

When you did your anorectal manometry testing, the doctor saw that when you bear down to push poop out, your anal sphincter muscles tighten at the same time. Instead of opening the door (your anus) for poop to come out, the door is closed and locked. When you push with your belly, you need to relax your anus to open the door and let the poop out!

Think about a tube of toothpaste with the cap on. If you squeeze the toothpaste tube with the cap on, nothing comes out. But when you loosen and take off the cap, the toothpaste comes out easily! When you tighten and close your anus, you're tightening the cap. You need to relax your anus at the same time you push with your belly so the poop can get out. Push with your belly, relax your bottom.

Biofeedback homework:

Get into the Right Position

- Use a squatty potty or stepstool to rest your feet on.
- Your knees should be higher than your hips.
- Lean forward and rest your elbows on your knees.

Use Your Belly Breathing

- Belly breathe – make your belly bigger when you breathe in (**Belly Big**) then exhale slowly.
- Now keep **Belly Big** while breathing normally by tightening the abdominal muscles (**Belly Hard**).
- Time to push! Keep your **Belly Big, Belly Hard** and exhale slowly while pushing with your belly.
- Only push with your belly – do not try to push or squeeze with your bottom.
- Relax your anus, let it open up while you push from your belly.
- Breathe out slowly – you can use a pinwheel, balloon, or bubbles to help remind you.
- Remember – never hold your breath while pushing.

Listen to your body throughout the day and let the poop out once you feel it in your belly. Do not hold it in for longer than it takes to get to the bathroom safely. Continue taking any constipation medications your doctor prescribed.

Terms

Anus: Your “butthole,” the opening in your bottom where poop comes out.

Anal sphincter: The ring of muscles around your anus that can tighten and relax to either let poop out or keep it in. These muscles control when your butthole opens and closes.

Biofeedback: A muscle retraining treatment using special sensors to give immediate feedback on a screen as the child tightens and relaxes their muscles. This therapy helps the child to gain body awareness and sensitivity to stool in the rectum, and to identify the correct muscles to engage/relax while passing stool.

Colon: The large intestine, where poop thickens before it comes out.

Rectum: The very last part of the colon where poop is stored until it is passed through the anus.

Stool: Poop.

Toilet Sitting

Establishing a consistent toilet sitting routine is an important part of helping your child develop regular bowel movements and reduce stool withholding.

It is recommended that your child sit on the toilet:

- After waking up in the morning.
- After breakfast.
- After lunch.
- After dinner.

The goal is to give your child regular opportunities to pass stool during these times. Encourage your child to listen to their body and allow stool to pass if they feel the urge.

When the stomach expands as food enters, this triggers the colon to increase motility to help expel stool. Toilet sitting following meals can help with withholding behavior. If the child has lunch at school, they should toilet sit once they arrive home, as toilet sitting has the best results when done at home in a familiar, private location. Alternatively, if your child's school nurse has a private bathroom the child may present to the nurse's office after lunch to practice toilet sitting. If you choose to have your child practice toilet sitting while at school, please let us know and we will provide a physician letter to the school nurse for support.

Toilet sitting episodes should occur at the same time each day with a timer set. During toilet sitting, the child should not be straining. This is a time to practice body awareness, breathing, and pushing gently to pass the stool that has been softened with the help of medication, a diet that includes fruits and vegetables, and hydration. Raising the legs above the hips with a stool or squatty potty will put their body in a better position to pass stool. A reward system can also be helpful for incentive to toilet sit. Never use negative reinforcers such as shaming, punishment, or criticism.

It is important that this routine is followed every day, especially during times of transition. This includes holidays, vacations, and weekends. It is very common for children to have an increase in constipation symptoms during these times. Times of increased stress and change (such as the start of the school year) can also trigger an increase in constipation symptoms. Routinely toilet sitting and taking all maintenance medications as prescribed can help keep your child's stooling pattern regular during these times.

How Long to Sit: We recommend toilet sitting for a time equal to your child's age in minutes. Example: A 5-year-old sits for 5 minutes. Sitting longer is not necessary and can increase frustration.

Medication

Your child was likely recommended to start or continue medication to help treat constipation. These medications are an important part of treatment and work best when they are taken consistently, such as every day, as prescribed.

Medication should be used together with the new skills your child is learning through biofeedback therapy. Softening the stool with medication allows your child to better practice relaxing, belly breathing, and coordinated pushing. If you feel the medication is not working or if your child is having trouble taking the medication, please let us know right away so we can make any adjustments.

When to call the clinic:

- Your child has not passed stool in several days despite laxative medications.
- Your child has blood in their stool.
- Your child presents with new or worsening symptoms.
- You have any other questions or concerns.

For questions or concerns, contact your child's provider: MNGI – [612-871-1145](tel:612-871-1145).