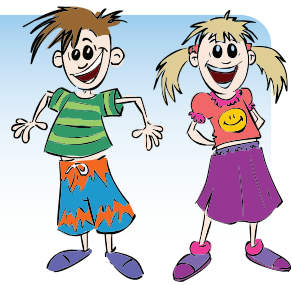


# Conquering Wees and Poos



## Managing Chronic Constipation and Soiling in Children



# Conquering POOS

## A Guide for Parents & Carers

Health Professional: \_\_\_\_\_

Department/ Phone: \_\_\_\_\_

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Page 1 of 11

## The Poo Challenge

Learning to use the toilet takes time. Many children still accidentally wet or soil their pants a year or more after training begins. It is developmentally normal for children to have some soils up to age 4. Unfortunately for some children, the road to bowel continence is complicated by constipation.

This booklet aims to give parents and carers important tips to help their child be in charge of their poos! It contains information on a variety of topics, including constipation/soiling, toilet set-up, optimal pooing technique, toileting routine, recording, medication and diet. Please ask the health worker who gave you this booklet if you have any questions.



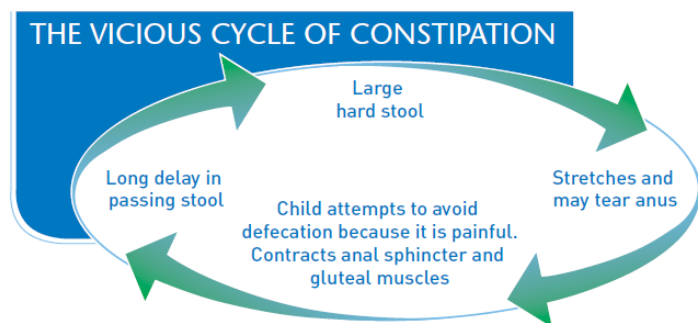
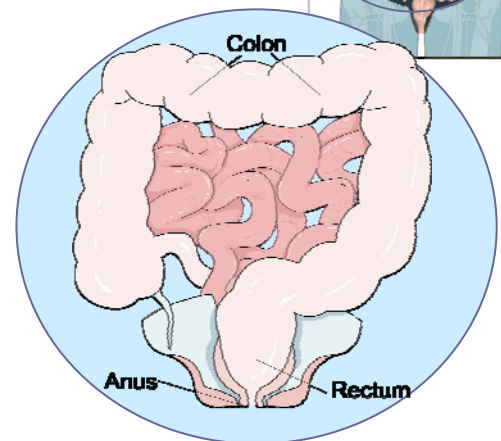
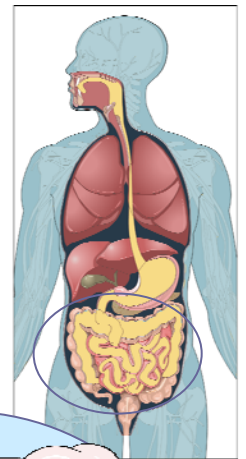
## Constipation And Soiling

### What is Constipation?

Constipation is a very common condition that affects approximately 10% of children. Constipation in children is identified by two or more of the following symptoms in the last 8 weeks: hard stools (may be pebble-like poo) for most poos, three or less bowel movements a week, pain while passing poo, passing poos so large they block the toilet, withholding postures and more than one poo 'accidents' (soils) per week. Constipation often results in excessive straining and increased time spent on the toilet, incomplete poos and soiling.

The most common cause of constipation in children is the withholding of stool following some trigger event, which might be:

- A single episode of painful poo
- Commencing toilet training
- Disruption in routine (travel, new sibling)
- Illness/ some medications
- New/ stressful situations (starting school/kindy – especially if no privacy)



Adapted from Loening-Baucke, 1996.

