

Encopresis

What is constipation?

If a child repeatedly resists the urge to defecate (poop) and withholds stool in the rectum, a large mass of stool may accumulate. Chronic constipation is one of the most common problems of the intestinal tract in children and a leading cause of abdominal pain. Constipation is defined as the infrequent and difficult passage of stool. It is important to note that the frequency of bowel movements among normal, healthy children varies greatly. The stool of constipated children may be very hard, but it can sometimes seem like diarrhea.

What is encopresis?

Encopresis is also known as fecal soiling. It is the repetitive unexplained passage of stool by children after the age they may be reasonably expected to have completed toilet training and to exercise bowel control. The fecal soiling may or may not be under the control of the child. In most cases encopresis is a symptom of chronic constipation. Less often it may be the result of developmental or emotional issues.

Encopresis can be difficult to deal with, causing frustration for you and negative emotions for your child including embarrassment, guilt or anger. With patience and positive reinforcement treatment for encopresis is usually successful.

How do chronic constipation and encopresis develop?

To understand how encopresis develops it is important to first understand how constipation develops.

- As retained stool sits in the rectum and colon it becomes more and more dried out and the mass becomes larger in size. This makes the passage of the stool more difficult and sometimes painful.
- Wanting to avoid the pain, the child withholds the stool. When this happens, the child may eventually be unable to resist the urge to defecate, and with tremendous effort may pass a huge stool. This relieves the rectal pressure, but the rectum is left enlarged and then accumulates another large stool.
- The child may be unable or unwilling to pass the stool regardless of its size. The rectal muscles and the external sphincter become fatigued with the effort of retaining stool and over time partially relax.
- Liquid fecal material (stool) from high in the colon will trickle down around the dried mass of stool in the rectum and will leak uncontrollably through the anus into the child's underwear. This is called fecal soiling or encopresis.
- The child has no sensation of the passage of this sticky liquid stool and no control over its passage.

Fecal soiling commonly occurs in the late afternoon or evening; it happens less commonly in the morning or at night. Fecal soiling may occur many times during the day.

There are many reasons this pattern of fecal retention, constipation, and soiling may happen. Some are:

- painful stool passage in early life
- anatomic abnormalities
- diet changes
- emotional distress

Whatever the original cause, once the pattern is established the problem perpetuates itself: stool withholding leading to dislike or inability to have a bowel movement, which leads to more voluntary withholding of stool. Children often deny that they have soiled their underwear and sometimes even hide or throw away their soiled underwear out of embarrassment or fear. They are often surprised to find the soiling on their clothes because sensation in the rectum is impaired enough to not feel leakage.

What are some of the causes of constipation and encopresis in children?

Pain

Constipation can cause pain when stools are large and hard. Cracks in the skin, called fissures, may develop in the anus. These fissures can bleed or increase pain, causing a child to withhold stool. Infections in the anal region can also cause pain and result in withholding.

Illness

A child who has a brief illness with poor food intake, fever, and no physical activity may develop constipation which may continue after the illness is over.

Poor bowel habits

Ignoring the urge to poop can start the cycle of constipation. Some girls and boys may be fussy about using bathrooms away from home and may become constipated by refusing to use school or public toilets. Children may ignore the urge because they are “too busy”. After a while the child may stop feeling the urge to defecate as the rectum becomes stretched out.

Emotional distress

Because of emotional problems or inappropriate attempts at toilet training children will sometimes voluntarily withhold stool until the problem of fecal soiling results. Refusing to defecate may be used as a powerful tool to control authority figures. The effort to retain stool may be associated with agitated behavior. This behavior can be frightening to parents and siblings.

Diet

Constipation may result from a low-fiber diet (not enough vegetables, fruits, and whole grains), or from too many dairy products or other constipating foods. It is rare that diet is the only cause or cure of childhood constipation.

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Muscle or nerve damage

Some children with muscle disease or neurologic disorders which can cause weakness or poor coordination of the muscles which can lead to constipation. Other unusual causes of constipation can easily be ruled out by your physician.

Unknown

Finally, there is a large group of constipated children where no cause can be found.

How are constipation and encopresis treated?

There are many ways of treating constipation. We will discuss with you the specific treatment for your child. In general, the program and medications prescribed will help your child retrain his bowel which has become somewhat stretched-out and inefficient.

The first step is to remove the collection of stool in the colon. The process is called a “bowel clean out”. This may require a combination of laxatives/stool softeners by mouth, and/or rectal therapies (such as enemas or suppositories). This emptying of the colon is necessary before any bowel retraining can take place. (This is like removing a boulder blocking a stream before flow can return to normal.)

Once the colon is empty, steps will be taken so stool can easily pass. These steps may include:

- Giving a stool softener on a regular basis. Stool softeners are not habit-forming and may be taken for a long time without side effects.
- Giving a stimulant laxative. Some children with encopresis require therapy with a stimulant laxative that works to squeeze the colon and make it empty more effectively. This can help to improve the colonic musculature and stop the overflow leakage or soiling.
- Changing the diet to include more high fiber and plenty of water.
- Encouraging regular exercise.
- It is often helpful to start a bowel training routine. The child sits on the toilet for 5-10 minutes after every meal and/or before the evening bath. It is important to do this consistently in order to encourage good behavior habits. Use a footstool or box to help your child maintain their balance if your child’s feet do not touch the floor. A “potty watch” or reminder set for children can also be helpful to encourage routine toilet sitting throughout the day.

During the retraining period, it is important to keep the colon as empty as possible so that it can regain some muscle tone and prevent an accumulation of stool that could lead to soiling again. Your child should have a bowel movement at least every other day. If the time between bowel movements is longer, you should call us to discuss the situation. This period of retraining usually lasts between 6 and 12 months; however, in some cases a longer period of retraining is necessary.

After the intensive retraining period, a gradual reduction in medication will be tried. In many children, retraining will be successful, and medication can be stopped altogether. If your child has a relapse and begins soiling again, it is not the child’s fault, and the recurrence can be handled by our GI team by temporarily intensifying treatment. Symptoms tend to reoccur with changes in routine such as travel, returning to school after summer vacation, or with illness.