

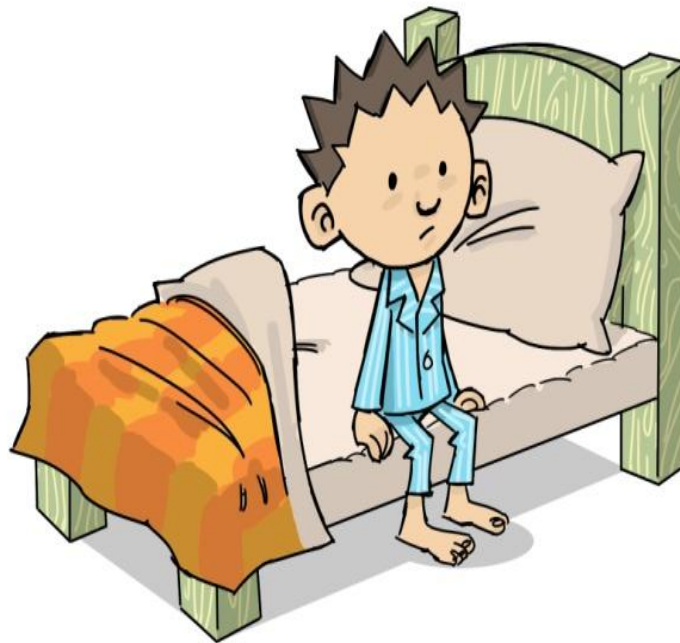


Bladder & Bowel UK

Supporting people with bladder and bowel problems

part of Disabled Living

Talk about bedwetting



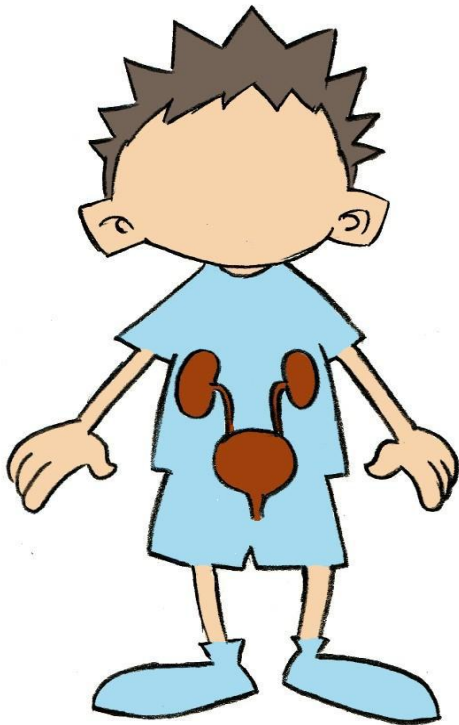
(Nocturnal Enuresis)

What is Bedwetting or Nocturnal Enuresis?

Nocturnal enuresis is also called 'bedwetting'. It is a very common problem and affects lots of children and young people. It is not considered a medical problem until children are at least five years old. However, because no one likes to talk about it, you might not realise that you are not the only one with this problem.

Why do people wee?

Making urine, which is the medical name for wee, is one of the ways that the body gets rid of rubbish. The other way is poo.



Urine (wee) is made in the kidneys and stored in the bladder. The bladder is a bit like a stretchy balloon. When it is full it sends a message to your brain telling you that you need a wee.

Most children sleep all night most nights without needing a wee. On the rare nights that they do need a wee they wake up. Children who wet the bed do not receive the messages from the bladder loudly or clearly enough to wake them up once they have gone to sleep. That is why you don't wake up and get a wet bed instead.

Why does bedwetting happen?

Bed wetting can happen for lots of reasons, but the main problem is that your bladder is not able to hold on to all the urine (wee) that your kidneys make during the night.

This might be because:

- Your bladder is not big enough to hold on to your wee all night



- Your bladder is big enough but becomes 'twitchy' and empties before it is full. If this is happening in the day as well, you might have to run to the toilet, or even get damp on the way there

- You are not making enough of something called vasopressin. Vasopressin tells your kidneys to make less wee at night than they do during the day. If you are not making enough vasopressin you will make lots of wee at night. So, even if your bladder is a good size, it cannot hold all the extra wee produced.



What else can cause bedwetting?

Constipation

If you are not doing a poo often enough, or if you are not managing to get all the poo out, the poo will collect in your bottom and squash against your bladder. This will make it difficult for your bladder to hold on to your wee.

Family history

If either your mum or dad, or another close relative, had a problem with bedwetting then there is a chance that they have passed that problem on to you.

