

## Stool holding: When your child holds back bowel movements and is not toilet trained

**A**bout 5% of children refuse to be toilet trained. They get into a tug-of-war with their parents over using the toilet. Some of these children decide to hold back bowel movements (BMs). That behavior can lead to constipation, painful BMs, and even complete blockage (stool impaction). Impacted children constantly leak (ooze) stool in small amounts (soiling or encopresis).

If the impaction persists for long, the rectum and colon become stretched out of shape and are no longer able to squeeze out stool. Unblocking the bowel may require some enemas. Keeping the child unblocked requires three to six months of laxatives or stool softeners. Stool holding is an important problem to recognize early and treat vigorously. The following steps can help you help your child end stool holding and soiling:

**Clarify the goal with your child.** Remind your child that his (or her) job is to make a poop come out every day. Tell him "your body makes a poop every day" and "the poop wants to come out every day." Emphasize poop production and release. Older children who don't like stool leakage can be told "If you poop every day and keep your body empty, nothing will leak out."

**Give laxatives to keep the rectum empty.** Most stool holders need a laxative. Laxatives (bowel stimulants) cause the large intestine to contract, pushing the stool toward the rectum. Most laxatives contain senna, a natural plant extract. Don't worry that your child

might become dependent on laxatives—that is, that the bowels won't move well without them. Laxatives can be withdrawn gradually, even after your child has used them for many months. The most important goal is to keep the rectum empty.

**Give stool softeners for hard bowel movements.** Stool softeners make stools softer and easier to pass. Unlike laxatives, they do not cause bowel contractions or pressure. Some commonly prescribed stool softeners are mineral oil, milk of magnesia, Miralax, and high-fiber products.

**Transfer all responsibility to your child.** Your child will decide to use the toilet only after he (or she) realizes that he has nothing left to resist. Have one last talk with him about the subject. Emphasize that his body makes poop every day and that it belongs to him. Explain again that his poop wants to go in the toilet and his job is to help the poop come out of his body. Tell your child you're sorry you forced him to sit on the toilet or reminded him so much. Tell him from now on he doesn't need any help. Then stop all talk about the subject ("potty talk"). Pretend you're not worried about it. When your child stops receiving attention for nonperformance (not using the toilet and holding back stool), he will eventually decide to perform for attention.

**Stop all reminders about using the toilet.** Let your child decide when he needs to go to the bathroom. He knows what it feels like when he has to poop and where the bathroom is. Reminders are a form of pressure, and pressure keeps the power struggle going. Stop all practice runs and never make him sit on the toilet against his will because this always increases resistance. He needs to gain the feeling of success that comes from doing it his way.

**Because stool holders are hurting their body, there are some exceptions to the no reminders rule:**

- If your child complains about abdominal pain, clarify how to make it go away. Tell him: "The poop wants to come out; the poop needs your help. Holding back causes a tummy-ache." Offer to help him sit in a basin of warm water to relax the anal sphincter. If he refuses,

Your child's stool softener is \_\_\_\_\_

The dose is \_\_\_\_\_

Increase the dose gradually until your child is passing one or two soft BMs each day.

Your child's laxative is \_\_\_\_\_

The dose is \_\_\_\_\_ given \_\_\_\_\_

Backup plan to prevent blockage: If your child goes 48 hours without a BM, give \_\_\_\_\_

as follows \_\_\_\_\_