GUIDELINE

Faecal incontinence (encopresis)

Scope (Staff): School Health
Scope (Area): CACH, WACHS

This document should be read in conjunction with this DISCLAIMER

Background

Encopresis is the voluntary or involuntary passage of formed, semi-formed, or liquid stool into a place other than the toilet for more than one time per month in a child over four years of age for at least three months. If the child has never been continent it may be termed as primary encopresis, whereas secondary encopresis is faecal incontinence in a child who was previously continent. Encopresis or faecal incontinence is reported in approximately 1-4% of school aged children. Boys are more than twice as likely to be affected as girls and it is most common between the ages of five to ten years.

Most faecal incontinence in children is functional, meaning there is no known organic defect. Approximately 80-90% of faecal incontinence is thought to result from chronic constipation, which leads to impaction and overflow soiling. Non-functional or organic encopresis accounts for about 5-10% of cases, and is due to medical or physical problems, including such conditions as anorectal malformations, spinal cord abnormalities, Hirschsprung disease, and certain medications.

Non-retentive encopresis is where the child refuses to defecate in an appropriate place, e.g. toilet, but has no history of constipation. These children typically soil daily or regularly but their bowel movements are a normal size and consistency.

Constipation can be caused by the child repetitively attempting to avoid defecation or holding in the stool because of pain, fear or a dislike of defecation or using the toilet. In turn, this can lead to chronic constipation. It may also be associated with behavioural, emotional or psychiatric issues and impacts on the child’s physical and psychological development as well as their family.

For many children with encopresis there may be a history of an event that made having a bowel movement uncomfortable or frightening. This could range from fear of pain or the toilet flushing, to sexual abuse. Children with psychiatric and/or behavioural and emotional disorders have a higher incidence of encopresis. In addition, it is associated with the child being bullied or taunted by peers which can lead to low self-esteem and impact on school progress.

Chronic constipation may lead to a loss of bowel elasticity, enlarged (mega) colon, interference with bladder function, recurrent abdominal pain and problems with constipation in later life. Children with encopresis are at risk of urinary tract infections and enuresis. They may also develop olfactory desensitisation, therefore not recognising the smell when soiling occurs.
Symptoms of bowel dysfunction
• Defaecating <3 times per week
• Straining to defaecate and/or faecal incontinence
• Reflexive withholding behaviours
• Pain on defaecation
• Loss of awareness of smell of faecal incontinence

Habits to enhance bowel functioning
• Regular, consistent fluid intake (at least 1 litre per day). Water is recommended
• Regular exercise
• Regular meals including fruit, vegetables and cereals
• Foot stool in the toilet or use a potty
• Don’t hurry toilet time, give the bladder and bowel time to empty

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<th>Practice principles</th>
<th>Additional information</th>
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<td>Engage the family to discuss their concerns using a family partnership approach.</td>
<td>The family/child may already be linked to services or this may be the first opportunity for the family to engage in services.</td>
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<td>Refer family to a GP for full assessment, if not already in the care of a GP. Consider using an exchange of information form so that the nurse can request feedback from the GP.</td>
<td>Encopresis is a medical condition with a large number of underlying causes and treatment pathways. Children with faecal incontinence concerns who are over four years of age should always be assessed through a GP or paediatrician. Rebates may be available from the Disability Services Commission (DSC) and National Disability Insurance Scheme (NDIS) for incontinence products. Children need to be over five years of age and meet eligibility criteria.</td>
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<td>Advise family of habits to enhance bowel functioning, as listed above.</td>
<td>Refer family to other sources of quality information.</td>
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<td>Encourage family to liaise with the school. Participate in a case conference or review.</td>
<td>A health care plan may be required for staff and child to follow.</td>
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<td>Consider using a PEDS, ASQ and/or ASQ-SE to help determine any other underlying conditions</td>
<td>Encopresis may be associated with other developmental issues which require referral to a child development service.</td>
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<td>Consider referrals to;</td>
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<td>- Continence Foundation of Australia</td>
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<td>- Continence Advisory Service (08) 9386 9777 or 1800 814 925 (Country Toll Free)</td>
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<td>- National Continence Helpline 1800 330 066</td>
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<td>- Raising Children Website - Toileting problems</td>
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<tr>
<td>- Therapy Focus Pebbles Team (for children with special needs) Website or 1300 865 401</td>
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Offer standard school health information which may include: Triple P (HP005652); Food for Kids (HP003167); Child development 3–4 years (HP003424); Child Development 4–5 years (HP003425); Coping Skills (HP008881)

Staff trained in Triple P may offer additional information surrounding positive parenting principles.

Role of the Community Health Nurse

- Advise school staff in the management of a child faecal incontinence, and refer schools to Toilet Tactics Kit (Continence Foundation of Australia) to raise awareness of healthy bladder and bowel habits.
- Advocate for the development of student care plans. Advise school staff to follow the management plans generated by GP, Paediatrician or continence advisor.
- Inform about correct hand washing procedures and advocate for the availability of appropriate facilities; hot and cold running water, soap, paper towels and gloves.
- Raise awareness about the increased risk of bullying and low self-esteem for children with ongoing encopresis.

School role

School aged children (from kindergarten onwards) who are not fully toilet trained will not be excluded from attending school.

A health care plan may need to be in place for children who experience faecal incontinence.

Parents are encouraged to provide a change of clothes as well as nappies or wipes for their child, if required. Schools need to support protection of the child’s privacy, and the health and safety of the staff and child.

Peer group interaction can accelerate toilet training in early childhood and teachers can positively contribute to a toileting routine. Consideration should be made for ongoing support for the child including involving family, school staff and other outside agencies as required. This may require the development of a case conference, ongoing monitoring and a documented plan of the child’s progress.

School staff can help promote independence and protective behaviours by ensuring the dignity and rights of the child are maintained at all times and, wherever possible, to support the child to clean him/herself after an incontinence episode.
References


Useful Resources

Continence Foundation of Australia 1800 33 00 66 www.continence.org.au

Raising Children Website - Toileting problems

Good Bowel (Poo) Habits for Kids- you can do it too! Brochure

Toilet Tactics Kit for schools

Princess Margaret Hospital Constipation GP Pre-referral Guidelines

Department of Health, Government of Western Australia. Guidelines for Protecting Children 2015.

WA School Health Service Rationale

WA School Health Service Policy
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This document can be made available in alternative formats on request for a person with a disability.

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