

Helping a child who has problems going to the toilet

A guide for parents



West Lothian Child and Adolescent
Mental Health Services

(CAMHS)

Introduction

Problems going to the toilet, which can include fear of the toilet, constipation and even soiling, are very common in children, but are not often talked about. Before you try to solve your child's difficulties, check with your GP that he/she is not constipated. Your GP can also give your child any medicines necessary to help with the problem. If your child wears nappies, put them back into ordinary underwear when you start to use this advice.

Problems going to the toilet can be improved by making sure your child does not feel too much pressure in going to the toilet regularly and does not have any fear about "having a poo", e.g. he/she might be afraid of experiencing pain when "pushing."

For children who have had problems for a long time, it often means their body has got out of the habit of regularly going to the toilet. You need to go back to basics and teach them how to use the toilet again.

How the bowel works

After we swallow our food it starts a long journey through the digestive system. On the way the body absorbs nutrients and separates out the waste products. As food passes through the bowel (also known as the large intestine, large bowel or colon), the body absorbs water. Stools (also known as faeces, poo, etc) are produced from the waste products and are eventually stored in the last part of the bowel, called the rectum.

As the rectum fills, a message is normally sent to the brain as a warning that the toilet will be needed soon, so that a stool can be passed. The rectum can usually hold the stools until it is convenient for us to get to a toilet. To do this, the muscles at the end of the rectum, the anus, are kept tight shut. When we find a toilet the muscles can then relax, letting out the stools.

Ways this process can be interrupted

Sometimes this message to the brain is not sent, which can over time lead to constipation. Constipation means that someone has

difficulty in passing stools. It can affect children of any age, including babies, toddlers and older children.

There are many causes of constipation, e.g. the body needs a lot of fluids and when a child does not drink enough, especially during minor illnesses, such as colds and flu, the bowel absorbs extra water from the stools. This can make them so dry and hard that they are difficult, or even painful to pass. The child may then put off going to the toilet next time, in case it hurts. This will make the constipation worse.

Also parents, who are worried that their child is not using the toilet often enough, may over-encourage the child to go. A battle can then arise, with the child refusing to use the toilet.

Other important reasons for constipation starting include:

- Pain when trying to push a pooh out
- Fear of sitting on the toilet
- Not wanting a parent to be angry so the child tries to hold on to the pooh (called withholding or resisting)
- Dislike of using school toilets
- Not liking the smell of stools, so trying not to let them come out
- A cold unpleasant toilet.

If, for whatever reason, stools are not passed over a long time, they become harder and stuck in the rectum, so much so that a genuine difficulty in “doing a pooh” develops. The child will often become irritable and may complain of pain in the stomach. When the constipation lasts a long time, the rectum becomes very full and some loose, often liquid, stools may leak out.

This can happen many times a day and stains clothes. It is important to realise this when a child reaches this stage, they will have **no** control or sensation of passing stools. In fact, the normal

messages to the brain about needing to use the toilet may stop and the child does not feel the need to go.

When not to worry

During the early years, a regular bowel habit is not yet established and children should simply be encouraged to use the toilet when they need to go. Most children will have achieved regular bowel control by the time they go to primary school.

It is not uncommon for young children and toddlers to go one or two days between passing motions. However, if this gap gets longer or the child complains about pain passing stools, pain in the stomach, or stools leak into the child's pants, then it may be time to seek professional advice from your GP or Health Visitor.

What is soiling?

Soiling is when a child passes stools in places other than the toilet at an age when they could be expected to use the toilet appropriately, e.g:

- Stains in pants
- Formed stools (pooh) in the pants
- Stools in the wrong place (like behind a sofa, in a corner)
- Play with or smearing stools
- Watery stools coming out nearly all the time.

Soiling can be very distressing for both the child and the parents and can lead to tension in the relationship. Health professionals call soiling **encopresis**.

There are two types of encopresis:

1. Primary encopresis refers to children who soil from birth onwards, without achieving bowel control. In this case your doctor may check out possible physical causes.

2. Secondary encopresis is when a child has achieved bowel control, but begins to soil again later. This may be due to an emotional difficulty.

What causes soiling?

Soiling can occur for many reasons, the most common of which include:

- Your child may not have learnt to use the toilet properly
- An illness may have made him/her get out of the habit of regularly using the toilet
- Constipation or a problem with the bowel (gastrointestinal problem)
- Recent stresses or worries (such as bullying, bereavement or conflict within the family)
- A history of bowel problems in the family
- Soiling can be an expression of a child's feelings of anger.

How common is soiling?

Roughly one in 17 three year old children and one in 66 seven year old children soil themselves at least once per week. Boys are 3 - 4 times more likely to suffer from soiling than girls. The average primary school will have between five and 10 children who soil. At secondary school, about one out of every 100 boys soil, as well as some girls. Many children need to be reminded to use the toilet and accidents are common, even when a child has learned to use the toilet.

Helping your child succeed

Planning what you will do:

- Involve your child, ask what they think and get them to suggest solutions

- Soiling is very common, but not often talked about. Your child is not alone and should be told that
- Tell your child he/she is not to blame, but they have to work hard to solve the problem
- Regular exercise will also help your child.

Important points:

- **Do not** punish your child for soiling, e.g. don't shout, ground them, stop their pocket money etc. Also, don't reward them for "being clean", as this can encourage them to hold in their "pooh" and they may hide soiled clothes
- Make sure the toilet is child-friendly, e.g. young children should feel safe (they should have a child seat if they can't sit on the adult one and a step so they can support their feet, if they can't touch the floor), older children can have something to read
- Make sure your child has plenty of time and will not be interrupted on the toilet. It may be necessary to change the household routines to avoid the child being hurried or interrupted.

