

Enuresis Clinic

General Advice

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or email to :

palservice@salisbury.nhs.uk
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We ask for information about you so that you can receive proper care and treatment. This information remains confidential and is stored securely by the Trust in accordance with the Data Protection Act 1998.

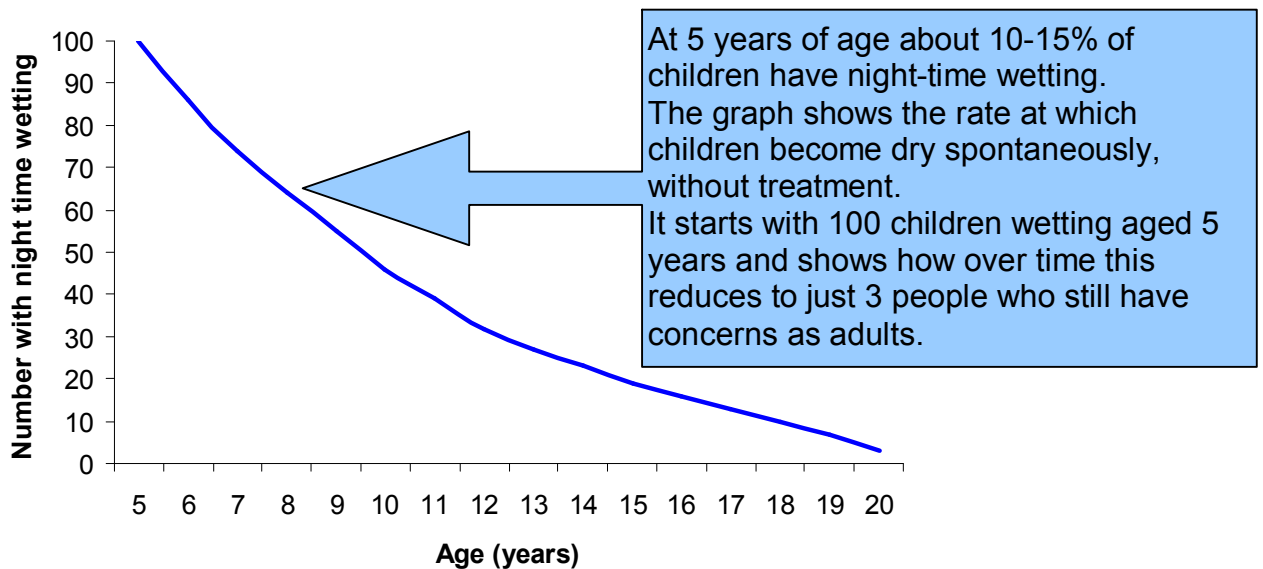
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Enuresis Clinic- General Advice

Enuresis is the involuntary discharge of urine by day or night in a child of 5 years or over. This most commonly occurs at night and is referred to as 'nocturnal enuresis'. It is a very common problem. There is a wide variation between individuals in how quickly bladder control is gained.

This is a very common problem, which improves with age.



The development of good bladder control is a complex process and the child often has little control over many aspects of this. We know that it is very common in some families and not in others. It is extremely rare for the child to be 'doing it on purpose'. We do however need to enlist the help of the child in solving the problem and occasionally we will delay interventions until the child is mature enough to assist the management.

