



ERIC's GUIDE to Childhood Soiling



Education and Resources
for Improving Childhood Continence

What is soiling?

Children soil when they poo in their pants, on the floor or in other inappropriate places. For younger children this may be because they are still learning to recognise when they need to poo, or can't yet wipe themselves properly. But some children have a more regular and persistent difficulty.

This leaflet outlines what might cause soiling, what can be tried at home and when and how to seek medical help.

How many children soil?

Soiling affects 1 in 30 children between the ages of four and five and 1 in 100 aged 10 or older. It is more common in boys. Families often feel socially isolated and overwhelmed, and it is not uncommon for an older child who soils to suffer teasing or bullying and loss of friendships.

Why soiling happens

Constipation is the most common cause of soiling. When children don't poo regularly, the bowel can become loaded with large poos that are hard to pass. This is sometimes called faecal impaction. Soiling occurs when runny poo leaks around the hard lump that is blocking the way; or if there has been a longstanding problem of constipation and the lower bowel and rectum have become overstretched. Soiling can happen several times a day as the child is often not aware that they need a poo or not always aware that the poo has come out as normal sensation can diminish. Poo can appear runny (like diarrhoea), in small lumps or can be visible around the bottom and difficult to wipe away.

Causes of soiling

- Withholding poo (avoiding going to the toilet)
- Fear of the toilet (is often triggered by pain or discomfort)
- Lack of a toilet routine (some children have such busy lives that it can be difficult to find time to sit and relax on the toilet each day)
- Resistance to toilet training and an insistence that a nappy be put on to poo in
- Too little fibre or low fluid intake in the diet
- A change in routine
- Anxiety and emotional upset
- Some medication might cause constipation

In many children there is likely to be a combination of some of these factors.

What can parents do at home?

- Talk to your child about poo and what it feels like when they need to go
- Be pleased that poo has come out - even if it is in the wrong place (try not to imply that passing poo is dirty or wrong)
- Create regular times to sit on the toilet (about 15-20 minutes after meals)
- Build up confidence to sit on the toilet, and relax – it is sometimes necessary to do this before children are confident enough to empty their bowels
- Make toilet times relaxed and fun – blowing games will help to push the poo out (try balloons, bubbles or party blowers)

- A step to support the feet will help your child push poo out and a child-size toilet seat can help your child to feel secure
- Encourage six to eight drinks a day and a diet that includes a balance of fruit, vegetables and cereals to avoid constipation
- Give the recommended amount of milk for your child's age, but avoid excessive amounts as this can have a constipating effect
- Encourage exercise
- Suggest that children who insist on using a nappy to poo do so in the toilet area. Then encourage your child to sit on the toilet with the nappy on and over time, gradually remove it

Older children

Approximately 1% of young people over 12 years have soiling difficulties. It may be that the problem has existed from an early age without being resolved, or it may just suddenly start. It is not unusual for older children to deny there is a soiling problem or to hide underwear. The problem is not associated with laziness so it is helpful to remain positive and calm.

Managing soiling in school can be helped by carrying a changing kit with underwear, wipes and sealable bags in the school bag. The school nurse or head of pastoral care can often support the young person in a confidential way.



Treatment for soiling

Most parents seek help initially from their health visitor, school nurse or GP. Keeping a record of soiled pants, poo passed in the toilet and the type of poo passed will help health professionals assess the problem and offer appropriate intervention.

Treatment is likely to include:

- Medication to relieve constipation and clear faecal impaction (this could be a stool softener, stimulant laxative or bulking agent). The medicine is then continued to ensure that the poo remains regular and easy to pass, stopping the medication too soon can result in the constipation building up again
- Suggestions for appropriate changes to the diet and fluid intake
- Establishing a regular routine of sitting on the toilet for a few minutes at least once a day, 15-20 minutes after a meal
- Checking that your child is positioned comfortably and securely on the toilet (using a child seat if necessary), and ensuring that feet are firmly on the floor or supported on a step will help your child push poo out
- Teaching your child the technique of gently rocking forwards and back when sitting on the toilet*
- Motivating your child by involving them and offering simple rewards for achieving targets
- Sometimes psychological help is useful to explore anxieties or stress that may be associated with, or aggravating the problem

If the soiling problem is persistent or complex, referral to a paediatric continence advisor, paediatrician, paediatric gastroenterologist or the involvement of a child psychologist might be helpful.

NICE guidelines (CG111) on childhood constipation are available to download from www.nice.org.uk

* ERIC's 'Get Going!' leaflet is available to download from the ERIC website www.eric.org.uk.



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For information and support on bedwetting, daytime wetting,
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