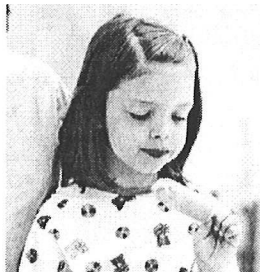


Treatment of Encopresis/Soiling



Treatment

Treatment consists of three parts. First, the initial cleanout clears the stool that has collected in the colon. Second, maintenance therapy prevents stool build-up, allowing the colon to return to its normal shape and

muscle tone, and encourages regular bowel movements in the toilet. Third, counseling may help children who are embarrassed or feel they are "bad" because of the encopresis. A counselor can help structure the treatment plan and help the child cooperate.

The Initial Cleanout

The large, rocklike stool in the colon must be softened and broken down before it can be passed. Oral agents such as mineral oil, Milk of magnesia, Miralax TM (polyethylene glycol) or lactulose are used to soften the stool. Mineral oil is not absorbed into the bloodstream. It stays in the colon and enters into the hard stool to soften it. Mineral oil also coats the stool and the walls of the colon to help the stool slide out easily. Lactulose and polyethylene glycol are also not absorbed into the blood stream; a small amount of magnesium may be absorbed from milk of magnesia. These medicines work by keeping water in the intestine which softens the stool. It is not really possible to give too large a dose of one of these medicines to a normal child; the only effect would be looser stool.

Recent studies show that mineral oil does not seriously reduce vitamins or other nutrients from the body so it can be safely used for a long time. Milk of magnesia usually has no side effects. Lactulose may cause cramps. Polyethylene glycol is well tolerated.

Some children do not like the taste of mineral oil or milk of magnesia. Some of these medicines come in flavors that your child may like; these may be expensive. These medicines can be mixed with chocolate or strawberry drink mix, or with jello powder. Mineral oil can be placed in the blender with orange juice concentrate and ice or with ice cream or with chocolate milk. Mineral oil can be used for salad dressing. Sometimes keeping the medicine very cold in the freezer helps it go down.

Enemas or suppositories can also be used in the initial clean out phase. Since they only work on the lower part of the colon, near the lower end of the colon (the rectum), additional treatment is required to empty out the stool farther up.

There are many ways to achieve the initial cleanout. Your doctor will discuss the best plan with you and your child.

Maintenance Therapy

The object of maintenance therapy is to prevent stool buildup, allow the colon to return to its proper shape and

function, and to encourage the child to have bowel movements in the toilet. This takes several steps:

1. Decrease the medicine dose as your doctor directs. Slight adjustments of the dose may be needed to prevent stool buildup and to keep stools soft but not too runny.
2. If the child is toilet trained, he/ she should be encouraged to sit on the toilet, and try to have a bowel movement, for five minutes, fifteen to thirty minutes after a meal or snack. Try to do this at least twice a day. Listening to a radio may make this less boring but the child should concentrate on pushing with the belly muscles and relaxing the muscles of the bum. After meals, especially after breakfast, is the best time for this "toileting practice" or "sit", because a full stomach makes most people feel the need to have a bowel movement. A large hot drink may increase this feeling. After a bath may also be a good time to try and have a bowel movement. The child must be comfortable. Place a box or stool under the feet of smaller children to raise their knees higher than their hips. Very small children may feel safer if they face backwards on the toilet, or use a potty chair.
3. Increase fiber intake by encouraging whole grains, fruits, vegetables, peanut butter, dried fruits, and salads. In addition, give at least two Fiber Servings every day. A Fiber Serving may consist of:
 - a bowl of Bran cereal
 - one tablespoon wheat bran mixed in food (yogurt, soup, salad)
 - one tablespoon of psyllium
 - a bran muffin
 - a commercial fiber supplement such as fiber cookies, or one serving of Metamucil or Citrucil in 8 oz water (see the directions)
4. Increase fluids in the diet.
5. Increase physical activity if it seems below average for your child's age. Exercise helps move stool down the colon.
6. It is important to encourage the older child to take responsibility for his or her own actions. The child should be responsible for taking the medicine without a fight, for sitting on the toilet, and for cleaning up stool accidents. Each family must decide what level of responsibility to expect of the child. Having a calendar to mark down doses and "sits" can help keep track.

Diseases which mimic Encopresis/soiling

Some other diseases have symptoms similar to encopresis, but are much less common than encopresis. If a child does not respond to treatment as expected, other tests may be recommended to be sure that the child does not have one of these other diseases. Your child's health care team will monitor progress to see if testing for such conditions is warranted.

See other side

Counseling

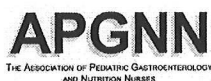
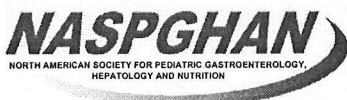
A counselor may be helpful to reduce the tension that children and families feel because of encopresis. The child's condition often becomes a family problem. The child may have learned to control other people by having accidents. It is important to try to avoid anger or punishment around accidents, even though this may be difficult. Most often, the child is not being naughty; he/ she simply cannot feel the stool coming out. It is the child's responsibility, however, to take the medicine and to attempt regular toileting without making a scene. Children respond well to a carefully planned, consistent system of rewards for appropriate behaviors. This can be planned with the counselor.

Success!

Encopresis is curable! Children who follow the treatment plan will be able to control their bowel movements. It may take many months for the intestine to regain strength and feeling after being stretched for a long time. Relapsing is one of the main problems in long-term management. Some children initially control their bowel movements but after several months or even years again start holding stool back. Restarting the initial cleanout, followed by maintenance therapy, will bring back control. Some children will continue to have constipation into adult life. Continuing a high fiber diet and using the stool softeners as necessary can successfully treat this.

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



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SPECIFIC INSTRUCTIONS:

PLAN FOR YOUR CHILD

INITIAL CLEANOUT

MAINTENANCE

TOILETING