Advance praise for

The Ins and Outs of POOP

A Guide to Treating Childhood Constipation

This is a marvelous book that desperately needed to be written. It is written in simple straightforward language, but all the information is there. Functional constipation is a condition where knowledge really is power. I can’t tell you how often, in working with parents, I’ve heard “He can’t be constipated. He goes every day.” There is so much misunderstanding around this condition. Dr. DuHamel does everyone a great service in demystifying the whole process of functional constipation and then breaking down the solution into simple steps that lead to recovery. This book should be of great help to parents, children and those that serve them.

• Robert Telzrow, MD, Pediatrician

Chronic constipation and toilet resistance in children is a major source of concern and frustration to parents. To the pediatrician and family physician, the care of this condition demands extensive time in the office and on the phone. Dr. DuHamel has created a clear, logical and effective guide to help both the parent and practitioner treat and correct this challenging problem. The Ins and Outs of Poop is not just another toilet training book. It is a unique and positive manual for dealing with one of pediatrics most common and least discussed problems.

• Gary B. Spector, MD, Pediatrician
Advance Praise

After dealing with GI issues for six long years, we were shocked to see such a quick turnaround. In just a small period of time on this program, our son started pooping regularly once a day. He has been happier and more confident, which makes our lives much less stressful. It has been a miracle!

• *Stiroh Lang, Parent*

*The Ins and Outs of Poop* provides clinicians with a manual for how to deal with the unfamiliar world of childhood functional constipation. As Dr. DuHamel explains, issues related to withholding or stool incontinence can be misinterpreted as being related to an emotional disturbance. Clinicians and parents will learn that withholding and stool incontinence are not willful behaviors and, in most cases, the child is not intending to be defiant. This book sheds light on the etiology of functional constipation as well as effective treatment strategies. Parents no longer need to feel hopeless about their child’s toileting issues. I have used the six-step program with many of my patients who have sought treatment for functional constipation. I can attest to its efficacy and the relief parents and children feel when this problem no longer dominates their lives.

• *Lauren Silvers, PhD, Clinical Psychologist*

Constipation is a problem that presents often in my clinical pediatric practice. It is extremely frustrating for parents, children and, at times, providers. Dr. DuHamel’s book is an excellent resource that covers all aspects of this issue. It is concise and well organized. In my 30 years of practice, I have rarely come across a book that is so thorough and user friendly. I envision using this book frequently when working with these families. I would strongly recommend *The Ins and Outs of Poop* as an invaluable addition to nurse practitioners’ and physicians’ personal libraries.

• *Nancy Lockett, ARNP, MS, Maternal Child Health*
Advance Praise

*The Ins and Outs of Poop* is a one stop resource for pediatricians, clinicians, and parents dealing with children suffering from constipation. Dr. DuHamel provides a proven treatment blue print. He details the underpinnings of constipation, anticipates potential roadblocks that can occur in treatment, and offers strategies as to how to successfully navigate them. I have incorporated the six-step approach into my practice and find it to be an essential tool for educating parents, successfully treating the child’s constipation, and reducing family stress. *The Ins and Outs of Poop* is the definitive guide for addressing childhood constipation.

* Paul S. Lapuc, PhD, Clinical Psychologist

Before we met Dr. Tom, accidents, hidden underwear, discussions about whether or not he had really gone to the bathroom and bedwetting were all part of daily life for our almost nine year old son. He was initially unenthusiastic about talking to yet another doctor but being an active participant in deciding how much medicine he needed and what he could do to control his bedwetting really helped him feel more in control. Now, just seven months later, my son no longer soils his underwear or wets the bed and he can do sleep-overs without fear of accidents. We have also seen a huge boost in his self esteem. His success on Dr. Tom’s program has been truly amazing.

* John Brooks, Parent

A significant number (approximately one third to one half) of adults with functional gastrointestinal disorders report having abdominal pain and bowel problems as children. This book will be very useful to parents and children in learning strategies early in life that may reduce or prevent the long term impact of functional constipation in their adult years.

* Margaret Heitkemper, PhD, RN, FAAN
  Professor and Chair, Biobehavioral Nursing and Health Systems
  University of Washington School of Nursing
Advance Praise

This excellent little book is packed with useful information, logically presented, and accompanied by many helpful tables and illustrations. Even though, as a general internist, my practice did not include children with chronic constipation, I certainly found much in the book’s presentation of diagnostic and therapeutic principles that would be applicable to the treatment of adults with chronic constipation. Many readers, including health care providers and parents of children with chronic constipation, will find *The Ins and Outs of Poop* to be a valuable resource.

