The School Nurse's Guide to Childhood Toileting Troubles

8 Critical Facts About Dysfunctional Elimination

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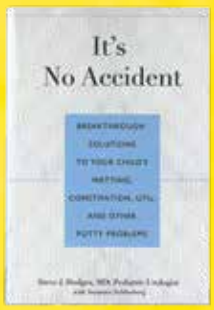


TOILETING CONDITIONS DISCUSSED:

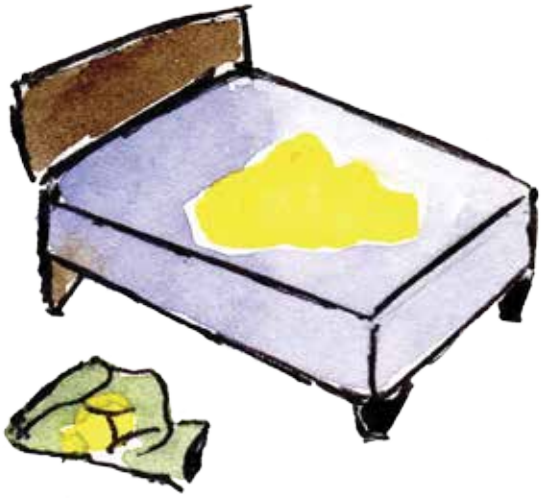
- Accidents (Urine and Stool)
- Bedwetting
- Constipation
- Urinary Frequency
- Urinary Urgency
- Urinary Tract Infections

O'Regan Press BedwettingAndAccidents.com

Overview

Toileting problems are epidemic among school-age children and can subject students to discomfort, pain, ridicule, even abuse.

School nurses play a critical role in helping these students and their families. This guide presents an overview of dysfunctional elimination: how constipation causes urinary problems, why students withhold stool and urine, how school policies can contribute to toileting troubles, and how dysfunctional elimination is most effectively treated.



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Introduction

As a school nurse, you are on the front lines of a childhood health problem that is epidemic but gets little notice: dysfunctional elimination.

Western children have alarming rates of toileting troubles, including enuresis (both daytime accidents and bedwetting), encopresis (stool accidents), urinary-tract infections, and urinary urgency/frequency.

In nearly all cases, the underlying cause is constipation.

When students complain of belly pain, wet or soil their pants at school, develop recurrent UTIs, or skip overnight outings because they wet the bed, it's not because these children are seeking attention or have behavioral problems or because their parents failed to toilet train them.

It's because they are chronically withholding their stool. A large, hard mass of poop is stretching their rectum, crowding out and irritating their bladder. Many of these students also chronically hold urine at school, further aggravating the bladder.

Toileting problems can burden school-age children in numerous ways. These students often suffer discomfort that distracts them in class. They may be subjected to fruitless medical tests, ridiculed by other students, and blamed by their parents, who assume they're "old enough to know better" and must be acting out.

Some parents, incredulous that a 9-year-old could soil his pants and not even realize it, become so frustrated they lash out, verbally and physically. Accidents are among the leading triggers of child abuse. Nationwide, students are beaten, scalded, and shamed for toileting accidents.

Accidents are embarrassing to discuss, for adults and children alike, and signs of trouble tend to go unrecognized by parents and teachers. In a survey of Iowa elementary teachers, just 18% reported receiving information about dysfunctional elimination, and only 15% suspected underlying health problems in children who wet or soiled their pants. And a survey of 4,000 K-5 teachers, conducted by UCSF Benioff Children's Hospital, found that 76% of K-5 teachers were inadvertently promoting lower-urinary tract dysfunction in part, to their bathroom policies.

As a result, children may not get help until their symptoms have reached crisis proportions and they are referred to a clinic like mine. Some don't get help at all. Untreated, these children can grow into adults with severe toileting issues and pain with sexual intercourse. But treated properly, toileting problems can be resolved, often within weeks.

