

Soiling (Encopresis)

What Is Encopresis?

If your child has bowel movements (BMs) in places other than the toilet, you know how frustrating it can be. Parents might assume that kids who soil their pants are misbehaving or too lazy to use the bathroom when they have the urge to go.

But many kids beyond the age of toilet teaching (generally older than 4 years) who soil their underwear have a condition known as **encopresis** (en-kah-PREE-sis). They have a problem with their bowels that dulls the normal urge to go to the bathroom. So they can't control the accidents that usually follow.

Encopresis isn't a disease. It's a symptom that may have different causes.

What Are the Signs & Symptoms of Encopresis?

At first, parents may think their child has a simple case of diarrhea. But when it keeps happening, it's clear that there's another problem, especially because the child isn't sick.

As the buildup of stool stretches the colon, the nerves have trouble telling the brain that it's time for a BM. If untreated, the soiling will get worse. Then, kids may lose their appetites or complain of stomach pain.

A large, hard poop may also cause a tear in the skin around the anus that will leave blood on the stools, the toilet paper, or in the toilet.

Parents can get frustrated if their child seems unfazed by the poop accidents, which happen mostly during waking hours. Denial may be one reason for a child seeming calm — kids can't face the shame and guilt they feel about the condition. Some even try to hide their soiled underpants from their parents.

Another reason may be more scientific: Because the brain gets used to the smell of poop, the child may no longer notice the odor.

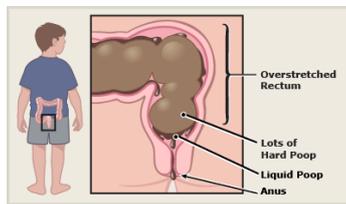
What Causes Encopresis?

Most encopresis cases are due to **constipation**. Stool (poop) is hard, dry, and difficult to pass when a person is constipated. Many kids "hold" their BMs to avoid the pain they feel when they go to the bathroom, which sets the stage for having a poop accident.

About Constipation

There's a wide range when it comes to "normal" pooping. One kid might have one or two BMs per day while another goes only three or four times a week.

A child who passes a soft, medium-sized BM without any problems every 3 days is not constipated. But a child who passes a hard BM (small or large) every other day is. So are other kids who may go every day, but only pass hard little balls and always have poop left behind in the rectum.



Causes of hard poop can include:

- diet
- illness
- not drinking enough liquids
- fear of the toilet during potty training
- limited access to a toilet or a toilet that's not private (like at school)

Some kids may develop chronic constipation after stressful life events such as a divorce or the death of a close relative.

Rectal surgery or birth defects such as Hirschsprung disease and spina bifida can cause constipation or encopresis without constipation, but this is uncommon.

What Happens With Encopresis?

When a child holds in BMs, the poop starts building up in the rectum and may back up into the colon — and a frustrating cycle begins.

The colon's job is to remove water from the poop before it's passed. The longer the poop is stuck there, the more water is removed — and the harder it is to push the large, dry poop out. The large poop also stretches out the colon, weakening the muscles there and affecting the nerves that tell a child when it's time to go to the bathroom.

Then, the colon can't easily push the hard poop out, and it's painful to pass. So the child continues to avoid having a BM, often by dancing, crossing the legs, making faces, or walking on tiptoes.

In time, the rectum and lower part of the colon get so full that it's hard for the sphincter (the muscular valve that controls the passage of feces out of the anus) to hold the poop in. Partial BMs may pass through, causing the child to soil his or her pants. Softer poop may also leak out around the large mass of feces and stain the child's underwear when the sphincter relaxes.

Kids can't prevent this soiling — nor do they have any idea it's happening — because the nerves aren't sending the signals that regulate pooping.

How Is Encopresis Diagnosed?

Call the doctor if your child has any of these symptoms of encopresis:

- poop or liquid stool in the underwear when your child isn't ill
- hard poop or pain when having a BM
- toilet-clogging BM
- belly pain
- loss of appetite
- blood on the toilet paper when wiping or dripping into the toilet bowl

Soiling and constipation are a top reason that kids go to see pediatric **gastroenterologists** (doctors who diagnose and treat disorders of the stomach and intestines).

How Is Encopresis Treated?

Encopresis is **not** a behavioral issue or a simple lack of self-control. Punishing or humiliating a child with encopresis will only make matters worse.

Instead, talk to your doctor for help to get through this challenging but treatable problem. The doctor also might recommend that your child see a gastroenterologist.

Treatment happens in three phases:

1. **Emptying the rectum and colon of the hard poop.** Depending on the child's age and other things, the doctor may recommend medicines, including a stool softener, laxatives, and/or enemas. Give laxatives and enemas **only** under the supervision of a doctor. **Never** give these treatments at home without first checking with your doctor.
2. **Helping your child begin having regular BMs.** This is done with the aid of stool-softening agents. It's important to continue using the stool softeners/laxatives to give the bowels a chance to shrink back to normal size. The muscles of the intestines are stretched out, so they need time to recover.