- **James Findlay Wallace, MD, MACP, General Internist**

  Former Director, Medicine Residency Program
  University of Washington School of Medicine
The Ins and Outs of POOP

A Guide to Treating Childhood Constipation

Includes a Six-Step Program for Kids Who Withhold or Soil

THOMAS R. DUHAMEL, PhD
Where there is understanding
there is no blame.

• David Gurteen
Dedicated to families struggling with childhood constipation
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Acknowledgments

This book would not have been written without the encouragement of my family, friends, and colleagues and the many parents and children who have taught me about the heartaches and frustration of living with childhood constipation. I am especially indebted to those parents who graciously took the time to write their stories for inclusion in this book.

I particularly want to thank Key Brockschmidt for his creative illustrations and layout and Melanie Austin for her expert editing. Most of all, I want to give special thanks to my editor-in-chief and ever-patient wife, Martha, to my children, Jennifer and Tom, and to my granddaughter, Maret, who provided all the inspiration I needed to make it through the ins and outs of writing this book.
Effective treatment for functional constipation has been a problem because clinicians and parents feel awkward and embarrassed about *poo* and pooping in our culture. Of course, children learn those attitudes from their parents. It is possible to avoid months or years of worry and discomfort by attending to painful or scary aspects of pooping immediately. The longer a child suffers with functional constipation, the longer it takes to treat. The shorter the time to treatment, the quicker functional constipation resolves.

Functional constipation is a common problem. No testing is necessary or desirable. It is the most common problem to be evaluated and treated by pediatric gastroenterologists. If your constipated child is in a classroom with 29 other first graders, chances are good that there is another student in class with the same problem. It is also probable that because of their shame, they share this information with no one. Each child believes that this problem is their’s alone.

When I walk into the room to evaluate a new patient with functional constipation, the toddler is hiding behind the parent, tightly clinging to an arm or leg; the seven-year-old has his head down and states that he does not know why he is seeing a clinician. The toddler is afraid; the school-aged child has a feigned nonchalance. The first thing I say to the child and parent is that I will not do anything that hurts during the visit. Sometimes that allows the child to relax and pay attention to words that can change their lives. I know what is wrong: it’s called functional constipation. It is
Foreword

not dangerous. It always goes away when the child decides to allow the poo to come out. The impaction is not the bowel obstruction. The bowel obstruction is in the mind that controls the pelvic floor muscles. There is a lot we can do to help the child choose to let the poo come out. We can always assure painless pooping.

This book contains all the “secrets” a clinician or parent needs to know about functional constipation in childhood. Readers will be empowered to assist their children in ridding them of a sticky problem. I hope that this book finds its way into every primary care clinician’s office, and to parents who do not have a clinician who is comfortable with poo.

Paul E. Hyman, MD
Professor of Pediatrics, Louisiana State University
Chief, Pediatric Gastroenterology, Children’s Hospital of New Orleans

Dr. Hyman chaired the Pediatric ROME II Working Team and co-chaired the Infants/Toddlers ROME III Working Team, committees charged by the Rome Foundation with developing symptom-based criteria for the diagnosis and treatment of childhood functional bowel disorders.
My interest in childhood constipation began when I was on the staff of a large pediatric hospital in Seattle and assigned to an outpatient clinic for children with functional constipation, or encopresis.

Working with pediatricians, gastrointestinal (GI) specialists, nurses and nurse practitioners, I learned that the successful treatment of functional constipation requires a combination of medical and behavioral interventions. I also learned that I enjoyed working with families who came to the clinic looking for answers. The parents were highly motivated to resolve their child’s problem, but success was seldom easy and never instantaneous. These families challenged all of my professional skills and their successes gave me much personal and professional satisfaction.

For the past 30 years I have continued to work with encopretic children in my private practice. Through further study and clinical experience, I know more now about functional constipation than I ever could have imagined. What has not changed is my desire to lessen the misery of families struggling with this condition.

This book is intended as both a resource and a guide for parents and health care providers including pediatricians, GI specialists, family practice physicians, nurse practitioners, nurses, and clinical psychologists. Whether you are a parent or a healthcare professional, this book contains all the information you need to diagnose, treat, and prevent functional constipation.
Introduction

ABOUT THIS BOOK
This book is for children like April. April is an almost 5-year-old girl who was referred by her pediatrician because of severe constipation. From the moment she first walked into my office, it was clear that April was struggling to hold back her stool. Every few minutes, she would get a strained look on her face, stand up straight, bend her upper body slightly forward and squeeze her knees together. When her mother pleadingly suggested that she go to the bathroom, April grimaced and stated emphatically, “I feel fine. I do not have to poop!”

