to decide.

What are some recommended tips for toilet training?

Toilet training for stool is a long-term goal for children with anorectal malformations, but it is not always possible. If your child was born with a type of defect that has a good outcome (prognosis), we urge you to use the same strategies for toilet training as those used by families with typical children.

Here are a few tips:

• **Keep it simple** - Between the ages of 2 and 3, sit your child on the toilet after every meal. Allow your child to play with toys while on the toilet.

• **Keep it light** - Treat toilet training as a game and not as a punishment. Sit with your child and don’t argue or force your child to remain seated. If your child gets up, put the toys away.

• **Keep it fun** – Reward your child for a bowel movement or peeing while on the toilet.

Can my child go to school if toilet training isn’t working?

If your child is not toilet trained by school age, there are two options:

• Do not send your child to school for another year and keep working on toilet training.

• Start the bowel management program and use the enemas or laxatives to help keep your child clean.

The goal is for your child to wear normal underwear to school without being teased by classmates who are already toilet trained.

What is the best time of day to give an enema?

Consider what time of day will work best for your family. It is important to give the enema at the same time every day. Keep in mind that if the enema is given every other day, your child should expel two days’ worth of stool. There should be no more than 2 days (48 hours) between enemas.
Are there ways to make the enema more pleasant?

The enema will be more successful the more comfortable and efficient it is. Encourage your child to take their time on the toilet. You can help make your child feel more at ease by reading books, watching a favorite television show or playing with toys. Provide a foot stool for your child to rest their legs while on the toilet. You can impact your child’s view of the enema by being positive about it.

You can help your child feel more in control over the enema process by giving your child choices such as where you give the enema or what activities they do during enema.

How long will it take for the enema to work?

The enema fluid should stay in the colon (bowel) as long as possible. This depends on the child and the amount of fluid used for the enema. We recommend a wait time (dwell) of 5 to 10 minutes.

After the enema is given, your child should sit on the toilet for as long as needed (usually 45 minutes) to completely empty the colon.

It is very important that your child’s colon is empty; otherwise, a more aggressive enema is needed. Keep in mind that this process is learned by trial and error – this is how you will gain the most benefit.

What are the long-term effects of daily enemas?

The bowel management program has been in practice for over 20 years. There are no known negative effects from using enemas or colonic irrigations. Of course, it is impossible to know if there will be any problems from daily enemas decades from now.

There are several kinds of enemas. A Fleet Enema is a phosphate enema and can be toxic if too much is given. As long as the manufacturer’s instructions are followed, problems of phosphorous intoxication or low calcium (hypocalcaemia) have not been seen.

The saline solution used for some enemas is no different from the liquid that is in our bodies. Too much salt in the solution can cause sweating, feeling sick to the stomach (nausea), vomiting and too much sodium (hypernatremia). It is very important to follow the saline enema recipe.

What happens if bowel management stops working?

Sometimes after a period of successful bowel management a child begins to soil again. This is a sign that something has changed and we need to see your child in clinic to find out what is wrong.

Your child’s primary healthcare provider can order an abdominal X-ray. If the X-ray shows a large amount of stool in the colon after the enema, it means that the enema solution needs to be changed (increased volume and/or concentration). It can take a week of enemas and X-rays to figure out what needs to change to meet your child’s new needs.
If the X-ray shows a clean colon then the “accidents” are due to greater motility (movement of stool through the colon). This means we may need to start some medicines to slow the colon as well as keep your child on a strict diet. Your child’s medical team will discuss this with you if it is needed.

As children grow, their treatment needs may change

Any changes in your child’s routine can affect the success of bowel management. Changes in your child’s diet, or certain occasions like birthdays or holidays can have negative effects on the program, especially for children with hypermotility. Life changes such as divorce, moving, or changing schools all play a role in bowel function.

Families can learn to prepare for stressful situations. In many cases, it is possible to give a medicine such as Loperamide on the day before a known event or an outing to slow down your child’s bowel motility. This is why it is important for your child’s primary healthcare provider to know your child’s plan of care.

What does the future look like for my child?

Many parents ask if this program will be needed for life. For patients born with a type of defect with a poor outcome (prognosis), they will need bowel management for life. However, many patients have some degree of bowel control. The bowel management program is used to prevent occasional accidents. As time goes by, children become more cooperative and more interested and concerned about their problem. This makes them more likely to have success with potty training.

It is possible that later in life a child may stop using enemas. They may stay clean by following a strict diet with regular meals (three meals per day and no snacks) so they have bowel movements at a predictable time.

When can my child stop the enemas?

If your child meets all 3 of these conditions, they might be able to stop the daily enemas:

• Is completely clean with bowel management. This means no soiling and regular bowel movements after every enema for a period of time.
• Is cooperative. Your child has to be aware of their problem and want to try new strategies to solve the problem.
• Understands that there is a chance it won’t work. If you decide to try and control your child’s bowel movements through diet, medicine or both, you must be willing to return to the bowel management program, with a daily enema, if bowel activity is not predictable and your child has accidents again.
How can we be successful with the bowel management program?

Remember:

• The success of these strategies depends upon a partnership between your family, your child and the healthcare team.
• It takes dedication, determination, consistency and love from everyone involved.
• Children who finish the bowel management program and stay clean for a day (24 hours) gain a new sense of confidence and an improved quality of life.
• The healthcare providers at the Reconstructive Pelvic Medicine Clinic of Seattle Children’s Hospital are committed to helping your family find the best treatment program for you and your child.

To Learn More

• Reconstructive Pelvic Medicine
  206-987-1240
• Your child’s healthcare provider
• 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.