As a school nurse, you can play an invaluable role in helping prevent and resolve dysfunctional elimination by:

- educating teachers on the signs and risks of constipation in students
- providing guidance and resources to students and families
- helping schools implement policies that will prevent and reduce toileting troubles
- teaching students about healthy elimination

Dysfunctional toileting is glossed over in medical school, so even many pediatricians don't treat these conditions effectively. I, myself, spent my early career undertreating toileting problems and inadequately serving my patients. I have now made dysfunctional toileting the heart of my clinical practice and research.

I welcome your comments and questions.

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Fact #1:

ACCIDENTS ARE COMMON BUT NOT NORMAL

Childhood toileting troubles are so common it's no wonder they are dismissed as an ordinary part of childhood. A few statistics:

- 25% of 5-year-olds experience daytime accidents or bedwetting.
- 9% of young teens report at least occasional urinary incontinence.
- Up to 30% of kids ages 2 to 10 may be chronically constipated.
- 22% of young teens report weekly abdominal pain at school.
- 8% of percent of girls have had a urinary tract infection by age 7.

I believe the prevalence of dysfunctional elimination is actually much higher. Since parents tend to assume accidents are normal ("She's busy and forgets to use the toilet" or "He's under stress") or behavioral ("She's trying to get attention"), many don't bring their children to the doctor.

Even when they do, the physician may be unconcerned, insisting the child "is just a deep sleeper" or "his bladder hasn't caught up with his brain." Many families are told: Be patient. Your child will outgrow the accidents.

But accidents must not be ignored. They signal underlying health conditions that need treatment.

It is true that many children outgrow bedwetting; others come to my clinic as distraught, depressed 10th graders, wondering when exactly they are supposed "outgrow" their problem.

To any health professional or educator inclined to overlook dysfunctional elimination, I recommend reading "My 15-year-old still wets the bed": A Cautionary Tale."

I'm tired of watching my 15-year-old be controlled by his bedwetting. He is a straight-A student active in school, football, JROTC, and student government. But he has this big secret dark cloud over him. He would love to spend the night with his friends and go to summer camps, but he always has to stay behind.

– Mother of a 10th grader whose constipation had gone undiagnosed; from *"My 15-year-old still wets the bed': A Cautionary Tale"*

Fact #2:

CONSTIPATION IS THE LEADING CAUSE OF BEDWETTING, ACCIDENTS, AND UTIS

It is well documented in the scientific literature that constipation causes virtually all cases of dysfunctional elimination.

The most rigorous studies ever conducted on childhood wetting were led by Sean O'Regan, M.D., an Irish nephrologist practicing in Canada, who was drawn to the topic because his 5-year-old son wet the bed every night. Anal manometry showed his son's rectum was so stretched by stool that the boy could not detect a tangerine-sized air balloon inflated in his bottom. Ultimately, Dr. O'Regan's research team tested several hundred children with enuresis, encopresis, and recurrent UTIs. Virtually all were, like O'Regan's son, stuffed with stool.

How do we know constipation caused the children's toileting troubles? When the children's rectums were cleaned out with an enema regimen, the wetting, soiling, and infections stopped. (I discuss Dr. O'Regan's research in detail in *BedwettingAndAccidents.com*.) I get the same results in my practice.

Chronic withholding, of both stool and urine, can wreak havoc on a child's body in numerous ways:

Enuresis: Stool piles up in the rectum, forming a large, hard mass that presses against and irritates the bladder. Chronically holding urine thickens and further irritates the bladder wall.

Noctural enuresis (bedwetting): The child's bladder becomes so squished and irritated that it cannot hold all the urine produced overnight.

Urinary urgency/frequency: The stool-stuffed rectum and thickened bladder trigger sudden, extra-forceful contractions and/or wreak havoc on the bladder's sensation mechanism. So, the child "needs" to urinate when the bladder isn't full.

Encopresis: Stretched by a mass of stool, the rectum loses tone, so stool falls out. The rectum also loses sensation, so the child may not feel the urge to poop.