April has a little known but increasingly common problem for children called functional constipation. In more severe cases, functional constipation causes children to become stool incontinent or to “soil” or defecate in their clothing. A medical term for stool incontinence is encopresis. However, even though encopresis is just one symptom of functional constipation, many pediatric healthcare providers and parents have come to use the term in place of functional constipation. For simplicity, functional constipation is used in this book to encompass issues pertaining to children who are stool incontinent and those who are not.

Functional constipation
Functional constipation follows a fairly predictable course. It usually begins with an uncomfortable or painful bowel movement which can occur as early as the first few months of life. Following one or more painful bowel movements, a child begins to withhold
Introduction

stool to avoid pain whenever he or she feels the need to “poop.” This is exactly what April was doing in my office. Initially, April’s decision to withhold stool was voluntary, but as her uncomfortable bowel movements continued, her withholding became what psychologists call a conditioned avoidance response. It was no longer intentional because it happened automatically. In other words, the act of withholding developed into a habit which continues even when April’s bowel movements no longer hurt.

Withholding causes stool to be retained in the rectum. Think of the rectum as a round muscle with an empty space in the center, like a small balloon. As the rectum stretches to accommodate increasing amounts of stool, it periodically contracts in an effort to expel the excess stool. These repeated contractions cause the walls of the rectum to get thicker and stronger. As the rectum gets stronger, however, it also becomes less sensitive and less adept at signaling the need to poop. This often leads to stool incontinence. Moreover, once the rectum is stretched, it remains stretched for a long time even after the excess stool has been removed. While the onset of functional constipation can occur quickly, breaking the habit of withholding and giving the rectum sufficient time to shrink back to its normal size can take many months or years.

Collaboration
In order to treat functional constipation effectively, parents and pediatric healthcare providers must collaborate. The degree of collaboration required distinguishes this particular relationship from the more typical patient-provider relationship. Parents and providers work diligently as a treatment team over an extended period of time to manage and resolve the problem. This book, written for both parents and providers, is meant to encourage frequent communication and sharing of important information throughout the course of a child’s treatment. Such communication will increase the likelihood of success, decrease the length of treatment, and enhance parent-child and patient-provider
relationships during the treatment process.

**Six-Step Program**

There are six steps that must be followed to effectively manage functional constipation. Your pediatric healthcare provider will get you started, but you will be the one who provides the bulk of your child’s care. The six steps are:

1. Educate the family
2. Empty the rectum
3. End withholding
4. Shrink the rectum
5. Withdraw laxatives
6. Remain vigilant

Each step will be explained in more detail in chapter 8.

From beginning to end, the course of treatment for functional constipation is stressful for everyone including healthcare providers. In my sessions with parents, I tell them that I am their coach and cheerleader. My job is to help them perform to the best of their ability, but they are the ones who have to carry out the game plan. Success requires that parents and providers know not only what to do but also how to do it. As difficult as it may be, parents and providers need to maintain a positive attitude. A negative or punitive attitude will only make the problem worse.

To stay positive, you need to:

1. Be patient!
2. Try not to be judgmental.
3. Remember that withholding and stool incontinence are not intentional.

**How to use this book**

If your child is not mildly or severely constipated, you may
Introduction

want to find out how to prevent occasional constipation from becoming functional constipation in the future. I suggest that you read chapter 2 first and then chapter 5. Chapter 2 is the story of one mother’s struggle with encopresis. Chapter 5 explains how functional constipation can be prevented by quickly and correctly treating occasional constipation.

If your child is severely constipated, you may be eager to go directly to chapter 8 which includes the Six-Step Program for treating functional constipation. However, if you do so, you will quickly see that you cannot effectively implement the Six-Step Program without the information contained in chapters 3–7 and 9–16. Functional constipation is a complex problem. The more you and your child know about the problem the better the outcome will be.
My Child Is Not Constipated

Why should I read this book?
Occasional or mild constipation, the kind that comes and goes in a week or two, is very common in children. However, more than 20% of children who have occasional constipation go on to develop a more severe type of constipation known as functional constipation.\(^1\) Functional constipation occurs when children do not sense the need to defecate. Some of these children accidentally soil in their underwear, which causes them and their family shame and embarrassment. Functional constipation is not a disease but it does cause serious physical and emotional problems which can be prevented by knowing what to do when your child develops mild or occasional constipation.

Children at risk for constipation
Most children develop occasional constipation for reasons that are right in front of their parents’ eyes. Children in the United States are increasingly sedentary and overweight. Fast food has become the food of choice. Like most adults, children rarely consume enough fiber. As a result of all these factors, children are more likely to become constipated.