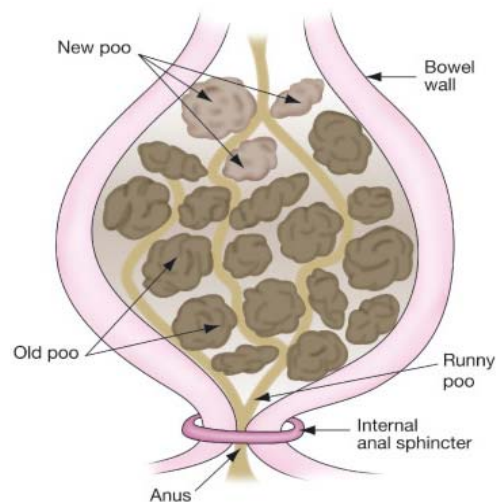
Diagram used with permission © Norgine 2006 - Impact Paediatric Bowel Care Pathway



# Conquering Wees and Poos

## Why Does My Child Soil?

Soiling (faecal incontinence) is when poo is inappropriately passed (e.g. into undies or onto the floor). By far the greatest reason for soiling is constipation. Of children who soil, 95% also have chronic constipation.



When a child has been constipated for a long time, the amount of poo inside their body builds up until the rectal (bowel) wall becomes stretched. A stretched bowel wall does not give them a clear message that it needs to be emptied, and by the time the child is aware something's coming, it may be too late!

Also, when the bowel is full of hard, dry (impacted) stool, newer liquid stool can leak out around the blockage into the child's underwear without the child even knowing.

Soiling is NOT deliberate, or because of laziness – the constipated bowel is not giving the signals that the child needs to get to the toilet on time.

Diagram used with permission © Norgine UK Pty Ltd

## Medical Management

### Medication Plan

#### 1. My Clear-out Dose

\_\_\_\_\_ of \_\_\_\_\_,  
morning / afternoon / night  
for \_\_\_\_\_  
or until \_\_\_\_\_

#### 2. My Maintenance Plan

\_\_\_\_\_ of \_\_\_\_\_,  
morning / afternoon / night

#### 3. My Rescue Plan

\_\_\_\_\_ of \_\_\_\_\_,  
morning / afternoon / night  
for \_\_\_\_\_  
or until \_\_\_\_\_

It is important to have your child under the care of a doctor (your GP or Paediatrician) who knows about childhood constipation and soiling problems. Your doctor will feel your child's tummy and may order an x-ray. They will talk to you about medications, toileting routines and diet. There are three main steps to managing constipation:

#### STEP 1: CLEAR OUT the blockage of poo. Your doctor may suggest:

- drinkable medicines (see Medicine section below)
- enemas/suppositories (liquid medicine to squirt into your child's bottom to loosen and help your child pass the poo)
- a visit to hospital for a few days to have a 'washout' (medicine that will make your child go to the toilet is provided by a tube or drunk by mouth).

#### STEP 2: RECOVERY – Soft poos and regular toilet time

Poo must be kept very soft – just like cow poo, porridge or wet cement - for at least 6 months after successful treatment of the constipation and/or soiling. This is so that the bowel can recover its normal size and function and so that pooing NEVER hurts. Your doctor will recommend the best medication maintenance dose to achieve this.

A regular toileting program will also help to maintain healthy bowel. Your health worker can help you with this.

**It is important to note that a stretched bowel can take at least 12 months to recover, so be prepared for the long road ahead!**



## STEP 3: Have a Rescue Plan Ready

Relapses are common and the faster you notice these and respond the better. Discuss with your doctor a rescue dose of medication that you can give your child if they have not done a full poo in the last 48 hours. Then get to the doctor soon afterwards for follow-up.

## Medicines

Many medicines are available for managing constipation in children; and are usually taken as a liquid (some come as a powder that needs to be mixed with liquid first)

It is safe to use these for your child for a long period of time, but use them according to your doctor's instructions. Here's how they work:

### Stool Softeners:

1. Hyperosmolar or osmotic agents – take water to the bowel to bulk, soften and lubricate poo.
  - Lactulose (Duphalac, Actilax)
  - Polyethylene Glycol (Movicol Half/ Movicol Junior, Osmolax, Clearlax, GoLYTELY – used for bowel washouts in hospital)
2. Oil-based Faecal Softeners – softens the poo and lubricates the colon like detergent on a slippery slide!
  - Liquid paraffin (Parachoc)

**Stimulant Agents:** Increase bowel contractions to push the poo along faster.

- Senna (Laxettes, Senokot)
- Bisacodyl (Dulcolax, Durolax)
- Sodium picosulfate (Dulcolax SP Drops)

**Bulk-Forming Agents:** Increase the 'bulk' or size of the poo to increase the 'urge to go'. Raw fruit & vegetables are sufficient – most fibre supplements are too harsh for children, and can actually worsen constipation if there is already a build-up.

Some children may experience side effects such as bloating, flatulence, abdominal cramps or diarrhoea. **Talk with your doctor if these occur or if you have any concerns.**

**They Won't Take it??** Remind your child why medicine is important. Try a small reward, for example give them a sticker or a special drink after the medicine. Other ideas include:

- Have your child hold their nose to help minimise the taste
- Drink it really cold
- Use a favourite cup/bottle just for medicine
- Try a straw which helps to avoid some taste buds
- Some medicines can be mixed with other drinks, and some have no flavour at all, so ask your doctor or pharmacist about more palatable options.

**KEY FACT:**  
Poos should be kept as soft as wet cement for at least 6 months following constipation



# Conquering Wees and Poos

## Maintaining a Healthy Bladder for Life!

Learning to take care of our bowel is important for everyone's lifelong health! Chronic constipation is a long-term condition that needs ongoing management by the parent and child, with the child increasing in independence as they get older.

The first key to regular, healthy poos is looking – poos tell us a lot about our health and lifestyle. If they are too dry, too wet, irregular or infrequent, we need to look carefully at our diet, rest, exercise, routine and stress levels. It's important to teach your child to look before they flush!

Use this scale to help your child score their poos! This can aid in early detection of constipation. Healthy poos are levels 4 - 5.

A child recovering from constipation needs to have their poos kept at level 5 - 6 for 6 months after treatment success. Learning to take care of our bowel is important for everyone's lifelong health! Children especially need to be taught and encouraged to listen and respond to their body, as well as actively make good choices about what they put into it and how they move it.

### FLUID INTAKE

The second key to regular, healthy poos is fluid. It is essential that your child drinks plenty of water:

**4-8 years = 1200mL    9-13 years Boys = 1600mL    Girls = 1400mL\***

*\*NHMRC Guidelines*

Remember that most cups are about 200mL.

It is best to drink full drinks a number of times during the day, rather than constantly sipping small amounts.

### What if they won't drink it?

- Fill up a large water bottle for your child; help them aim to finish it twice during the day
- Take 2 bottles of water to school and have your child keep one on their desk, and one with their lunchbox. Discourage use of water fountains as they encourage little sips and can't be measured
- Add a squeeze of lemon or lime, or a sprig of mint to the water to enhance the flavour
- Add a drop of food colouring – what colour will it be today?
- Encourage the whole family to drink a whole glass of water with each meal
- Avoid cordials and soft drinks.



The concept by Professor DCA Candy and Emma Davy, based on the Bristol Stool Form Scale produced by Dr KM Heaton, Reader in Medicine at the University of Bristol. © 2005 Norgine Limited manufacturer of MOVICOL®-half

**MOVICOL®-Half**  
macrogol 3350 with electrolytes





# Conquering Wees and Poos

## A Healthy Diet

A third key to maintaining bowel health is a nourishing diet with enough fibre. Fibre stops their poo from getting hard and makes the 'urge to go' feel stronger. However, avoid fibre supplements: fresh fruit and veggies have plenty of fibre for children! If you have any questions, talk to your child's dietician.

### Tips For Increasing Fibre:

- Become label-wise. Look and compare the content of breakfast cereals, snacks and breads
- Choose wholemeal, multi-grain or high fibre bread (eg Mighty White, wholemeal pita bread)
- Make fresh fruit & vegetable snacks available, including the skin where possible (eg leave a fruit bowl out)
- Include legumes in your cooking (eg beans, lentils, dried peas in casseroles, soups or mince)
- Hide fruit, vegetables and bran products by grating/adding into dishes such as mince, rissoles, spaghetti bolognese. Try carrots, apple, pear & zucchini.

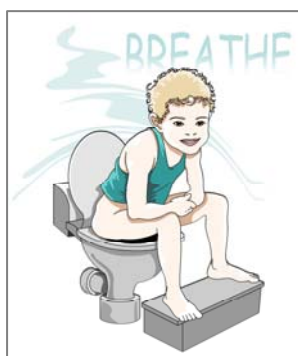
How much fibre?		
Age		Fibre / day
Children	1 – 3 years	14g
Children	4 – 8 years	18g
Boys	9 – 13 years	24g
Girls	9 – 13 years	20g

## Play And Movement

Regular physical activity promotes core strength, body awareness, can help reduce stress and promotes a sense of wellbeing. Encourage your child to move their body during playtime at school/kindy and at home. You will probably have to limit 'screen' time (TV, computer, console games) and involve the whole family!

What are some physical activities your child enjoys that you could encourage him/her to do more regularly? Are there some errands outside of the home that your child could do? (eg walk to the corner store, take the letters to the post box).

## Toilet Set-Up



Your toilet needs to be suited to your child so that he/she feels comfortable, relaxed and secure while using it. Some children become fearful of using the toilet because there are worried they might fall in, they don't like the sensation of splashes, or they are scared of the pain they have felt in the past. Relaxing is crucial to successful pooing! Here are some important things to have in place in your toilet.

- **A child-sized toilet seat/insert** so they don't feel like they are in danger of falling in! An insecure position contributes to tensing the bottom muscles rather than letting poo come out. Look around for an insert that suits their size.
- **A secure stool** for resting feet on to provide stability so your child can get into the best pooing position and relax. The stool should be high enough so that their knees are higher than their hips, which will help the poos come out.
- Re-vamp the toilet room together with your child. Does it smell? Get an air freshener. Is it dark? Put in a brighter globe or lighten the window coverings. Are there cobwebs? Time to remove them! Maybe it's just boring. Put a few favourite pictures, photos, a calendar or other decorations on the walls – try making some together! Remember – it should be a relaxing, inviting place that your child feels comfortable in.
- Toilet Paper should be within easy reach, soft and easy to use. If your child struggles with wiping until they're clean, try flushable wet-wipes. And make sure extra rolls are always handy.



# Conquering Wees and Poos

## The Best Way to do a Poo

1. **Bottom at the back of the toilet seat, feet resting on a stool** so that knees are apart and slightly higher than the hips
2. **With a straight back**, lean forward so the hips are bent
3. **Relax** by doing some slow, deep breathing down into the tummy
4. **Let the tummy bulge** forward between the thighs
5. **Let the 'gate' open gently**. Keep breathing slowly and gently, waiting
6. **Think about how it feels** inside the bottom. Empty or full? Anything left?

Sit for at least 3 minutes to give the poos time to come!

Have your child avoid straining or holding their breath. Talk to a physiotherapist for further advice.



## Toileting Routine

At this stage your child's automatic response signal to pass bowel movements may not be working properly. He/she therefore needs to follow a toileting routine until the signal is working reliably again. This may take a few weeks or several months. This signal is often triggered when the stomach is stretched after mealtimes, so 20-30 minutes after a main meal is an ideal time to schedule in a toilet time.

Assist your child to sit on the toilet for 3 – 5 minutes (may need to be 2-3 mins for young children). That is,

- After breakfast
- After lunch (this can be when they get home from school)
- After dinner

Try to build a toileting routine into your existing routines so that everyone remembers and you can get into a habit. For example: **eat breakfast → clean teeth → pack bag → toilet time**



### During Toilet Time

During toilet time, talk with your child about how their body is feeling (empty, full, sore, rumble) and what that might mean. Teaching them to sit quietly and think about their body's signals is an important step in conquering poos! Talk with them about relaxing and concentrating on long, slow, deep breaths. Putting their hand on their tummy will show them how fast or slow they are going.