Urinary tract infections (UTIs): A child who withholds stool harbors extra infection-causing bacteria. And the less often she urinates, the more opportunity for the offending bacteria to crawl through the perineal skin, into the vagina, and up to the bladder.

Fact #3:

THE SIGNS OF CONSTIPATION IN CHILDREN ARE NOT ALWAYS OBVIOUS

In our clinic at Wake Forest, X-rays confirm 90 percent of children with toileting problems are severely constipated. Yet only 5 percent of parents even had an inkling their child was backed up. Most of these children were referred by pediatricians who did not notice the baseball-sized stool masses in their patients' rectums.

Constipation in children is easily missed because few adults know what to look for.

Sure, everyone knows a child who poops once a week is constipated. But a student who frequently scratches her bottom in class is also likely to be constipated. So is a child who constantly asks to use the bathroom.

Be on the alert for students who:

- Wet or soil their pants
- Complain of belly aches
- Scratch their bottoms frequently
- Ask to use the bathroom too often
- Suddenly and desperately need to pee
- Skip school overnights due to bedwetting
- Take antibiotics for recurring UTIs

The most telling signs of constipation are extra-large stools and hard stools. "12 signs Your Child is Constipated," found at the end of this guide, can help teachers and parents recognize constipation.

Fact #4:

SCHOOL BATHROOM CONDITIONS AND POLICIES FOSTER DYSFUNCTIONAL ELIMINATION

School districts nationwide routinely restrict restroom access.

Many schools dangle prizes for not using bathroom passes. Students can earn trinkets, "money" for the student store, even pizza parties—all for ignoring their bodies' signals. Some schools lock restrooms at lunchtime or after school, when kids head to the bus (even though students may have a 45-minute ride home!).

An article in the Journal of School Nursing concluded: "Children are individuals and should not be expected to empty their bowels and bladders according to a set, rigid schedule." I concur. Though I'm sympathetic to the challenges of managing a classroom, I believe students must be allowed to use the restroom when the urge arises—not 10 or 20 or 60 minutes later. It's a health issue.

In a University of California at San Francisco survey of 4,000 elementary teachers, 36% of teachers reported rewarding students who don't use restroom passes or punishing those who do.

As a result, many kids habitually suppress the urges to pee or poop. Most of my patients never use the school restroom. Never. They may withhold stool and urine from 7 a.m. to 4 p.m.

While many students are limited by school policies, some are afraid of being bullied in the restrooms. Others are just grossed out.

According to surveys, 20% to 40% of middle-school and high-school students avoid using school bathrooms because they consider them unsafe or dirty.

I know public schools are besieged — by funding shortages, discipline problems, and pressure to boost test scores. Bathroom conditions won't rate high on the priority list. But children spend nearly half their waking hours at school, and the toileting habits they develop on campus can plague them for a lifetime.

If your school limits toilet access, I urge you to alert you the administration to the risks of this policy.

Fact #5:

STUDENTS CAN LEARN TO RESPECT THEIR BATHROOMS

Fewer than a half a dozen states have laws requiring school bathrooms to meet any cleanliness standards. So, schools must take the initiative.

I urge any concerned school nurse to contact Georgia educator Tom Keating, Ph.D., who runs Project CLEAN (projectclean.us).

"Improving school bathrooms is not about money," says Dr. Keating. "It's about changing the attitudes and behavior of students and finding more parents, teachers, nurses, and administrators who will address the issues. These kids are starved for our help."

Dr. Keating has visited thousands of school bathrooms worldwide. He has trained teenagers to write restroom work orders, inspired football players to rap about flushing, spearheaded school science projects on hand washing, introduced custodians and students to one another, and persuaded schools to hold assemblies on toilet etiquette and install graffiti-proof doors.

He is dogged in his efforts, creative in his solutions, and astoundingly knowledgeable about germ-detection technology, school politics, and what makes 13-year-old boys care about keeping the stalls clean. Dr. Keating has no shortage of advice on how to improve school bathrooms.

