

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 he/she loses control of their bowel. 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, and it makes it harder for the bowel muscles to work properly. Then, a large mass of stool 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 fiber, 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 behaviors
 - Leak stool into underwear
 - Avoid going to the toilet
- A child can still have constipation even if he/she is still having a bowel movement each day.

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 the constipation to improve. The bowel will get back to a more normal size if stool doesn't build up over the next 3-6 months.
- Children usually need some non-prescription medications like laxatives and stool softeners for a few months to resolve the constipation. Some may need medication to first empty or "clean out" the bowel of a large amount of stool.

What can you do?

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

1. **Healthy diet**

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

2. **Increase fluids**

- Increase fluid intake. Toddlers should drink 2-3 cups of milk per day, and 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 pound) child needs 1 liter or 4 cups each day
 - A 20 kg (44 pound) child needs 1.5 liters or 6 cups each day
 - A 45 kg (99 pound) child needs 2 liters or 8 cups each day

1. **Regular toileting**

- It can take weeks or months to train the bowel back to a normal pattern. 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 for each year of age (e.g. 3 minutes for a 3 year old). Take this time to read a book together, or chat and catch up!
- Depending on your child's age, rewards such as sticker charts may be helpful for encouraging this

time sitting on the toilet.

- Keep a diary of how often your child is having a bowel movement, the type of stool he/she is having, and any symptoms as listed above.
- Remember to stay positive and calm! Avoid punishing or giving consequences, even if your child still has episodes of soiling. 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 you contact your 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).
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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.