

Encopresis/Soiling

Information for children and parents



Children with encopresis have bowel movements or leak a small amount of stool in the wrong places, such as underwear and nightclothes. Encopresis is very common, occurring in at least 1.5% of all children. It is a

frequent reason for a child to be referred to a pediatric gastroenterologist.

Symptoms

Encopresis often occurs in children with constipation. The child may have stomach ache, cramps, vomiting, or bloating. Some children become pale or flushed, lose their appetites, or even lose weight. Some have small tears in the anal area called anal fissures. These are painful and can lead to blood on the outside of the stool.

Children with this problem have different bowel habits. Some may not have any bowel movement for many days, and then have a huge, hard stool, large enough to block the toilet! . Other children have daily bowel movements on the toilet but also leak liquid, diarrhea-like stool, dirtying or soiling their clothes. Some children do not stool in the toilet at all.

Children may hide their soiled underwear in drawers or under the bed. This can be very unpleasant for other family members. Another common upsetting behavior is refusal to change dirty clothing even though the odor is very bothersome to other people. The child with encopresis may not notice the unpleasant smell.

Children may also wet the bed at night or wet their clothing during the daytime. This wetting is called enuresis. Playmates or brothers and sisters may tease children with encopresis and enuresis. Teasing can lead to embarrassment, school refusal, fighting, and other problems.

Causes

Soiling is often the result of constipation. Constipation often begins when a child holds back a bowel movement. Perhaps the child has had hard, painful stools. Some children naturally have dry, hard stools. A diet change, viral illness, hot weather, or travel can lead to hard stools. In the young child, a bad diaper rash can cause painful passage of stool. Older children may start holding bowel movements when they go to school or summer camp and are faced with a toilet that is less private than the one they have at home. The initial cause of the soiling may have occurred many years before the child is seen by a doctor for treatment.

Stool that is held back eventually fills up the colon and stretches it out of its normal shape. The stool that remains in the colon dries out as the colon absorbs water from it. The longer the stool is held in the colon, the larger and harder it becomes, making bowel movements even more

painful. This starts a vicious cycle. In the normal colon, muscles try to push stool out. Nerves tell the child that a stool needs to come out. However, the stretched-out, floppy colon muscles cannot push. Hard stool gets stuck and only liquid can pass around the rocklike stool. Stretched nerves become less sensitive. The child does not feel the leaking stool. The leakage looks like diarrhea or wet staining in clothing or underwear. Since the child always has some stool on his clothes, he gets used to the smell and it no longer bothers him

For more information or to locate a pediatric gastroenterologist in your area please visit our website at: www.naspgghan.org

IMPORTANT REMINDER: This information from the North American Society for Pediatric Gastroenterology, Hepatology and Nutrition (NASPGHAN) is intended only to provide general information and not as a definitive basis for diagnosis or treatment in any particular case. It is very important that you consult your doctor about your specific condition.

Specific Instructions



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