

the signals- a bit like when you live next to a railway line you may stop hearing the trains- but the signals and feelings are there, and just need to be listened to. Imagine the response if the soiling child said 'I knew it was coming, I was just a bit too busy.'

### **Approaches to treatment**

Before we can start treatment, we need to think about the reasons for the soiling. Of utmost importance is the soiling and toileting history. If a child has features of constipation/stool withholding they will need treatment which is usually with laxatives. It can seem strange to give a soiling child laxatives but this is often what they require.

A child with an overactive bladder may need medication to let the bladder 'relax' and give them more time.

In these situations, treating the underlying issue may be all that is required. It is essential that all underlying causes are considered before moving on to the next steps.

If there are underlying toilet issues these will need addressing, and often simple stories work best. Remember that for a child with constipation/stool withholding, opening the bowels is like having a baby. It is scary and painful. If they are scared of the toilet making them sit on it when they are just about to open their bowels is going to heighten their anxiety. It is a bit like asking a woman in labour to do something she doesn't want to, whilst she having a bad contraction!

Children who are soiling due to postponement (otherwise known as laziness) need a behavioural approach. Being positive is good and rewards can be offered. However, success usually arises when the problem is acknowledged for what it really is. Soiling should no longer be called an accident, and usually consequences should be introduced. For example if a computer game came with a label saying 'guaranteed to make your child soil whilst playing' how many

parents would let their children play on it? Although this approach sounds easy it can be hard finding the 'right buttons to press.'

Children who are soiling intentionally will need help from the psychology service.

### **Soiling and Special Needs**

Children with special needs often have continence issues. All too often these are blamed on the child's underlying condition, and are accepted as inevitable. This is unfortunate, because in most situations there are problems that can be addressed.

Frequently, these children will be soiling secondary to constipation/stool withholding. They may have frequent soiling episodes a day as well as many of the other features of constipation/stool withholding. Treatment can at least hopefully mean that they are only going once a day and are more comfortable, which can be life changing for the child and family. Once this is established it is remarkable how many children can actually be toilet trained.

Clearly, any programme needs to take into account the particular needs of the child. These can vary. For example, a child with motor difficulties may have problems accessing a toilet, children with autism may have specific issues with toilets and smells, children with ADHD will not respond to simple rewards/consequences because they are 'unable to think one minute into the future.' All too often this leads to despair when it should lead to devising patient specific solutions.

#### **Further Information:**

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### **Soiling and Wetting Information for Families**

Soiling and wetting (incontinence) are common problems, which often have overwhelming effects on children and families. This leaflet will briefly look at the reasons for incontinence and consider treatment and management options.

Continence is a developmental skill. It is clearly not present at birth, but often by 12-18 months children make some indication that they are aware of the need to open their bowels or pass urine, or that they have a dirty or wet nappy. At this stage they are often encouraged or trained to have increasing awareness and to try and control themselves so that they can hold on until they get to a potty or toilet and then go into the potty or toilet.

Toilet training is usually accomplished by 3 – 3 ½ years of age, although the occasional miscalculation at this stage is normal. Most children in Reception class will have spare clothes for 'accidents' but these are not normally required by year 1.

Clearly being continent requires a number of skills especially:

1. An awareness of the need to pass urine or stool
2. The ability to control it - until getting to the toilet
3. Being able to access a toilet
4. The ability to release the stool or urine once on the toilet
5. The motivation to be clean and dry

Soiling can occur if some or all of these are missing. As we will discuss later, sometimes there is a deeper underlying psychological or behavioural problem but this is rare.

Toilet training requires self awareness thinking that being dirty is not good. Like most trained behaviours, this is achieved with a combination of positive and negative reactions – cheering when the child sits on the potty; and after initially accepting soiling, becoming increasingly upset or disappointed when this happens. This means that the child has to have an appropriate level of understanding to be able to be toilet trained. As all children develop at different rates, this can vary greatly between children.

### **Before or After**

It is crucial to find out if the soiling happens before or after they have been to the toilet. Occasionally children's 'soiling' is because they have not wiped their bottoms properly or may dribble after they think they have finished passing urine.

### **The soiling analogy – playing football by the windows**

A useful way to think about soiling is considering the child who is playing football by the windows and is repeatedly told to play elsewhere – at the end of the garden- not listening to advice he takes a big kick and smashes the window- is that an accident? Most people would say 'no it isn't'- it was probably not on purpose, but was due to carelessness.

Taking a step back, the first question to ask is 'what is the garden like?' if it is overgrown and full of barbed wire etc, it is not surprising the child will not play there. So, the first challenge is to make the garden nice. In terms of soiling that means making sure that it is in theory easy and possible for the child to be continent.

If the garden is fine, but the child is just being careless and not listening, then the normal response would be not to treat the broken window as a sign of behaving badly- or at least making bad choices.

Finally, there may be the occasional child who out of anger or frustration breaks the window on purpose.

## **The Three Categories of Soiling**

Reasons for soiling fall into three main categories. Some children will have features of more than one category. In order to understand and treat soiling we need to ask the three basic questions in order;

1. Is there a 'physical' problem preventing continence?
2. Is there a problem with motivation?
3. Are there some deeper underlying issues?

### **Is there a 'physical' problem preventing continence?**

Being continent requires that the body can function normally. A small number of children will have medical conditions which make continence impossible. This is fortunately rare, but includes children with such conditions as spina bifida.

More common are situations where there may not be an anatomical problem, but there is a problem with how the body functions. For example if a child has diarrhoea, they may not be able to control it. Most common is children who have constipation/stool withholding. Here, they find opening their bowels a terrible experience and are desperately trying to hold on. Because they can't hold on forever some stool may leak out. This often occurs many times during the day with small soiling episodes of either hard stool or soft seepage stool (overflow) which is usually very foul smelling.

As regards wetting, the commonest problem is children with a twitchy or overactive bladder. Here, the bladder gives very little warning before bursting. In this condition children do very small, but often forceful wees and often need to go very frequently. To confuse matters, constipation will make the bladder more twitchy.

The final thing to consider is toilet availability- some children will have a fear of toilets in general, so will not want to go on any toilet. For others, it is about accessibility and acceptability. 80% of children will not open their bowels at school and amazingly up to 15% will

go the whole day without passing urine. Often children seem to be denied free and ready access to toilets, and if asked to wait, may find that it is too late.

### **Is there a problem with motivation?**

If there is no underlying reason for soiling, many children will simply hold on until it is too late. They have no issue with the act of going to the toilet and there are good toilets available, but they are just distracted and misjudge how good they are at holding on.

### **Are there some deeper underlying issues**

A small number of children will soil on purpose. They are often quite disturbed or upset about things and in effect are 'using their bottoms rather than their mouths' to do the talking.

### **Smearing**

Smearing stool is not uncommon in children who soil. In most cases it is just that they put their fingers in it and are trying to remove it from their hands. In some cases, it is intentional and obviously unpleasant then this is more concerning.

### **Yuk Factor**

Children who soil, for whatever reason are often surprisingly not bothered by sitting in urine and faeces- that is they have lost the 'yuk' factor. This can certainly contribute to a lack of motivation.

### **'I didn't feel it coming/I didn't know it was there'**

Most children who soil will make these claims. They are usually not true. If they did not have the sensation of a need to go, they would never be able to go, and they would only not feel if they were wet or dirty if they had a serious underlying neurological problem. It is true that they might have suppressed