



Constipation/Soiling in Children

Constipation is a term used to describe stools or bowel movements that are passed less often than every three days. This term also describes bowel movements that are hard and difficult or painful to pass even if the individual has bowel movements several times per week.

Soiling describes the passage of liquid or formed stool into the underwear. Usually, this occurs because there has been constipation and over time, a buildup of hard stool in the rectum (called impaction). **With chronic constipation, changes occur in muscles and nerves in this area of the body such that many children cannot feel the need to go nor stop stool**, and as a consequence stool may leak out accidentally. For children who have had a constipation and soiling problem for a while, the soiling may be frequent.

Constipation and soiling is a **common** medical **problem** in children. It occurs in 3 of every 100 children at preschool age and 1 to 2 of every 100 at school age. Usually, (95% of the time in children), the problem is called 'idiopathic' constipation and soiling. This means that the constipation problem may have started for one or a combination of factors such as: diet low in fiber foods and high in constipating foods; not taking the time to regularly sit and try to pass stool; uncomfortable experiences around toileting, such as painful stool passage in the past; and family pattern or genetic differences of slower bowel function. Over half of children with constipation and soiling are completely resolved after 6 to 24 months of close attention to their maintenance program.

What is the Treatment?

I. Clean-out. If your child has stool impaction, your doctor will talk with you and your child about which method to use for 'clean-out' of the stool buildup. Our clean-out method will be:

II.

Maintenance program. The purpose of the maintenance program is to help the muscles and nerves of the rectum to recover strength and sensitivity by promoting regular toileting and preventing further stool impactions. The maintenance program includes behavioral training, dietary changes and laxative therapy.

A. Behavioral Training Tips

1) Set a good example. Develop a calm and matter-of-fact approach to the routines of toileting. Talk about how you include toileting times into your daily routines. Talk about and show your child other things (good diet choices and exercise) you think about and do for your good health. Read books about the routines of toileting, how the body works, etc. with your child (see references).

2) Use positive toileting routines with your child.

- It takes patience and positive attention to help a child developing successful toileting routines. Getting to the toilet frequently is an important first step toward regular stool production. If you are positive and support the earlier small successes (getting to the toilet for sitting practice), the later, bigger successes (independent toileting) will come more easily.
- Ask your child to sit on the toilet 2 times per day (3 to 4 times per day may be even better initially) for about 5 minutes. Choose times that can be regular and calm. **Sitting after meals takes advantage of the normal gastro-colic reflex to stool.** Provide foot support. Give a positive direction to sit (e.g., "It is time to sit on the toilet"). Because many children with chronic constipation and soiling may not be able to normally feel the urge to stool, watch for 'signs' that indicate that he/she needs to go. Give your child praise for each sitting and for any other behaviors that show cooperation. Use a chart to document each sitting time and consider adding stars to celebrate each one.

3) Document all stool passage on the chart ('stools' or 'accidents'). This helps to monitor the success of the maintenance program. A frequency of one comfortable stool per day, with rare or no soiling indicates a successful maintenance program. Continue the good work. A frequency of one stool less than every third day, hard and/or large stools and/or an increase in soiling/accidents indicates high risk for re-impaction.

4) Consider incentives/rewards.

- For the younger child, rewards (for instance, a star, raisin, sticker, M&M, or penny) should occur soon after the desired behavior. As your child begins to have success in production, the incentives can be phased-out for the sitting and phased-in for the production.
- For the older child, delayed incentives often suffice. For instance, points or stars achieved by sitting 3 times per day, 5 days in a row, or for 5 days without soiling (as examples) could be "cashed-in" for big-boy/girl pants, a special trip to the library or other treat.

- Begin rewarding your child at a level where he/she can achieve some success then move forward.

5) Avoid punitive approaches. Use natural consequences.

- Be supportive and respectful but tell your child what you expect. Your child may need to quit an activity until he/she is cleaned up. Have them help with the clean-up. These are natural consequences.
- Punishment at this stage is also **counter-productive**. Anger, shaming and embarrassment in front of family or peers is inappropriate and counter-productive. Please start a **rewards chart** noted above to motivate success with toilet sitting time periods.

B. Dietary choices to improve regularity. Provide food choices to improve your child's stool regularity. Encourage all family members to participate.

1. Increase the following dietary items to give an amount of daily fiber in grams, equal to the child's age in years + 5 (e.g., 10 grams/day for the 5 year old child) [Two food fiber content charts may be found here.](#)
 - Fiber products such as fiber rich breads, crackers, juices and cereals; add unprocessed wheat bran to the child's food daily (1 level tablespoon = 3 grams of fiber).
 - Fruits such as raisins, dates, prunes, pears, cantaloupe. Vegetables such as broccoli, beans, corn, peas, and snacks like popcorn.
 - Read the labels on food items for grams of fiber/serving.
 - Assure adequate fluids (water is best) - about 1 quart per day.
2. Consider **decreasing** the daily amounts of the following **constipating foods** if your child's diet includes many of them:
 - Milk and other dairy products as these may be constipating. (This is short term until bowel habits are back to normal.)
 - Apples, bananas, carrots, Jell-O, rice, junk-foods, chocolate.
3. If you would like your child to eat more fiber, fruit and vegetables, have those choices available. Prepare the foods so that they are easy to obtain and eat.

C. Medications to promote stool regularity

Our
regimen: _____

D. Follow up

We will arrange for regular visits and communication. Call our office for any questions or concerns - 876-5800

E. Resources

1) Parents books:

Toilet Training. (1984, revised 1993) V. Lansky,
Bantam Books

2) Kids books:

Once Upon a Potty (1980) (his and hers versions and
toy-set available), A. Frankel, Barron's;

Everyone Poops (1984 Japan, 1993 U.S.) T. Gomi,
Kane/Miller

I Have To Go. (1990) A Sesame Street Toddler Book,
Random House; Potty Time (1988) A. Civardi, J
Langley, Simon & Schuster.

3) Videos:

It's Potty Time. (1991) Learning Through
Entertainment, Video Distributors, Gastonia, N.C.,
28052

Once Upon a Potty, (1980)Barren's Home Video.