Fact #6:

POOR NUTRITION ALSO LEADS TO CONSTIPATION AND ACCIDENTS

No doubt you are well versed on the childhood obesity crisis facing our nation. Well, the same habits fueling that epidemic — eating highly processed food and sitting around playing video games — also are, in large part, driving the epidemic of dysfunctional elimination.

Every day I see patients whose junked-out diets and sedentary lifestyles are making their toileting troubles worse or preventing a full recovery. I applaud any efforts school nurses can lead to improve students eating habits and increase their physical activity. For ideas on promoting healthy eating and activity among students, I recommend the "Healthy Classrooms" guidelines found at school-bites.com.

Fact #7:

EARLY TOILET TRAINING TRIPLES THE RISK OF DYSFUNCTIONAL ELIMINATION

Even children who love broccoli, play 10 sports, and attend private schools with sparkling bathrooms can become chronic holders of stool and urine. Usually it's because these children were toilet trained at too young an age — before age 3, but especially before age 2.

A study I co-authored, published in *Research and Reports in Urology*, found that children trained before age 2 have triple the risk of developing enuresis down the road than children trained later. In our study, 60% of the subjects trained before age 2 later presented with daytime accidents.

Toddlers can be trained to use the toilet, but knowing how to poop on the potty is not the same as responding to your body's urges in a judicious manner.

Fact is, toddlers are far more likely than older children to withhold their stool and urine, and eventually the holding habit catches up with many of these children. They may start having accidents several years after toilet training.

When parents train their children early — to meet preschool deadlines, to save money, to save landfills from diapers, or to emulate other cultures — there can be serious repercussions.

I realize the students you work with are well past toilet-training age. But I mention this to explain why a child with excellent eating habits and no fear of the toilet might nonetheless have accidents.

Fact #8:

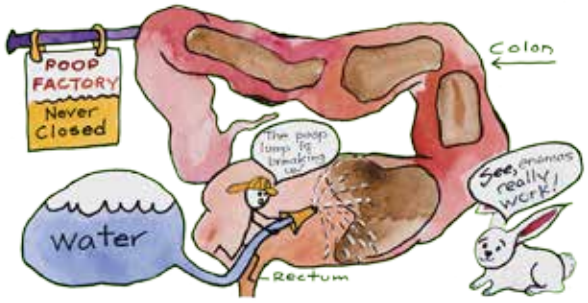
CONSTIPATION MUST BE TREATED AGGRESSIVELY AND WITH VIGILANT FOLLOW-UP

Only when the child's rectum is fully cleaned out, and remains clear, can the rectum bounce back to normal size, regain tone and sensation, and stop irritating the bladder.

Dietary remedies typically won't suffice — not when a child is constipated to the point of having accidents. Though a healthy diet — high in fruits and vegetables and very limited in processed foods — is important, no amount of prune juice can dislodge a large, hard mass of stool in the rectum. Even low doses of osmotic laxatives such as PEG 3350 (Miralax) won't solve the problem.

By far the most reliable fix for accidents and bedwetting is an enema regimen called M.O.P., the Modified O'Regan Protocol. It is based on the protocol Dr. Sean O'Regan used with the Canadian patients he studied.

A less effective alternative is a high-dose Miralax clean-out followed by a maintenance regimen. I detail both in *It's No Accident*.



Further Reading:

You Won't Believe Some Schools' Bathroom Policies
76% of Teachers Fall Short on Helping Students with Toileting Problems
Behind the U.S. Potty Problem Epidemic
Why So Many Kids Are Pooping in Their Pants
Dear Parenting Experts: Please Stop Saying "Stress" Causes Potty Accidents
"My 15-year-old still wets the bed" — A Cautionary Tale
Let's Stop Blaming Kids (And Parents) For Potty Accidents
Is Miralax Toxic for Children?
Yes, Enemas Are Safe for Children — And They Work Better Than Miralax
Healthy Classrooms Initiative: Educating Teachers on Healthy School Celebrations, Non-Food Rewards & More
Snacktivism and the Sports Snacktivism Handbook

Conclusion:

LET'S START TOILETING AWARENESS WEEK

Schools around the nation take children's health seriously, promoting Children's Mental Health Awareness Week, Obesity Awareness Week, Drug Awareness Week, and Sleep Awareness Week. Some public schools even have Rabies Awareness Week.

