



Encopresis (“poopy pants”): 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.

The most important first line is to have them sit on the toilet at the same time every day for 20 minutes and offer a reward (nothing big) if they show you the bowel movement. Many times this solves the problem.

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, sometimes children need help. Schedule an appointment for your child to see us for prescription medicines and additional suggestions.

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, use of Miralax (a prescription) 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 really difficult cases, we may recommend consultation with a child psychologist for stress management and supportive counseling.