

20 Tips For Success In Treating Encopresis

1. Avoid giving medication to children with non-retentive soiling. Children who are not constipated or impacted need incentives to take responsibility for their own toilet habits.
2. Perform a rectal exam for impaction at the initial visit. Remember that impactions are usually at midline in the supra-pubic areas. Also suspect impaction in any child who is soiling at school.
3. Remove impactions with enemas and stool softeners.
4. Avoid giving oral laxatives or rectal suppositories to impacted children because they can cause abdominal pain.
5. Always evaluate the success of the initial cleanout by doing a follow-up exam one week after treatment.
6. Assess the diet of any child who is constipated. Only milk products are known to contribute to constipation.
7. Identify and remove painful conditions that cause stool holding, such as peri-anal fissure, peri-anal skin breakdown, or peri-anal cellulitis caused by a group A streptococcus.
8. Remove the threat of punishment as a cause of stool holding.
9. Clarify with the child that the goal is to have a daily bowel movement.
10. Make sure the child understands that sitting on the toilet is crucial to success.
11. Tell a child who won't sit on the toilet that releasing a bowel movement into the diaper is OK.
12. Encourage parents to offer incentives to help young children cooperate in releasing a bowel movement.
13. Prescribe stool softeners or laxatives for retentive soiling.
14. Use adequate dosages of stool softeners or laxatives to produce a daily bowel movement.
15. Continue stool softeners or laxatives until the child has gone for a least one month without any soiling.
16. Reassure parents that laxatives are safe and that children can use them for many months without becoming dependent on them.
17. Teach parents to increase the dosage of medication if their child retains bowel movements for more than 48 hours.
18. Teach parents to respond promptly if soiling recurs after removal of an impaction. Suggest that they give a double dose of laxative, a suppository, or an enema, or have the child sit on the toilet for ten or 15 minutes out of every hour.
19. Make the child accountable in the office. Speak to him directly about his progress. Praise him if he is doing well, and ask him what he is going to do next if he is doing poorly.
20. Continue medical follow-up if you refer a patient to a mental health professional.

Please call with any questions or concerns

Brighton Hill Pediatrics

151 Intrepid Lane

Syracuse, NY 13205

Phone: (315) 469-8191

Fax: (315) 410-2029

www.bhpeds.com