Certainly more children develop medical problems from holding urine and stool than get bitten by rabid dogs!

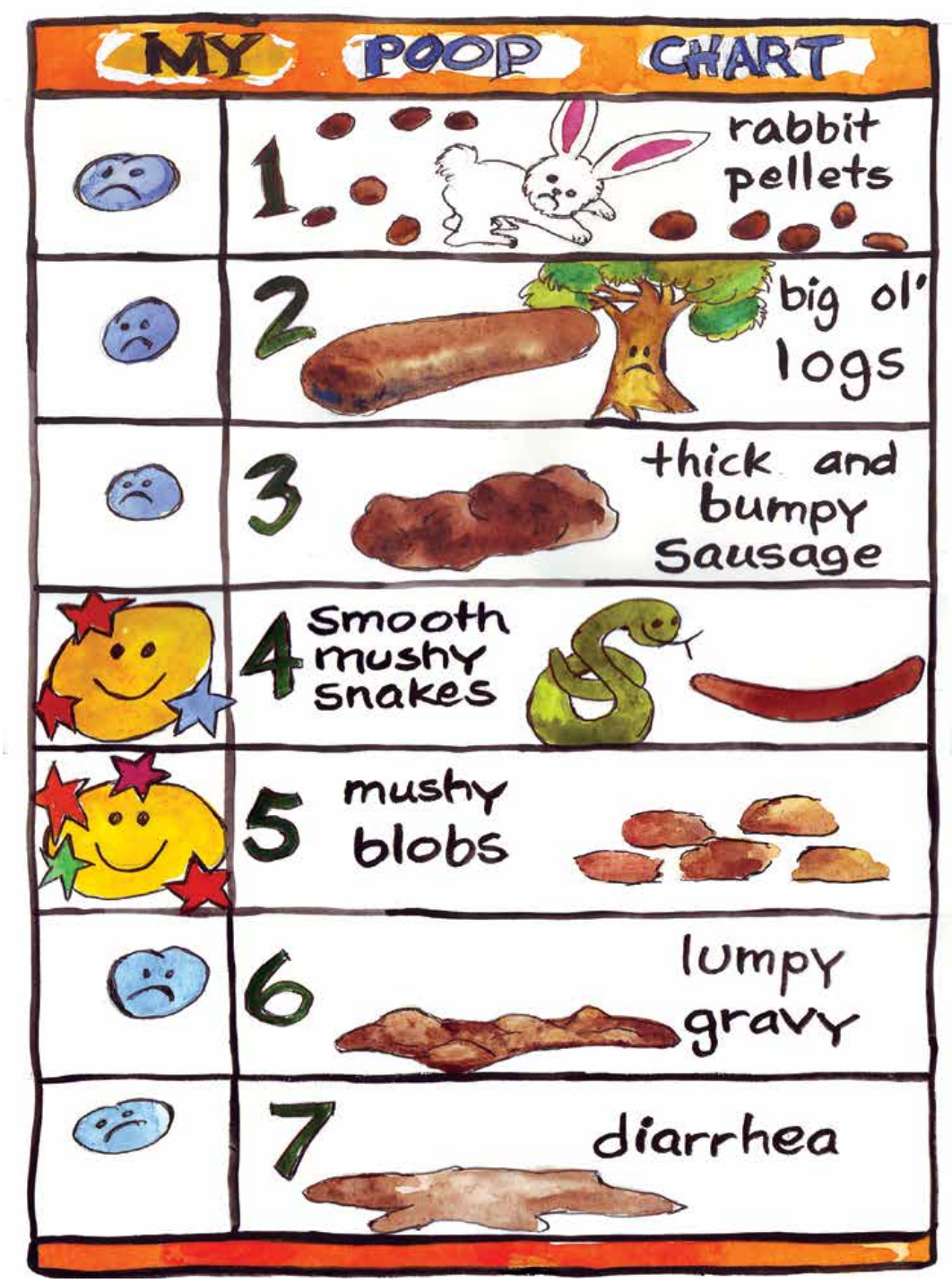
My dream is for school nurses to spearhead Toileting Awareness Week, or at least an annual assembly on healthy toileting and respect for school bathrooms.