Coping with accidents:

- Even four or five year old children can learn to clean themselves and their soiled clothes. The younger the child, the more supervision may be necessary. This is not a punishment, but a sign that the child is taking responsibility. It also often takes a lot of pressure off you
- If the child has problems using the toilet at school, send them with an "emergency pack", such as spare clothes, wet wipes and scented sacks to place soiled clothes in
- It may be helpful to speak with the school and ask them to allow your child to use a visitor's toilet. School toilets are often very busy, sometimes without locks and toilet paper.

Regular toileting

General points:

- Your child should go to the toilet 15 minutes after a main meal, but they may need to be reminded to go first
- Having drinks through a straw at the meal can help get the bowel movement going
- If your child cannot produce “a pooh”, you should not expect him/her to sit on the toilet for more than five minutes.

Using rewards:

Reward your child for successfully doing “a pooh” in the toilet

Children under six years of age should be given an immediate reward. Older children can use star charts or reward systems. However, they should be offered a small treat after, at most, every five successes. A larger treat should be offered at, for example, 20 successes

The reward you and your child choose for going to the toilet should be offered only for successful use of the toilet and not given at other times. Ask the child to suggest rewards and you can then decide if they are okay.

Getting plenty of fibre into your child’s diet - advice from our dieticians

General advice:

- Eat regular meals
- Include plenty of fibre in the diet. This can be increased gradually

- Drink plenty of fluids, especially water, but avoid fruit juice, dilution juice and fizzy juice between meals, to keep teeth healthy
- Remember, fibre is filling and your child will need to cut down on sugary and fatty foods to make room.

Tips on getting more fibre in the diet

Cereals: Change to wholegrain cereals such as Weetabix, Shreddies, Fruit & Fibre, Bran Flakes, Porridge, Muesli (e.g. Alpen) and Cheerios.

Tips: You can gradually change over by mixing a small amount of these cereals into the child's favourite cereals, then gradually increase the wholegrain cereals. Cereals also make a great snack at suppertime, but keep to low sugar varieties such as porridge or shredded wheat in the evenings as others contain a lot of sugar which causes tooth decay.

Bread: Choose breads such as Wholemeal, Hi Bran, Mighty White, Wholemeal rolls, Wholemeal pitta bread.

Tips: Toasting wholemeal can make it more acceptable, disguise bread with beans or spaghetti on top, make sandwiches with one wholemeal and one white slice and remember that brown bread does not have added fibre.

Biscuits: Try introducing Digestives, Hobnobs, Bran biscuits, Oatcakes, Wholegrain crackers, Wholegrain crisp breads, Muesli bars.

Tips: Chocolate covered digestives and Hobnobs are fine as well. High fibre biscuits are a good alternative to pudding at the end of a meal.

Flour: You can bake using wholemeal flour in scones, biscuits, pizza bases and pastry.

Tips: You can use 1/2 white and 1/2 wholemeal flour for a lighter texture.

Pulses: Try to have meals with baked beans, kidney beans and peas. Add butter beans to soups, have vegetable and lentil soups regularly, add lentils to mince, then make it into bolognaise or shepherd's pie.

Pasta and rice: Try brown rice and wholemeal pasta, such as lasagne or pasta shapes.

Tips: Use a mixture of brown rice and white rice or mix some wholemeal pasta with the white.

Fruit: Use any fresh, tinned or dried fruits. You should try to aim for five child-sized portions daily.

Tips: Leave the skins on fruit, have tinned fruit with jelly/ice cream, put dried fruit (raisins, sultanas, dates, apricots) into packed lunches, add fresh/dried fruit to cereals and try chocolate raisins. Only have dried fruits as part of a meal, rather than snacks, to keep teeth healthy.

Vegetables: Add more to the diet and keep them raw or lightly cooked to keep their goodness.

Tips: Add more vegetables to soups and stews, have baked and boiled potatoes and keep the skins on, vary the flavours of salads by adding chopped nuts (but not for young children), apples, orange segments, celery, parsley or mint.

Some advice from our paediatric dentists

Frequent sugary snacks, attack children's teeth throughout the day and will make the teeth decay. It is best to avoid sugary snacks between meals, so try to save sweet things to enjoy at main mealtimes. Good "teeth-friendly" snacks could include fresh fruit and crunchy vegetables, bread, toast, pitta bread and bread snacks.

Encourage children to drink water and milk with snacks and when thirsty. Diluting juice contains natural sugars so keep it for an occasional treat at a mealtime.

Remember: brush your teeth and gums twice a day to keep teeth healthy. Use a fluoride toothpaste that has over 1000 ppm F listed

in the ingredients (e.g. Colgate Bugs Bunny and Tweetie Pie, Macleans Milk Teeth Fluoride Plus or an adult Fluoride toothpaste). Spit; don't rinse the toothpaste, at the end of brushing.

Dealing with a child who is afraid of using the toilet

- Make sure the toilet is child friendly (see previous)
- Reward your child for little steps building up to using the toilet, e.g.
 1. sitting on the covered toilet with their trousers up
 2. sitting on the uncovered toilet with their trousers up
 3. sitting on the uncovered toilet with their trousers down
 4. attempting to “push”
 5. successfully using the toilet
- For younger children, blowing bubbles, party blowers, blowing up balloons, can be a fun and non-scary way of getting them to “push”.

Finally...

Solving toilet difficulties takes time and accidents are common. You should keep using these strategies for several months after the child seems to have got over the problems.

The most common reason for problems returning is that successful strategies were stopped too quickly. To solve these problems children need encouragement, support and, most of all, to have the stress taken out of going to the toilet.



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