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Functional Constipation, Stool Withholding, and Encopresis

Based on our discussion of your child's history and his/her physical examination, I believe _____ has a very common childhood ailment, constipation. I define constipation as painful bowel movements, rather than by how often a stool is passed. One out of every four or five children we see in our office has very similar problems. This handout is designed to help your family understand and eventually correct the constipation.

Most childhood constipation involves withholding stool. Many times parents will say that their child is straining to push stool out. However, children who have had painful bowel movements commonly strain to hold the stool in because they develop fear of pooping. The classic postures that a child will use to withhold stool include standing very stiffly while holding onto a table or chair, sitting flatly on the floor with the bottom pressed firmly down, or crossing the legs straight out. Watch your child for those behaviors. When children take these postures, it means that they know they have to poop, but they do not want it to come out. Unfortunately, most children cannot overcome their withholding by just talking about it with their parents, children as young as a few months or as old as 12 years may be withholding stool.

Why do children hold stool in? Most do so because they have experienced pain or have been frightened while trying to poop. If the poops continue to be painful, children respond by trying harder to hold it in. Sometimes children are too busy playing or do not want to use the bathrooms at school. Sometimes teachers ask children to hold it until after class is over.

Over time, holding the stool in results in a series of adaptations by the body. The rectum begins to dilate and stretch so it can hold larger amounts of poop. The stools become larger, drier, and harder to get out. When the poops come out, they may cause a small tear in the anus or in the lining of the rectum that may result in bleeding. Parents often see stools that are adult-sized or bigger and can clog a toilet. At this point, children often lose the sensation of needing to poop. They may also lose some of the muscle strength needed to push it out. This is why older children might say, "I can't feel it." Children often have less energy, abdominal cramps (that can be quite severe), and lose their appetite when they are full of retained stool.

After a while, holding onto poop and stretching of the rectum may lead to encopresis. Encopresis is when a large amount of hard stool is sitting in the rectum and loosed, often grainy, stool flows around it and out the anus. Some people mistake this for diarrhea because their children will pass many small loose stools throughout the day. They will soil their clothes because their rectum is so stretched out that they do not have the urge to stool and they can no longer hold all of it in. This is often incredibly frustrating for the parents, but many children do not seem to be too upset. Many parents discipline their children at this point, but remember: the sensation and ability to stool is severely reduced by all of the withholding, and the child may no longer have any voluntary control over the accidents.

Treatment:

95% of the time, this can be treated successfully, but the treatment takes time, patience, perseverance, and lots of energy. We are dedicated to see you and your child through this difficult time and will work closely together. I have a 4-step approach that works well almost every time.

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Step 1: Clean out the hard stool. Until the hard stuff is out, we cannot make progress. Please give your child:

Is this does not produce good stool output, call us the next day.

Step 2: Soften the stools so they do not hurt when they come out. We have to get rid of the pain. Even one hard stool can cause a child to start withholding again. Your child will NOT become addicted to or dependent on laxatives no matter what your grandparents or neighbors say. Stool softeners are the most important part of the therapy. They are safe and almost always necessary.

Please give your child: _____

If the stools are too loose, decrease the dose to: _____

If the stools are still too hard or painful, increase the dose to: _____

If your child refuses to take the medication, call us for another recommendation.

Step 3: Behavioral Modification. Try to change your child's habits of stool withholding.

For children older than 2, a sticker chart will give them some positive reinforcement and will help us track the stool output in response to the medication. You can pick small prizes for accumulating a few stickers. Keep the prize in the house so there is instant gratification. Some families use Pokemon cards, baseball cards, Barbie clothes, candy, or Hot Wheels. Change the prizes so the child stays excited about receiving them.

Children who are toilet trained should sit on the toilet for at least four minutes after breakfast and dinner if possible. Let them take a book, or Gameboy into the bathroom with them. Make sure they are comfortable and that no siblings are trying to bust down the door during the quiet potty time.