In conjunction, students can decorate restrooms, study the science of bathroom hygiene, perform skits about school bathrooms — the possibilities are limitless.

Dysfunctional elimination is a serious and expensive problem that is completely preventable. Those of us dedicated to children's health must join forces to resolve this epidemic.

Free, Printable Charts in English and Spanish

My Poop Chart



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Mi Tabla Del Popó

12 Signs Your Child is Constipated

1. **XXL poops.** We're talking "Holy cow!" poops – larger than ¾" x 6."

2. **Firm poops.** Logs or pellets = bad; thin snakes or mushy blobs = good.

3. **Poop accidents.** When the rectum is overstuffed, poop just falls out.

4. **Bedwetting and pee accidents.** A big 'ol poop mass squishes the bladder.

5. **Recurrent UTIs.** Bacteria from overflowing poop crawl up to the bladder.

6. **Extremely frequent and/or urgent peeing.** You go, "AGAIN? But you JUST peed!"

7. **Infrequent pooping.** But daily pooping doesn't rule out constipation.

8. **Pooping more than 2x/day.** A stretched-out rectum lacks the tone to evacuate fully.

9. **Belly pain.** Constipation is the #1 source of tummy ache in kids.

10. **Skid marks or itchy anus.** Clogged kids can't fully empty
→ bottom is hard to wipe
→ poop stains.

11. **Super-loose poop.** Some poop can ooze by the large, hard rectal clog.

12. **Continued trouble toilet training or hiding to poop in diapers.**

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12 Señales De Que Un Niño Está Estreñido

12 Señales De Que Su Niño Está Estreñido

¡Santo Cielo!

1 **Excrementos extragrandes (XXL).** Hablamos de ¡santo cielo popós!, que miden más de ¾" x 6".

2 **Excrementos firmes.** Troncos o bolitas = malo; culebras finas o bulticos suaves = bueno.

3 **Accidentes de popó.** Cuando el recto está sobresaturado, el popó se sale solo.

4 **Cama mojada y accidentes de orina.** Una enorme masa de popó presiona la vejiga.

5 **Recurrentes infecciones urinarias.** Las bacterias del popó acumulado en exceso suben a la vejiga.

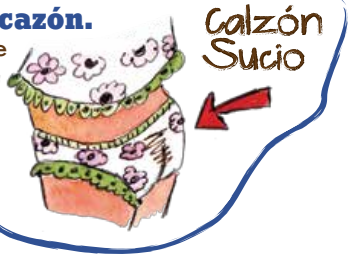
6 **Extremadamente frecuentes y/o urgentes ganas de orinar.** ¿Vas otra vez? ¡Pero si acabas de orinar!

7 **Hacer popó con poca frecuencia.** Sin embargo, hacer popó diariamente no excluye el estreñimiento.

8 **Más de dos evacuaciones al día.** Un recto estirado pierde el tono para evacuar completamente.

9 **Dolor de pancita.** El estreñimiento es la causa #1 del dolor de pancita en los niños.

10 **Manchas en el calzón o ano con picazón.**
Niños estreñidos no evacuan completamente
→ el trasero es difícil de limpiar
→ el popó mancha



11 **Popó supersuelto.** Algunos popós pueden escurrirse de la enorme y dura obstrucción rectal.