Avoid distracting conversations or reading stories on the toilet; your child needs to concentrate on maintaining correct position, how their body feels and relaxing their bottom. Use rewards straight after toilet time has finished, not while sitting.



# Conquering Wees and Poos

## How can I encourage my child to participate?

Although it is up to your child to develop effective toileting function, as a parent/carer you are able to assist by supervising and encouraging his/her efforts. You need to work together like a sports team. Your child is the “star player”, but your role is very important too, as the “head coach”! Tips to try:

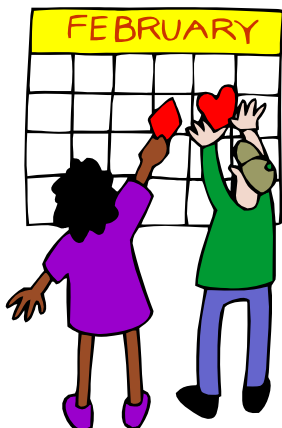
- Remind your child they need to sit because their bowel doesn't reliably tell them when they need to poo. If they sit regularly, they are more likely to do poos on the toilet than in their pants.
- Be consistently supportive but firm. Avoid compromises!
- Set a timer so toilet time has a predictable end
- Give your child some control over the situation through choice, for example:
  - say, “after toilet time, would you like to play a game or read a story?”
  - or “are you going to sit on the toilet for 2 minutes or 3 minutes?”
- If you are pleased with your child's efforts, reward him/her straight away. Decide on a reward with your child at the start of the program. Examples include playing a game, going for a walk, or choosing (out of 2 given options) what the family has for dinner.



- Reward effort, not merely success.
- Try to maintain the routine regardless of where you happen to be at the time (eg visiting with someone or shopping).

Talk to an occupational therapist or psychologist for further advice.

## Recording with Bowel Diary



It is very important that you and your child keep a record of their progress. For younger children it is often better for you to keep a detailed bowel diary and allow your child a simple sticker chart. Keep the chart somewhere you can easily see it and add information and stickers! Many families keep it on the fridge or in the bathroom next to the toilet.

Immediately after each toilet sit, help your child to record his/her sitting time, whether or not any poos came, and whether or not undies were clean or dirty. It is also useful to include information such as the date, when/how much medication was given that day, and any pain or other items of importance.





# Conquering Wees and Poos

Example Poo Diary:

## What to record?

**Sit** - tick the box every time child sits on the toilet after a meal

**Poo on toilet** – mark with a sticker or smile, and add the number of the Choose Your Poo chart that it most looks like

**Soils** – mark with:

**S** = Skid/stain

**C** = Scrape (enough to scrape into toilet)

**M** = Motion (a whole poo - record what it looks like from Choose Your Poo)

Week start date:	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
<b>MORNING</b>	✓	✓	✓ ☺ 5	✓	forgot	✓	✓
<b>LUNCHTIME</b>	✓ S	✓	✓	✓	✓ S	✓ ☺ 5 S	✓ M
<b>EVENING</b>	✓ ☺ 5	✓ C	✓ ☺ 6	Went without reminder ☺ 6	Went without reminder ✓	✓	✓ ☺ 5
<b>Medication (include amount)</b>	Osmolax 1 scoop	Osmolax 1 ½ scoops	Osmolax 1 scoop	Osmolax 1 scoop	Osmolax 1 scoop	Weekend at Grandma's Osmolax 1 scoop	Osmolax 1 scoop

## When Soiling Happens



Soiling causes much frustration and annoyance, and you may be worried that your child will be (or is already being) teased. Soiling will reduce once a consistent toileting routine is established and the bowel is starting to recover. It may reduce quickly (in a few weeks) or slowly (over a few months). Soiling may even re-occur sometimes.

Most children do not soil on purpose (see 'Constipation and Soiling' section page 2). Some children may hide their dirty pants so that they would not upset their parents. They may even act as if they don't care or that the soiling doesn't worry them. In reality, however, they do care but they just don't know how to deal with this overwhelming problem. Your acceptance of your child, **patience** and **love** is critical to help your child breakthrough this vicious cycle.