Parents of school-aged children should talk to the school. Many school bathrooms are disgusting, have no doors on the stalls, or have no toilet paper. It is no wonder that school-age kids often withhold stool. Teachers and staff are usually cooperative in finding a way for the child to be excused without being embarrassed and in finding a suitable place for the child to poop.

Step 4: The Contingency Plan

The goal is to eliminate painful poops so that your child's body returns to normal. We should have a plan in place if your child skips more than 2 days without pooping.

On Day 3 of no poops give: _____

And increase the dose of stool softener to: _____

On Day 4 of no poops give: _____

And continue the higher dose of stool softener.

On Day 5 of no poops: notify the child in the morning that if no stool is passed by a certain time, you have to give: _____ . It is not a punishment but a way to HELP the child with a medical problem.

On Day 6 of no poops: Call us for additional instructions.

Frequently Asked Questions of Concerns:

What if my child will not take the medication? There are a lot of options. You can mix it in anything the child will like or we can try a different medication.

Will my child become addicted or dependent on the stool softener? No, No, No. Studies have shown that long-term use of laxatives in children is safe and necessary. Vitamin levels will not be harmed and the intestine will not become floppy. As long as the child holds it in, they will need softeners in one form or another.

Can't I just give my child prunes, vegetables, more fiber or more liquids? Rarely dietary measures may be enough to soften the stools. But usually these steps do not soften the stool enough. They may help, especially when it is time to taper the medication, but the stool softener is the key ingredient to successful treatment.

Can my child have dairy products? Unless we think the child is allergic to dairy, he may have milk products. If milk binds him up more, you can either increase the dose of the stool softener or reduce the dairy intake. If you eliminate milk, the child will need a source of calcium.

Is it my fault? Parents often feel guilty about their child's constipation. I have seen terrible constipation in children who have the most caring and loving parents and in neglectful or controlling parents. We should focus on fixing the problem more than on blaming anyone. I do not suggest that a child be punished for withholding.

When would a child therapist help my child? We can discuss this at our next visit if the 4-step plan is not helping. There are some "red flags" that suggest to me that a child may need more help than a Gastroenterologist can offer. Older children with very low self-esteem, children who do not care about large accidents, older children who will not take the medication or do not want to get better, or children who have major control issues are examples when a therapist may help out a lot.

Does this run in families? Yes, it can.

How do you know there is no blockage or other physical abnormality? The history and physical exam tells me a lot about the possible cause for the constipation. Please tell me if you are still concerned that your child has some disease causing the constipation instead of withholding.

What are the other causes of constipation besides withholding? These are rare but can include food allergy, Hirschung's disease, electrolyte abnormalities, hypothyroidism, anal narrowing or a malformed anus. I will regularly monitor your child for signs that any of these rare diseases may be present.

How long will my child need medication? Stool softeners are usually used until the withholding behavior has resolved. Then we slowly taper the stool softener over several weeks to make certain that the problem does not come back.

My child was doing well and then relapsed, is this common? Unfortunately, it is very common. Relapses can occur when a new sibling arrives, when you go on vacation, when the diet changes, when school starts, or with any significant change in the child's routine occur. Start the stool softeners back sooner than later to prevent major relapse. A very small percentage of children can relapse off and on for a long time.

Are there common mistakes a parent makes when treating this problem? Stopping the stool softeners abruptly or too soon often results in a frustrating relapse. Not calling us with questions, problems, or updates prevents us from helping you as best as possible. Missing doses of stool softeners or dosing the medication too low also leads to treatment failures and more frustration.

We are here to help you with this. I know this handout is long and detailed but I hope you find it helpful and informative. Always feel free to call us. Also I would be happy to hear your suggestions or comments.

For questions or problems: call your physician's nurse. For emergencies, call (404) 257-0799 for follow-up appointments or non-medical questions call (404) 257-0799.