12 **12 Continúa siendo un fracaso el entrenamiento para el uso del baño, y se esconde para hacer popó en el pañal.**

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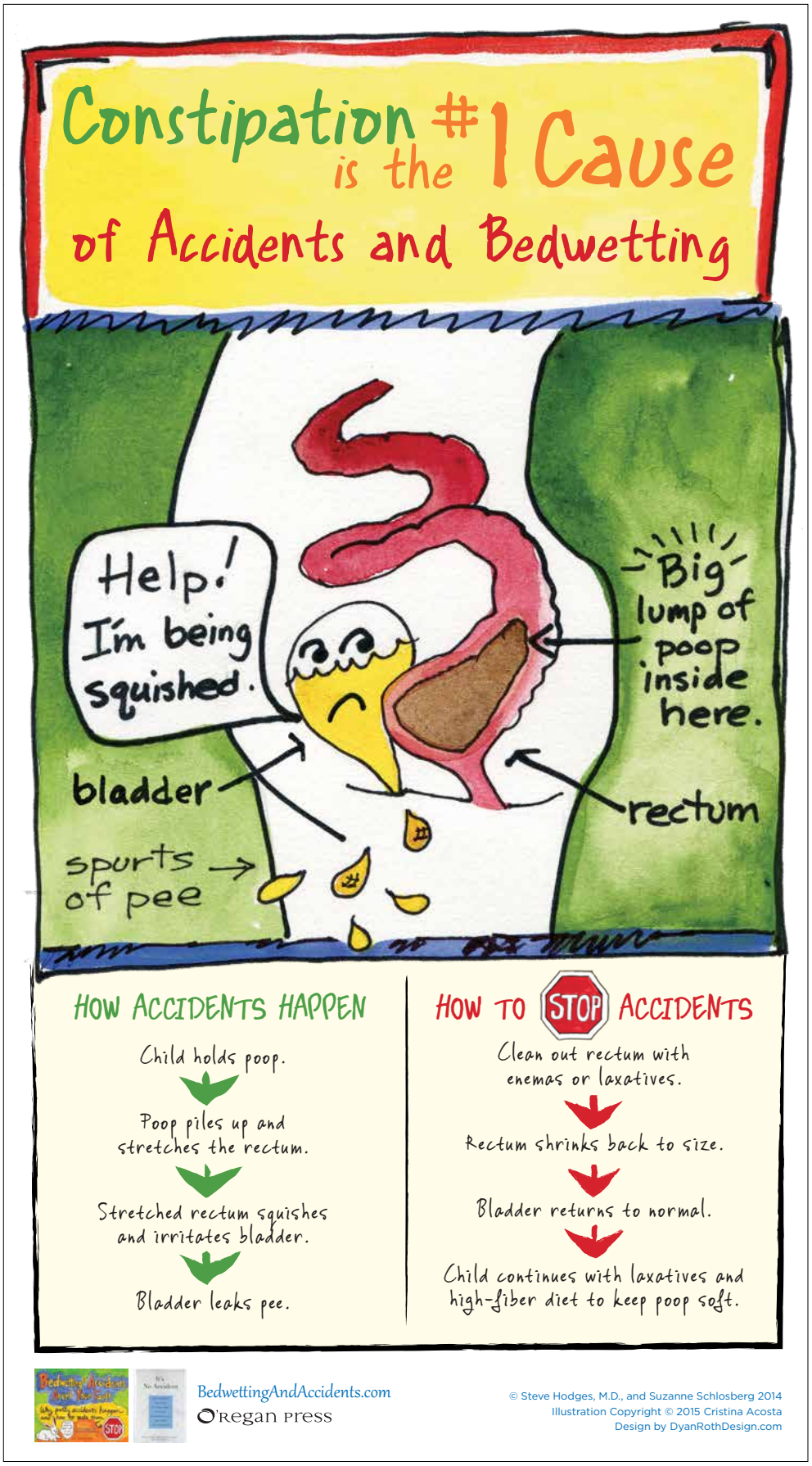
Constipation is the #1 Cause of Accidents and Bedwetting



El estreñimiento es la Causa #1 de accidentes y orinarse en la cama