



Encopresis: What You Need to Know

What the in the world is it?

In a nutshell, it's a form of constipation brought on by a vicious cycle. One day, a child has a hard bowel movement. It hurts, so they are not in a hurry to have another. They hold it in, and the colon begins to fill. They have a big BM that hurts even worse, so they hold it even longer. Some children with encopresis will go two weeks without a good BM. As the colon fills, it stretches and gets weak. Liquidy stool can leak into the underwear, sometimes making a parent think that diarrhea is the issue.

It's pretty common problem -- especially in preschool and elementary school age children, but people don't talk about it much -- so you may not have heard of it. It sometimes starts during potty training or in children that are afraid to use the bathroom at school. At other times, it's the child with a strong temperament that seems to develop encopresis.

First line options

Children with encopresis need ready access to the bathroom. A footstool in front of the toilet may help them evacuate. Gentle encouragement is helpful; harsh punishment is not -- as the soiled underwear is usually beyond the control of the child due to the weakened muscles. Have your child avoid large amounts of milk and stay clear of junk food. Encourage lots of water, high fiber fruits and vegetables, and some juice.

Although a good diet helps, a laxative is often necessary - for several months in severe cases. Over-the-counter options include Milk of Magnesia, Little Tummys, malt soup extract, mineral oil, senna. A fiber supplement may help too.

Other means of assistance

For more severe cases, an induction or clean out may be needed. Fleet enemas may be needed once or twice daily until there is no more retained stool. Alternatively, a container of Miralax (a prescription) may be mixed with a gallon of water and consumed as directed over the course of a day or two. Miralax or lactulose syrup may be prescribed for daily maintenance. Relapses, unfortunately, are not rare -- but they are easy to manage if caught early and the induction is restarted.

On occasion, referral to a pediatric gastroenterologist is considered. For difficult cases, we usually recommend consultation with a child psychologist for stress management and supportive counseling.

Our recommendation for your child: