

Functional Fecal Retention, Constipation, and Soiling in Children

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Functional fecal retention is the most common cause of constipation and soiling in children. It consists of repetitive attempts to avoid defecation because of fears associated with defecation. Rome II diagnostic criteria for functional fecal retention (Rasquin Weber et al., 1999) include the following:

From infancy to 16 years old, a history of at least 12 weeks of:

1. Passage of large diameter stools at intervals less than two times per week, and
2. Retentive posturing, avoiding defecation by purposefully contracting the pelvic floor. As pelvic floor muscles fatigue, the child uses the gluteus muscles, squeezing the buttocks together.

Accompanying symptoms may include fecal soiling, irritability, abdominal cramps, decreased appetite, and/or early satiety. These symptoms disappear immediately following passage of a large stool.

An initial step in the treatment of functional fecal retention is patient and family education. Among the important points to convey to the child and the family are the facts that:

- (1) functional fecal retention is not a disease, but a functional disorder caused by an age-appropriate yet maladaptive response to painful bowel movements, and
- (2) the disorder always gets better when the child relearns the appropriate way to have a bowel movement (Heymen, 2000).

It is also important to convey that functional fecal retention is very common (Heymen, 2000) and is not dangerous (e.g., it never causes cancer, the colon never bursts) no matter how long between bowel movements.

A comprehensive biobehavioral program - including bowel clean-out, regular sitting schedule, medications, and dietary restrictions/recommendations - serves as the foundation for treatment of functional fecal retention. When the child is highly fearful and/or exhibits pelvic floor dyssynergia, additional behavioral treatment components may be necessary.