Parents also will be asked to schedule potty times after meals (when the bowels are naturally stimulated). The child will sit on the toilet for about 5 to 10 minutes. This helps kids learn to pay attention to the urges to go.
3. **Reducing use of the stool medicines.** As regular BMs happen, the doctor will decrease a child's use of stool softeners and/or laxatives.

Keep in mind that relapses are normal, so don't get discouraged. Your child might get constipated again or soil his or her pants during treatment, especially when being weaned off of the stool softeners.

A good way to track your child's progress is by keeping a daily poop calendar. Make sure to note the frequency, consistency (hard, soft, dry), and size (large, small) of the BMs.

Patience is the key to treating encopresis. It can take several months to a year for the stretched-out colon to return to its normal size and for the nerves in the colon to become effective again.

The Importance of Diet and Exercise

Diet and exercise are very important in keeping stools soft and BMs regular. Make sure your child gets plenty of fiber-rich foods. Serve fresh fruits, dried fruits like prunes and raisins, dried beans, vegetables, and high-fiber bread and cereal.

Try these creative ways to add it to your child's diet:

- Bake cookies or muffins using whole-wheat flour instead of regular flour. Add raisins, chopped or pureed apples, or prunes to the mix.
- Add bran to baking items such as cookies and muffins, or to meatloaf or burgers, or sprinkled on cereal. (The trick is not to add too much bran or the food will taste like sawdust.)
- Serve apples topped with peanut butter.
- Create tasty treats with peanut butter and whole-wheat crackers.
- Top ice cream, frozen yogurt, or regular yogurt with high-fiber cereal for some added crunch.
- Serve bran waffles topped with fruit.
- Make pancakes with whole-grain pancake mix and top with peaches, apricots, or grapes.
- Top high-fiber cereal with fruit.
- Sneak some raisins or pureed prunes or zucchini into whole-wheat pancakes.
- Add shredded carrots or pureed zucchini to spaghetti sauce or macaroni and cheese.
- Add lentils to soup.
- Make bean burritos with whole-grain soft-taco shells.

Help your child drink plenty of liquids each day, especially water. Diluted 100% fruit juice (like pear, peach, or prune) is an option if your child isn't drinking enough water. Also, limiting your child's daily dairy intake (including milk, cheese, and yogurt) may help.

Looking Ahead

Successful treatment of encopresis depends on the support a child gets. Some parents find that positive reinforcement helps to encourage the child throughout treatment. For instance, put a star or sticker on the poop calendar for having a BM (or even for trying to), sitting on the toilet, or taking medicines.

Don't blame or yell — it will only make your child feel bad and it won't help manage the condition. With lots of love, support, and reassurance that he or she isn't the only one in the world with this problem, your child can overcome encopresis.

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Soiling (Encopresis)

My child is way past toilet training, but he still soils his underwear.

What should I do?

Encopresis is one of the more frustrating disorders of middle childhood. It is the passing of stools into the underwear or pajamas, far past the time of normal toilet training. Encopresis affects about 1.5 percent of young school children and can create tremendous anxiety and embarrassment for children and their families.

Encopresis is not a disease but rather a symptom of a complex relationship between the body and psychological/environmental stresses. Boys with encopresis outnumber girls by a ratio of six to one, although the reasons for this greater prevalence among males is not known. The condition is not related to social class, family size, the child's position in the family or the age of the parents.

Two types

Doctors divide cases of encopresis into two categories: primary and secondary. Children with the primary disorder have had continuous soiling throughout their lives, without any period in which they were successfully toilet trained. By contrast, children with the secondary form may develop this condition after they have been toilet trained, such as upon entering school or encountering other experiences that might be stressful.

A frustrating condition

Children, parents, grandparents, teachers and friends alike are often baffled by this problem. Adults sometimes assume that the child is soiling himself on purpose. While this may not be the case, children can play an active role in managing the processes involved in this disorder.

The physical aspects of encopresis

When encopresis occurs, it begins with stool retention in the colon. Many of these youngsters simply may not respond to the urge to defecate and thus withhold their stools. As the intestinal walls and the nerves within them stretch, nerve sensations in the area diminish. Also, the intestines progressively lose their ability to contract and squeeze the stools out of the body. Therefore, these children find it increasingly difficult to have a normal bowel movement. Most of these children are chronically constipated.

With time, these retained stools become harder, larger and much more difficult to pass. Bowel movements then can be painful, which further discourages these children from passing the stools.

Eventually, the sphincters (the muscular valves that normally keep stools inside the rectum) are no longer able to hold back all the stool. Large, hard feces may be retained in the colon (large intestine) and rectum, but liquid stool can begin to seep around this impacted mass, passing through the anus and staining the underwear. At other times, semiformal or partial bowel movements may pass into the underwear, and because of the decreased sensation, the child may not be aware of it.