For many children, computers, televisions, and hand-held video games have taken the place of active and imaginary play.
Chapter 1

Increasingly, children choose to stay inside rather than go outside to play. Physical exercise (walking and running) contributes to stool motility and the frequency of bowel movements. If your child does not get enough physical exercise, he or she is more likely to become constipated.

Some children get so engrossed or hyper-focused while playing “screen” games that they ignore the need to go to the bathroom. The more they do this, the more their stool dries and hardens, making it more difficult for them to have a bowel movement whenever they do decide to go to the bathroom. If your child spends a lot of time absorbed in screen play, he or she is much more likely to become constipated.

One key factor in promoting regularity in adults and children alike is a diet high in fiber. Unfortunately, children often reject whole grain cereals and bread, leafy greens, vegetables, and fruit in favor of sugary, refined cereals, snack foods, and greasy fast food. Instead of snacking on fruit or veggies, they are more likely to be eating packaged chips or cookies, which tend to be low in fiber, but high in fat.

**Signs of occasional and functional constipation**

You can find out if your child has occasional or functional constipation by reviewing Table 1.1 and by completing the Childhood Constipation Questionnaire in the Appendix.
Table 1.1 Signs of Occasional and Functional Constipation

<table>
<thead>
<tr>
<th>BOWEL HABITS</th>
<th>NORMAL</th>
<th>OCCASIONAL CONSTIPATION</th>
<th>FUNCTIONAL CONSTIPATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frequency</td>
<td>4-10 bowel movements per week</td>
<td>4-5 bowel movements per week</td>
<td>3 or fewer bowel movements per week</td>
</tr>
<tr>
<td>Shape and surface of stool</td>
<td>“Banana” or “log” with smooth surface</td>
<td>“Sausage” with cracks</td>
<td>Sausage/ball/pellet-shaped stools with cracked, lumpy surfaces</td>
</tr>
<tr>
<td>Color of stool</td>
<td>“Golden Brown” to medium brown</td>
<td>Dark to very dark brown</td>
<td>Dark to almost black color</td>
</tr>
<tr>
<td>Hard to “push”</td>
<td>Never or rarely</td>
<td>Occasionally</td>
<td>Frequently</td>
</tr>
<tr>
<td>Uncomfortable or painful to pass stool</td>
<td>Never or rarely</td>
<td>Occasionally</td>
<td>Frequently</td>
</tr>
<tr>
<td>Habitual stool withholding</td>
<td>Never</td>
<td>Never</td>
<td>Always</td>
</tr>
<tr>
<td>Soils under underwear</td>
<td>Never</td>
<td>Never</td>
<td>Often</td>
</tr>
</tbody>
</table>

**Chapter Notes**
ABOUT THE AUTHOR

Dr. Thomas R. DuHamel is a clinical child psychologist in private practice with the Associates in Behavior and Child Development, ABCD Inc, in Seattle, Washington. He is a Clinical Associate Professor in the Department of Psychiatry and Behavioral Sciences at the University of Washington School of Medicine. Dr. DuHamel graduated from Brown University and earned his doctorate in clinical psychology at the University of Massachusetts at Amherst. He completed a post doctoral residency in the Department of Medical Psychology at the University of Oregon Medical School in Portland and was formerly Chief Psychologist at Seattle Children’s Hospital.

Dr. DuHamel is married with two children and a very precious granddaughter.
“I had a great big poop and it didn’t hurt!”
• Boy, age 6

“Dr Tom, I can poop in the potty now!”
• Girl, age 5

Functional constipation or encopresis is an increasingly common problem for otherwise healthy children from infancy into adolescence. Unlike occasional constipation which comes and goes in a week or two, functional constipation can persist for months or years. Children with functional constipation frequently withhold their stool and soil their underwear.

In this book you will learn:
• How pain and fear lead to stool withholding
• How withholding causes “poop accidents”
• A six-step program for treating functional constipation
• Why laxatives are always necessary
• Why patience is critical for treatment success
• How to prevent functional constipation

“As a doctor who specializes in the intestinal problems of children, I have often wished for a book like this to offer to families whose children suffer from functional constipation. I fully endorse this book and commend Dr. DuHamel for doing such a wonderful job of making it easy to read and helpful for families and medical professionals alike.”

- Uma Pisharody, MD, FAAP, Pediatric Gastroenterologist

Thomas DuHamel, PhD is a clinical child psychologist who has successfully collaborated with parents and pediatric health care providers about functional constipation for over 30 years.