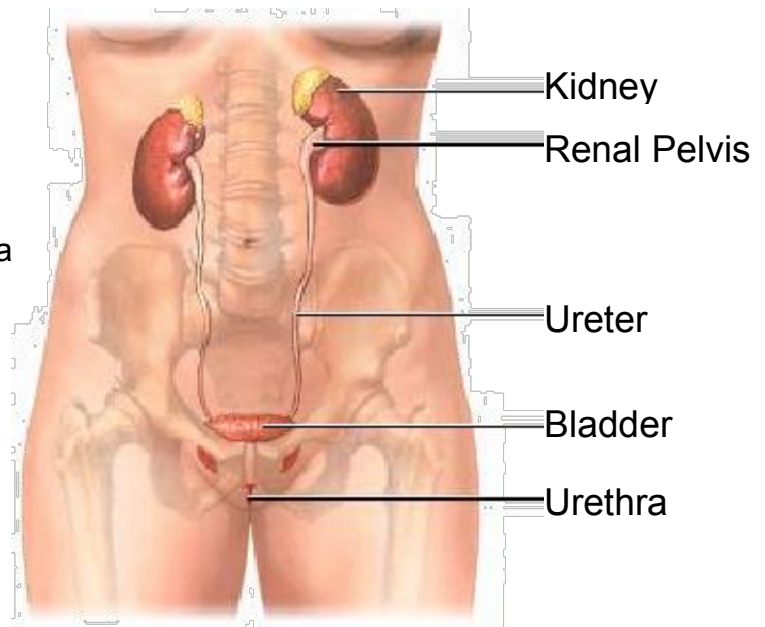
We hope to

- ensure there are no underlying medical problems, such as
 - constipation,
 - urine infections,
 - other problems (rare),
- assess for day-time wetting (including urgency and frequency),
- ensure a positive attitude to the problem,
- minimise night-time urine production,
- ensure efficient bladder emptying,
- speed-up normal development of night-time bladder control.

What's the cause?

Anatomy & Physiology

The kidneys filter the blood, removing waste and ensuring the body maintains a good fluid balance. The urine passes from the kidney to the bladder through a tube called the ureter. The urine is stored in the bladder until there is a sensation of bladder fullness. A complex set of nerve instructions then allows the outlet of the bladder (sphincter) to relax and the muscular bladder wall to contract. This empties the urine via another tube called the urethra. The process of passing urine is called micturition.



Night-time wetting occurs when

- The child fails to wake-up in response to their bladder feeling full.
- More urine is produced over-night than the bladder can easily hold.
 - either due to a very sensitive bladder which reacts before the bladder is full,
 - or more urine than average being produced overnight,
 - or a combination of the above.

Detailed charting of urine frequency during day-time and night-time and the volumes can give a better understanding of exactly where the problem lies. This can be difficult and time consuming job. We recommend day-time urine volume charts in any child who has day-time wetting, urgency or frequency.

This leaflet provides families with consistent information on basic rules with regard to wetting. This aims to minimise urine volumes at night.

Fluids

Most children do not drink enough fluids during the day.

Basic rules

- **drink plenty during the day,**
- **pass urine regularly,**
- **limit evening drinking (only allow water in the evening),**
- **avoid drinks which are thought to irritate the bladder.**

Daytime

Try to ensure 6-7 (250ml) drinks per day are taken on average. It is best to encourage water drinking in the day, but often flavoured (non-sugared) drinks are better liked. The child should try to go to the toilet about 6-7 times per day. A good regular toileting habit during the day will help develop good bladder control. Good fluid intake will also help to ensure a regular bowel habit.

Evening

We recommend that all children with night-time wetting should only drink water in the evening (from teatime onwards). Children will mostly regulate their drinking according to their thirst if you give water alone. If you give flavoured drinks in the evening the child will drink these for the taste and will usually drink in excess of their needs.

We usually place no restrictions on how much water a child wishes to drink. If they have drunk well through the day they have less thirst in the evening.

Drinks to avoid

Certain drinks are known to irritate the bladder and should be avoided while trying to encourage dry nights. In some children these cause day-time urgency, and may also affect night-time wetting.

- **blackcurrant containing drinks**
 - Juice / Blackcurrant Cordial / 'Ribena'
- **caffeine containing fluid**
 - Cola, Tea, Coffee, hot chocolate
- **fizzy drinks**
 - Allow these as 'treats' only.

Bed-Time

A regular bed-time routine is always beneficial.

Basic rules

- ensure the child is getting enough sleep,
- ensure the bladder is completely empty before they go to sleep,
- ensure your child is awake if taken to the toilet in the night,
- encourage your child to be part of the process of getting dry,
- ensure easy access to the toilet.

Sleep Duration

Disturbed sleep has not been shown to be the cause of night-time wetting. However ensuring an adequate duration of sleep is extremely important in improving daytime concentration and studies have linked a lack of sleep to poor behaviour.

A child who has had sufficient sleep will normally wake spontaneously in the morning and not require significant stimulation to wake. If this is not the case the bed-time should be moved earlier, in 30 minute steps, until the child wakes easily in the morning.

Double micturition

Micturition means to pass urine (urinate, pee, void, wee wee). There is more chance of a dry night if the bladder is completely emptied before bed. Unfortunately in the rush at bed-time, emptying the bladder is often not complete. We suggest when your child starts to get ready for bed they go to the toilet. Then immediately before they get into bed they should go to the toilet again. If there is a significant volume on the second micturition then they should continue this practice. However if they cannot micturate the second time they can discontinue it.

