

Treatment is chosen depending on the Cause

contacts



First steps of treatment may include:

- Actively managing constipation as this aggravates the bladder muscle and can cause incomplete bladder emptying.
- Teaching your child how the bladder works and what has gone wrong.
- Setting up a drinking and toileting program appropriate for your child's problem.
- Instructing your child on how to sit on the toilet properly to allow relaxation of the pelvic floor muscles. This allows for adequate bladder and bowel emptying.
- Monitoring and progressing treatment.
- Medication to relax the bladder so it stores urine more effectively (if this is the problem).

Specialised treatment always depends on the underlying problem, but may include:

- Other medications to relax the bladder muscle, relax the sphincter muscles, or prevent infection.
- Pelvic floor muscle relaxation techniques using specialised equipment to provide feedback to the child.



For further assistance on where to get professional help contact the National Continence Helpline



National Continence Helpline
FREECALL™ **1800 33 00 66**

Helpline advisors are always sensitive to the confidentiality and anonymity of all callers. An Australian Government initiative managed by the Continence Foundation of Australia

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Day-wetting (daytime incontinence) in Children



Models/individuals in photographs are used for illustration purposes only

Bladder control

Why do children wet during the day?

As a parent / carer what should I do?

The bladder is a muscular bag that stores and empties urine. Pelvic floor and sphincter muscles control opening and closing of the bladder. Bladder control is coordinated by nerves that send messages between these muscles, the bladder and the brain.

Most children have gained daytime bladder control by the age of four. If a child wets during the day after this age professional advice is necessary.

Loss of bladder control during the day can be called daytime incontinence. Loss of bladder control during sleep is called nocturnal enuresis or bedwetting. Children can have both day and night wetting.



Do children get incontinence?

Yes! 3–12 % of children aged 5–17 years have a daytime wetting problem. One third of these children will also have bedwetting. Day wetting is more common in girls than boys. Boys have more bedwetting than girls. Both these problems tend to improve with age but children do NOT necessarily 'grow out of it'.

Wetting can cause distress for the child and family. The underlying bladder problem can lead to kidney problems later in life, so professional help is essential.

Most wetting occurs because the bladder is not *working* normally.

Common problems are listed below.

1. An overactive bladder – occurs when the bladder has problems storing urine. The child has urgency (busting) and may leak urine on the way to the toilet. They may also go to the toilet more than eight times per day.

2. An under-active bladder – occurs when the child goes to the toilet infrequently (less than four times a day) and sometimes urine escapes without any warning as the bladder overfills. Urinary tract infection is common.

3. Leakage – can also occur if the child is in the habit of putting off going to the toilet and wets when the bladder is overfilled.

4. Some children have learned to empty the bladder incompletely and this can lead to wetting also.

Structural problems are rare. However a medical specialist should manage any child identified as having an anatomical or neurological cause for their incontinence.

Day wetting is NOT caused by:

- laziness
- naughtiness, or
- attention seeking.

Seek professional help

But first watch your child and record his/her bladder and bowel behaviour over a few days.

- How often does your child go to the toilet?
- How often is your child wetting?
- What happens before they wet?
- How often do their bowels open and is it difficult for your child?
- How much does your child drink?
- What type of fluids is your child drinking and when?

You are now ready to visit the medical practitioner who will undertake the following:

- A detailed medical history
- A urine test to exclude infection of the urinary tract (bladder and kidneys)
- A physical examination of the spine (back) and the bladder opening to exclude any nerve involvement or structural problems
- An abdominal examination which may help exclude constipation
- An ultrasound of the urinary tract
- Your GP may refer your child to a specialist centre for further non-invasive tests.

The treatment of day wetting is carried out by a range of professionals depending on the underlying cause of the problem (medical, nursing, physiotherapy, psychology).