Possible causes

Some youngsters are predisposed from birth to early colonic inertia - that is, a tendency toward constipation because their intestinal tracts lack full mobility. Early in life these children might have experienced constipation that required dietary and medical management.

Some children develop constipation and encopresis because of unsuccessful toilet training as toddlers. They may have fought the toilet training process, been pushed too fast, or were punished for having accidents. Struggling with their parents for control, they may have voluntarily withheld their stools, straining to hold them as long as they could. Some children may actually have had a fear of the toilet, even thinking that they themselves might be flushed away.

A number of other factors can also contribute to the eventual development of encopresis. Sometimes children may have pain when they have a bowel movement due to an infection or a tear near their rectum. Emotional causes can

include limited access to a toilet or shyness over its use (at school, for example), or stressful life events (marital discord between parents, moves to a new neighborhood, family physical or mental illnesses or new siblings). While most children with encopresis are also constipated, some are not. These children may refuse to use the toilet and simply have normal bowel movements in their underwear or other inappropriate places. In general, these children are demonstrating their attempts to control some difficult aspects of their lives. Professional help is advisable for these children and their families.

Many parents are astonished that their child with encopresis may not even be conscious of the odor emanating from the stool in his pants. When this odor is constant, the smelling centers of the brain may become accustomed to it, and thus the child actually is no longer aware of it. As a result, these youngsters often are surprised when a parent or someone else tells them that they have an odor. While the youngster himself may not be bothered by the smell, the people around him may not be sympathetic to his problem.

Psychological effects

Exasperated parents often place great pressure on their child to change this behavior – something the youngster may be incapable of without help from a pediatrician. While family members may have ideas on how to solve the problem, their efforts generally will fail when they do not understand the physiological mechanisms at work.

Encopresis can lead to a struggle within the family. As parents and siblings become increasingly frustrated and angry, family activities may be curtailed or the child with encopresis may be ostracized from them. By this stage, the problem often has become a family preoccupation.

As the child and family fruitlessly battle over the child's bowel control, the conflict may extend to other areas of the child's life. His schoolwork may suffer; his responsibilities and chores around the home may be ignored. He may also become angry, withdrawn, anxious, and depressed, often as a result of being teased and feeling humiliated.

Management of encopresis

Encopresis is a chronic, complex – but solvable – problem. However, the longer it exists, the more difficult it is to treat. The child should be taught how the bowel works, and that he can strengthen the muscles and nerves that control bowel function. Parents should not blame the child and make him feel guilty, since that contributes to lower self-esteem and makes him feel less competent to solve the problem.

Parents often use a behavior modification or reward system that encourages the child's proper toilet habits. He might receive a star or sticker on a chart for each day he goes without soiling and a special small toy, for example, after a week. This approach works best for a child who truly wishes to solve the problem and is fully cooperative in that effort.

Some youngsters have significant behavioral and emotional difficulties that interfere with the treatment program. Psychological counseling for these children helps them deal with issues like peer conflicts, academic difficulties, and low self-esteem, all of which can contribute to encopresis.

Throughout this treatment process, parents should remind the child that there are other youngsters who have the same problem. In fact, children with the same difficulty probably attend his own school.

Children with encopresis may have occasional relapses and failures during and after treatment; these are actually quite normal, particularly in the early phases. Ultimate success may take months or even years.

One of the most important tasks of parents is to seek early treatment for this problem. Many mothers and fathers feel ashamed and unsupported when their child has encopresis. But parents should not just wait for it to go away. They should consult their doctor and make a persistent effort to solve the problem. If the symptoms are allowed to linger, the child's self-esteem and social confidence may be damaged even more.

Treatment

When encopresis is occurring in a school-age child, a physician experienced in encopresis treatment and interested in working with the child and the family should be involved.

The treatment goals will probably be four fold:

- To establish regular bowel habits in the child
- To reduce stool retention
- To restore normal physiological control over bowel function
- To defuse conflicts and reduce concerns within the family brought on by the child's symptoms

To accomplish these goals, attention will be focused not only on the physical basis of encopresis but also on its behavioral and psychological components and consequences.

In the initial phase of medical care, the intestinal tract often has to be cleansed with medications. For the first week or two the child may need enemas, strong laxatives or suppositories to empty the intestinal tract so it can shrink to a more normal size.

The maintenance phase of management involves scheduling regular times to use the toilet in conjunction with daily laxatives like mineral oil or milk of magnesia. Proper diet is important, too, with sufficient fluids and high-fiber foods. These steps will keep the stool soft and prevent constipation. When improperly supervised, these interventions have potential dangers for the health of the child and so should be done only under the supervision of the child's physician. The maintenance phase will usually last two to three months or longer.

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