Lifting

Many families 'lift' their child at night. Usually when the parent goes to bed, they take the child to the toilet to empty their bladder. Most children can micturate without actually waking. **This however is encouraging bed-wetting whilst asleep.** We have no objection to this practice as long as the child is woken prior to micturating.

Cleaning-up

Your child needs to be engaged in the process of trying to get dry at night. We therefore recommend that there is a clear plan for the child to help cleaning after an accident. **This is not a punishment**, but an acceptance that the problem will not be solved without the family working together, as a team, and for the child to accept that they must engage in the process too.

Nappies or 'pull-ups'

Many centres advise avoiding the use of nappies or 'pull-ups'; however there is no evidence that the use of nappies or pull-ups is detrimental. We are therefore happy for these to be used if needed.

Access to the toilet

There should be easy access to the toilet during the night. A torch or night light may be helpful. If sleeping in bunk beds, the bottom bunk is preferable. If access to the toilet is difficult then the use of a 'potty' may be required.

Star Charts

Basic rules

- **a positive approach is best,**
- **your child is not 'doing it on purpose'.**

The Star chart gives us information regarding the pattern of wetting and whether we have made a significant impact on this with the treatment or advice that we have given.

The child should preferably complete it. Only dry nights should be recorded. The emphasis is to give positive feedback to the child on dry nights. Children will often feel guilty on wet nights and dry nights are often relatively ignored by the family, especially on a rushed school morning.

We have no objection to the use of reward as long as it does not have a negative effect (i.e. upset as they failed to get the reward) or if it appears to make them different from their brothers or sisters.

If the night-time wetting occurs every night then the use of a star chart may actually make your child feel more negative about their night-time wetting. Under these circumstances we would not use a star chart. However please ensure that plenty of praise is given on any dry nights and that the wet nights are seen as normal. The child should not have the feeling of having 'done wrong' or 'failure' simply because they were wet.

Star charts can also be useful with other problems such as constipation.

It would help if you could bring the star charts with you to clinic.

Daytime Wetting & Urinary Urgency

This is a common day-time problem which usually improves with age. It can be severe with urinary frequency and day-time wetting.

It can be caused when children

- have an overactive bladder,
- have not yet acquired full control of their bladder,
- tend to 'hold on' until the last minute.

Completion of the day-time urine volume chart helps us to understand which factors may be causing the problem and gives a baseline when assessing any improvement.

Urinary frequency, urgency, and urge incontinence, during the day, is seen in up to 25% of children with nocturnal enuresis (night-time wetting). 92% of 5 yr old children are dry by day. At 7 yr, 96% are dry, although 15% have significant urgency at times. At 12 yr, 99% are dry during the day.

Urgency and daytime wetting can be strongly associated with some drinks.

Blackcurrant juice or cordial should be avoided (see fluid advice).

It is aggravated too, by problems such as constipation and urinary tract infections.

Whatever the cause there are certain rules for children to follow to help control the symptoms.

- When they get up in the morning go straight to the toilet and empty their bladder.
- Girls should make sure they sit on the toilet correctly!
 - sit on the whole seat (not perched on the edge)
 - rest feet on a stool if they do not touch the floor
- Keep tummy muscles relaxed by bending slightly forward
- Relax and wait for the wee to come
- Try and do the wee in one go – listen to the sound
- Do the following exercises at least twice a day – when they get up in the morning and before they go to bed. They can also do this in the afternoon when they are not in school.
 - Go to the toilet as above,
 - When they have done a wee do not get off the toilet straight away,
 - Wait a minute or so (recite a favourite song or practice their tables!),
 - Then see if they can do another wee.

Constipation

Constipation is extremely common in childhood. It is important that your child has a regular bowel habit when trying to improve any problem with day-time or night-time wetting.

Basic rules

- a positive approach is best,
- encourage a diet high in fibre,
- ensure an adequate fluid intake,
- encourage a regular bowel habit.

The child should be encouraged to have a varied diet with plenty of fibre (see below). Adequate fluid intake is extremely important (see fluid advice earlier). Our aim is for the child to have a soft, toothpaste consistency stool. If this cannot be achieved by diet and fluid alone then medications such as *Movicol* or *Lactulase* can be considered. Your GP will be able to advise on medications for constipation.