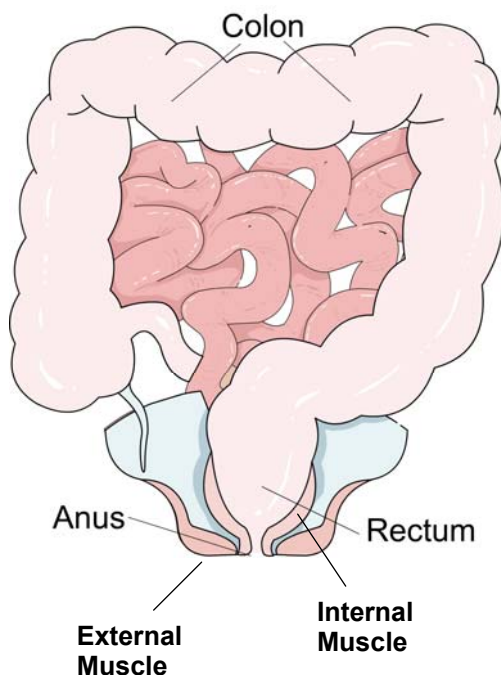
# Conquering Wees and Poos

## What Do I Do If My Child Soils?

1. **Do not scold them.** Don't show your frustration. This is difficult at first. Take a deep breath to allow yourself time to respond without anger or frustration. Act 'matter-of-factly'.
2. **Have your child clean up as much as he/she can independently.**
3. **Have a designated soak bucket your child can put clothing in.**
4. **Have your child sit on the toilet for an extra toilet time.**

**Remember: Give your child as little attention as possible for the soiling.** Do not 'fuss' over them, but remain matter-of-fact. Sometimes children repeat behaviours to get attention, even if it is negative attention.

Having your child involved in dealing with the consequences of soiling helps them feel more responsible and more likely to realise that the soiling is a problem. Follow the above steps if you find soiled underwear.



Often, children stay clean at school and soil as soon as they get home. This can be confusing and frustrating for parents. It is usually due to poor coordination of the muscles that hold the bottom shut. Normally two muscles (one inside and one on the outside) work together to keep the stool in the bottom until we reach a toilet.

However, with chronic constipation when the rectum is stretched the internal muscle does not work well. The child needs to consciously hold the outside muscle tightly shut. This takes a lot of effort and is not sustainable over the long term but may be just possible at school to avoid embarrassment. These children need to be prompted to sit on the toilet during lunchtime at school, and as soon as they get home.

Talk to a school nurse or supportive school staff member if you have concerns about management of soiling at school.

## Being Positive and Setting Goals

Ultimately it is up to your child to develop normal toileting behaviour, however your support and consistent approach is essential to help them along the way. Remember that a positive attitude will 'rub off' on your child as you work toward conquering poos together!

Setting goals helps to break down a seemingly large problem into manageable steps. Goals need to be achievable, and often start with simple changes: for example, drinking one bottle of water at school each day or taking soiled undies to a soaking bucket.

The big goal is taking charge of poos, but there are many, many small steps to achieve before that becomes a reality! Goals need to be set according to your child's current abilities, and with cooperation between you and your child.

Talk to an Occupational Therapist or Psychologist if you need more assistance.



## Other Resources

These resources may be useful in providing you with more information about childhood constipation/ soiling. This list is for your information only and should not replace advice given to you by your child's doctor or health professional.

- **Continence Foundation of Australia** plenty of resources on childhood continence that can be downloaded or ordered free of charge
  - **National Continence Helpline - Freecall 1800 33 00 66**
  - <http://www.continence.org.au>
- **The National Public Toilet Map** is an initiative of the Federal Government's National Continence Management Strategy, and provides the location of 14 000 public toilets in Australia. You can plan trips and locate toilets in your local area. <http://www.toiletmapp.gov.au/>
- **Childhood Constipation** - [www.childhoodconstipation.com](http://www.childhoodconstipation.com)
- **Education and Resources for Improving Childhood Continence (ERIC)** - [www.eric.org.uk](http://www.eric.org.uk)

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