



Soiling, Fecal, Hoarding and Encopresis

Fecal soiling occurs when children leak stool, usually involuntary, into their underwear, after they have been potty trained. Although encopresis occurs equally in boys and girls in younger children, by school age, it is more common in boys.

Constipation occurs first in this cascade of events. Once a child becomes constipated and has hard and painful stools, he will then begin to hold his bowel movements to prevent it from hurting again. This creates a cycle that makes the constipation continue and become worse, eventually leading to a large fecal impaction and rectal distention. When rectal distention occurs the rectum becomes less sensitive and unable to hold even small amounts of stool. Stool behind the impaction begins to leak around it, and eventually leaks out of the rectum, without the child noticing it or being able to hold it in.

Your child may also have very large, infrequent, hard bowel movements that are painful or may even plug up the toilet. Or he may have very small, ball-like bowel movements more frequently, which are still very hard and difficult to pass. After a very large bowel movement, soiling may improve, until enough time passes and the impaction builds up again.

Treatment for encopresis must include treatment for the underlying constipation. This may include a clean out regimen of enemas, suppositories or high dose of mineral oil to remove the backed up or impacted stool.

Other treatments are aimed at improving your child's diet. A diet low in fiber or fluids can contribute to constipation. So can drinking too much milk. Some steps to improve your child's diet are listed below.

- **Increase fluids** - Water or juice 2-3 glasses a day
- **Increasing fiber** - Raw fruits and vegetables will improve fiber. Popcorn is also high in fiber as well as many cereals.
- **Increase Bran** - Bran cereals, shredded wheat, graham crackers or whole wheat bread are all a good source of bran.
- **Decrease constipating foods** - These include milk, yogurt, cheese, cooked carrots, and bananas.

Over the counter medications to assist your child in the recovery process are listed below. Using them once or twice a day will help your child have a bowel movement each day. If your child starts to have diarrhea, then you are giving too much and you should cut back on the dose of these medications.



- **Mineral Oil** - 1 - 2 Tablespoons twice daily to decrease the pain of hard stool passage.
- **Milk of Magnesia** - 1 - 2 Teaspoons 2 times daily, will help soften the stool to assist in passing it.
- **Sorbitol** - 1 - 2 Teaspoons twice daily.
- **Senokot** - 1 - 2 Teaspoons daily.
- **Dulcolax, Corrector or Bisacodyl** - 1 - 3 tablets daily.

Another important treatment for encopresis and constipation is behavior management so that your child learns to have a bowel movement each day. You should encourage your child to have regular bowel patterns. Have your child sit on the toilet for about 5-10 minutes after meals 2-3 times each day. The use of simple rewards or a daily calendar with stars or stickers for days that your child takes his medicine and has a bowel movement may be helpful. Your child doesn't necessarily need to have a bowel movement each of these times, and you shouldn't punish him if he doesn't. It is more important that he gets in a regular habit of trying to have a bowel movement.

And remember that the leakage of stool is involuntary. Your child is not doing it on purpose and he shouldn't be punished or shamed when it does happen. The distention and stretching of his rectum from the impacted stool can take a lot of time to get back to normal, and until it does, he may not be able to sense or voluntarily hold on in all of his bowel movements, and so leakage may continue even with proper treatment.

Encopresis can sometimes be difficult to treat, and your Pediatrician may consider referring you to a Pediatric Gastroenterologist for further management if he is not improving on his current medical regimen. Difficult cases may also need treatment by a child psychologist.

Joseph C. Stegman, M.D.
George W. Hatley, PA-C

Maricela Dominguez Gulbronson, M.D. F.A.A.P.
Angela Noone, CPNP

Mark C. Clayton, M.D.

301 Medical Park Drive, St 202B, Concord, NC 28025

Phone: 704-403-2626 | Fax: 704-403-2699 | www.behavioralped.com