UNDERSTANDING YOUR DIAGNOSIS

Soiling Accidents

Also called Encopresis

Your child is not doing this on purpose. It is almost always constipation leaking around a blockage, and it is very treatable.

HOW COMMON	OFTEN STARTS	TREATABLE	YOU ARE NOT ALONE
1 to 4 in 100 school kids	Usually ages 4 to 8	Yes - with a bowel plan	More common than parents think

What this is

- This surprises most parents: in about 9 out of 10 children, soiling is constipation. Soft stool leaks around a hard blockage.
- Your child is not doing it on purpose, usually cannot feel it happen, and often cannot smell it. Hiding underwear is shame, not defiance.
- Trying harder cannot fix it. A bowel that has been stretched for months stops sending the warning signal in the first place.
- Punishment makes it worse. It increases holding on, which hardens the blockage and makes the leaking go on for longer.

What it can look and feel like

- You find smears or full accidents in your child's underwear, often several times a week, with no warning beforehand.
- It looks like diarrhea, but it is usually soft stool sliding past a hard mass that has been stuck for weeks.
- Your child stiffens, crosses their legs, goes up on tiptoes, or hides in a corner. That is holding on, not pushing.
- Bowel movements are rare, enormous, and painful, and they sometimes block the toilet when they finally arrive.
- Tummy aches, poor appetite, and a short temper come and go, and often ease right after a big bowel movement.
- Soiled underwear gets hidden in a cupboard or the bin, because your child is embarrassed and has no better plan.
- Your child avoids the school bathroom completely, or has become frightened of the toilet after one painful time.

What is happening in your brain and body

- Holding on stretches the rectum. A stretched rectum stops sending the need-to-go signal, so accidents happen unnoticed.
- It usually starts with one painful bowel movement, a small tear, an illness, or toilet training that got pushed too hard.
- The stretched bowel stays stretched for months after the pain is forgotten. That is why treatment lasts months, not weeks.
- A full bowel also presses on the bladder, which is why many of these children wet themselves in the day or at night.
- X-rays are usually not needed. Your doctor can tell from the story and a gentle examination in almost every case.

What can make it more likely

- One painful bowel movement teaches your child to hold on, and holding on makes the next one harder. The cycle builds itself.
- Fear of school toilets, no privacy, or being rushed at home keeps a child holding on for the whole day, every day.
- Toilet training that was pushed too early or too hard can leave behind a lasting fear of sitting down at all.
- ADHD, anxiety, and developmental delays make this more likely and harder to treat, so tell your doctor about them.

What to expect

- This is very treatable, but it is slow. Expect **months** of daily medicine rather than a fix in a week or two.
- Accidents often get worse for a few days during the first clear-out, and then start improving. That is expected.
- Stopping the medicine too soon is the number one reason soiling comes back. Keep going well after accidents stop.
- Once the bowel shrinks back to its normal size, the warning signal returns and your child can feel it coming again.

What helps

Treatment works. Most people get better.

Talking therapies

- Sit on the toilet for **5 to 10 minutes** after meals, once or twice a day. The bowel is most active right after eating.
- Feet must rest on a stool with knees above hips. With feet dangling, letting go is close to physically impossible.
- Reward the sitting and the routine, never the poop. Only the sitting is something your child can actually choose.
- Medicine plus a toilet routine beats either one alone. Sticking with it matters far more than which laxative you use.
- If your child fears the toilet, work up in tiny steps: sitting there dressed, then briefly undressed, then longer.

Medicines

- Treatment starts with a clear-out to shift the blockage, usually with **polyethylene glycol**, a tasteless powder in a drink.
- Then a daily dose keeps stools soft. Your doctor adjusts it until your child is having one soft bowel movement a day.
- These laxatives are safe for long-term use in children and are not habit-forming. Ask your doctor if that worries you.
- Lactulose is an alternative, and stimulant laxatives such as senna can be used as a rescue after a missed day.
- Doses are set by your child's doctor. Do not stop when the soiling stops - ask about tapering down slowly instead.

Everyday things that help

- Keep a simple chart of bowel movements, accidents, and doses. It tells your doctor exactly what to change next visit.
- Fiber and water help, but they cannot clear a blockage that is already there. The medicine has to do that part first.
- Ask the school for free bathroom access, privacy, and a bag of spare clothes. Most schools arrange this quietly.
- Handle accidents calmly. Have your child help clean up in a matter-of-fact way, with no anger and no audience.
- Plan visits every **2 to 4 weeks** at first. Doses need frequent tuning, and early adjustments decide whether this works.

Get help right away if

- Vomiting, a swollen hard belly, or severe tummy pain needs urgent medical care today.
- Blood in the stool, weight loss, or no bowel movement for a week means call your doctor now.
- If your child seems hopeless or talks about self-harm over this, call or text **988** for help.

Questions to ask your care team

- *Is my child blocked up right now, and how do we clear it safely?*
- *What daily dose should we use, and how do I adjust it at home?*
- *How many months should my child stay on this before we taper off?*
- *How do I explain to my child that this is not their fault?*

Where this information comes from

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NOTE

Sources are listed in APA 7th edition style. This handout is general health information, not medical advice, and it does not replace talking with your own doctor, therapist, or prescriber. Medicine choices and doses are decided with your prescriber. If you are in danger or thinking about hurting yourself, call or text 988 in the United States, or go to your nearest emergency room.