A regular bowel habit is also important, children with constipation often have discomfort when they open their bowels and therefore try to avoid doing so. A relaxed environment is important and the toilet should be made child friendly. Everyone has a different pattern with bowel motions. Some are morning people, others evenings, but very few children have bowel motions when they are in school. If your child has no pattern, it may be worthwhile encouraging them to go in the evening, after the evening meal. They are normally more relaxed and after their food, there is usually a reflex feeling and need to go to the toilet. If bowel opening is infrequent then your GP may consider prescribing *Movicol* or *Senna* to help with bowel emptying.

Star charts are excellent tools and can be used to encourage a better diet, better fluid intake or to encourage regular use of the toilet.

Food for your bowels

	Good for your bowels	Tend to be constipating
Fruit	Especially raw fruits with peel such as figs, raisins, pears, apricots & apples.	Bananas
Vegetables	Beans, especially baked, kidney beans, sweet potatoes, peas, raw tomatoes , celery, cucumber & lettuce	
Fibre	Bran cereals, shredded wheat, whole wheat bread	
Dairy		Cow's milk, yoghurt, cheese,
Drinks	Apple juice, pear and prune juice. Vegetable soups (lots of fibre and added fluid)	Cow's milk

Other treatments

Drugs

Several drugs can be used to reduce wetting. These are not a cure and simply improve the child's chances of being dry.

Desmopressin

This may have been prescribed by your GP. A full information sheet is included. We use this primarily to improve night-time wetting on nights the child spends away from home (e.g. school trips, camp). It reduces the amount of urine produced overnight

Oxybutynin

This can help with day-time wetting and urgency and occasionally helps with night-time wetting. It works by adjusting the bladder's sensitivity allowing the child to hold more urine. This is not generally prescribed by the GP, but we will review the need for the medication in clinic.

Movicol

This is used to treat constipation. It ensures that water is retained within the bowel, thereby reducing constipation. The medication is available from your GP if your child is constipated.

Lactulose and Senna

These can also be used to treat constipation. The lactulose softens the stool and the senna stimulates bowel opening. Your GP may wish to prescribe this medication if your child is constipated.

Enuresis Alarm

These alarms work by waking your child immediately when they are wet at night. This provides feedback to the child which encourages them to hold more urine in their bladder.

They work best on children who are over 7 years and who are engaged in the process of getting dry. We will review your child in clinic to assess whether an alarm is needed. Please note we do not offer alarms to children under 7 years as the rate of success is much lower.

They are available from shops, by mail order and over the internet. They are not cheap. We have a stock of alarms, but our alarms are very much more expensive because they are used by many individuals. **We have a strict policy on returning the alarm when it is no longer needed or if there is no improvement after 3 months.** Failure to return an alarm is theft. Your GP and health visitor will be informed to encourage you to return our alarm.

Desmopressin Advice

There are 2 formulations of this drug.

Desmotabs

Classical tablets each containing 200 mcg of drug. One or two tablets may be needed

Desmomelts

A newer form of the drug which dissolves on the tongue. They contain either 120 mcg or 240 mcg of drug.

How does it work?

Desmopressin is a man-made version of the hormone Arginine Vasopressin (AVP). This hormone is secreted from the pituitary gland in the middle of the brain. It regulates the amount of water re-absorbed by the kidney. More hormone means more water re-absorption and therefore less urine is produced.

Why do we give it?

By decreasing the amount of urine produced the likelihood of having a 'full bladder' is reduced. It does not cure the problem, but helps manage it.

When should we give it?

On nights away from home. Before this use it for a few nights at home to ensure it is effective.

What time do we give it?

Just before bed. If there is wetting early in the night, then try giving the desmopressin 1hr before bed.

How much do we give?

Start with the lower dose (Tablets 200 mcg / Melt 120 mcg). This can be increased to the higher dose (Tablets 400 mcg / Melt 240 mcg) if the lower dose does not work.

How much should children you drink if they are taking desmotabs?

We recommend you only drink water and only drink to thirst. Children do not normally need to drink after they have gone to bed. Drinks should be limited an hour before bedtime. Older adolescents should not take desmopressin if they have had alcohol.

What are the side effects?

If your body cannot remove excess fluid you can become water overloaded. This can result in headaches and convulsions (seizures or fits). This is extremely rare, however it is for this reason we make the recommendation about how much you should drink. Stomach pain, headache, nausea, and vomiting have also been reported.