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Encopresis (aka Soiling): Guide for Parents and Caregivers

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Summary: Soiling (also known as encopresis) is when a toilet-trained child has bowel movements in places other than the toilet (for example, in their underwear or while sleeping), when he/she loses control of their bowel.

What is Soiling (aka. Encopresis)?

Soiling (also known as encopresis) is when a toilet-trained child has bowel movements in places other than the toilet (for example, in their underwear or while sleeping) when they lose bowel control. Constipation is by far the most common cause of encopresis in children.

How Does Soiling (Encopresis) Happen?

Children often put off going for a bowel movement or resist the urge to poop when they are stressed about toilet training or simply busy playing. Over time, this can lead to stool becoming hard, dry, and difficult to pass. By this point, constipation makes bowel movements hurt, and your child will resist the urge even more. The bowels will become larger than normal, making it harder for the bowel muscles to work properly. Then, a large stool mass can build up in the rectum (the part of the bowel that holds stool) – this is known as fecal impaction. Stool builds up behind this impaction and may leak, leading to soiling.

How Does Constipation Happen?

Many factors can lead to constipation:

- Not eating enough fibre, found in fruits, vegetables, and grains
- Not getting enough physical activity
- Certain medications
- Holding in stool and putting off the urge to poop; this often happens when starting potty training and with starting school

What Are The Symptoms?

A child with constipation may have any of the following:

- Stool that is hard or painful to pass
- Very large bowel movements

- Stomach pain or cramps
- Difficulty passing urine
- The urge to urinate often
- Blood on stools
- Problems with behaviours
- Leak stool into underwear
- Avoid going to the toile

A child can still have constipation even if they have a bowel movement daily.

How Is Constipation Treated?

It is important to recognize that by the time constipation causes symptoms, it has usually been a problem for many months. It will take just as long for constipation to improve. The bowel will return to a normal size if the stool doesn't build up over the next 3-6 months.
Children usually need non-prescription medications like laxatives and stool softeners for a few months to resolve constipation. Some may need medication to empty or "clean out" the bowel of a large amount of stool.

What Can We Do?

Your health care provider may prescribe you medications to help resolve constipation, but there are many other steps you can do to help resolve constipation and prevent it from returning.

1. **Healthy diet**
    - Vegetables, fruits, legumes and whole grains (e.g. bread, pasta, crackers and cereal) are good sources of fibre. Try to include these in each meal and snack.
    - The amount of fibre needed each day depends on your child's age. Check Canada's Food Guide for the number of servings your child should have daily.
    - Fibre should be increased gradually in your child's diet.
    - Try to modify some of your frequent meals or recipes to increase the fibre content. For example, using whole wheat instead of white flour or adding bran, flaxseed or wheat germ to casseroles and pasta sauces.
    - Take a look at labels and compare their % daily fibre value. This will help you choose products that are good sources of fibre.
2. **Increase fluids**

    - Increase fluid intake. Toddlers should drink 2-3 cups of milk daily; the rest should come from water.
    - Limit juice intake to ½-1 cup per day. It can cause cramping and gas!
    - Recommended fluid intake depends on your child's weight:
        - A 10 kg (22 lb) child needs 1 litre or 4 cups each day
        - A 20 kg (44 lb) child needs 1.5 litres or 6 cups each day
        - A 45 kg (99 lb) child needs 2 litres or 8 cups each day

1. **Regular toileting**

    - Training the bowel back to a normal pattern can take weeks or months. A good way to work towards this is to take advantage of the body's normal reflex (or urge) to empty after meals.
    - 20-30 minutes after each meal, have your child sit on the toilet or potty for 1 minute each year of age (e.g. 3 minutes for a 3-year-old). Take this time to read a book, chat, and catch up!
    - Depending on your child's age, rewards such as sticker charts may help encourage this time sitting on the toilet.
    - Keep a diary of how often your child has a bowel movement, the type of stool he/she is having, and any symptoms listed above.

- Remember to stay positive and calm! Avoid punishing or giving consequences, even if your child still has soiling episodes. If your child becomes stressed, this may make the problem worse.

1. **More physical activity**
    - Regular exercise helps stimulate normal bowel function and keeps the bowel healthy.
    - Children need at least 1 hour of moderate physical activity each day.

When Should I See a Health Care Provider?

Constipation that goes on for a long time may lead to other problems or signal an underlying condition. You should contact your health care provider if your child:

- Develops a fever
- Has vomiting
- Passes blood or mucous in stool
- Has abdominal swelling
- Loses weight
- Wakes up from sleep to pass stool
- Is very distressed and crying, and you are unable to soothe them
- Develops painful cracks in the skin around the anus (known as anal fissures)
- Has intestine drooping out of the anus (known as rectal prolapse)

About This Document

Reviewed by the Mental Health Information Committee at the Children’s Hospital of Eastern Ontario (CHEO). Special thanks to Michelle Primeau, Medical Student.

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Information in this fact sheet may or may not apply to your child. Your health care provider is the best source of information about your child’s health.