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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.