Drinks

Drinking just before you go to sleep can make you more likely to wet the bed. If you do not drink as much as you should during the day, then your bladder may get used to holding small amounts of wee and be less able to hold onto all your wee at night. Fizzy drinks and drinks with caffeine in (tea, coffee, hot chocolate, energy drinks and coke all have caffeine in them) can make you more likely to wet the bed as well.

Food

If you eat just before bed, particularly if you have food with lots of salt (such as crisps or bacon) or if you have food with lots of protein in it (meat, milk, cheese etc) then you might be more likely to wet the bed.



Not waking up

If your full bladder doesn't tell your brain you need to wake up to wee then it will empty while you are asleep and your bed will get wet.

What can I do to help?

- Make sure you are drinking 6-8 water based drinks each day (including 3 at school). Ask if you can have your drink on your desk, to remind you to have it. Remember that water is the healthiest drink.
- Try to avoid fizzy drinks and drinks with caffeine in them
- Try not to drink or eat in the hour before you go to bed



- Go for a wee before you go to bed and again last thing before you go to sleep if you have been reading or watching TV for a while

- Ask whoever looks after you to leave a potty or bucket in your bedroom if the toilet is a long way away, or downstairs



- Make sure you don't get constipated by eating lots of fruit and vegetables and tell someone if you are doing less than 3 poos per week, or if it hurts when you poo, or you feel as if the poos are getting stuck on the way out.

Bedwetting is not your fault, but it is important that you do try hard to do the things suggested above and follow the treatment advice given by your nurse or doctor.



What if these don't work?

Speak to your school nurse, health visitor or doctor who will help work out what makes you wet the bed. Knowing what causes the bed wetting can help decide what the best treatment will be for you.



What will the nurse or doctor do?

The nurse or doctor will ask you lots of questions to try and understand how often your bed gets wet and what might be causing the problem. They might ask you to measure your drinks and wees for two or three days and write this down on a chart.



They might ask about your poos.
They will then talk to you about what might help:

Bladder Training

If it is thought that your bedwetting is caused by a problem with your bladder, then you will be asked to do things that will help your bladder get bigger and stronger. This is sometimes called 'bladder training'.

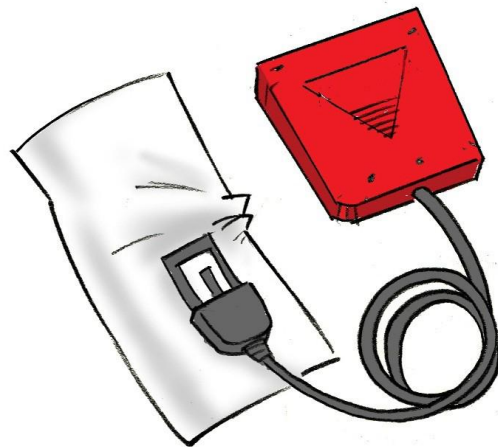
You may be asked to:

- Try different types of drinks to see whether any of them make the bedwetting worse and are therefore best avoided!
- Measure how much wee you are doing to see if your bladder is holding more wee.
- have a drink every two hours until an hour before bedtime
- go for a wee after you have a drink
- make sure you sit on the toilet properly (for girls) with feet supported on a step
- be careful not rush when having a wee; take you time to ensure you empty your bladder completely

Your nurse or doctor may suggest that you take some medicine to help your bladder work well. If they think this is a good idea for you, they will talk to you and your mum, dad or carer about this. They will explain how the medicine works and how and when you should take it.

The Enuresis Alarm

The enuresis alarm helps your brain to recognize the signals coming from your bladder when you are asleep. It does this by making a noise as soon as you start to wet which helps you wake up.



There are two types of enuresis alarm, a mat alarm which goes on the bed, and a smaller body alarm which is clipped to your pyjamas and pants. Your nurse will explain the alarms to you and you may be able to choose which type of alarm you would like to try.

Once you have been woken by the alarm you have to switch it off before going to the toilet to try and finish weeing. If you don't wake up straight away, then your mum, dad or carer will need to help you wake up. You then need to change any wet bedding and you may be asked to reset the alarm, in case you wet again that night, although you might not need to do this, at least to start with – your nurse will tell you if this is needed

It can take some time before you learn to wake to the noise by yourself and it can take several weeks before you become completely dry. Once you have been dry every night for about two weeks you can have a try without the alarm to see how you get on.

Medication - Desmopressin

The doctor or nurse may suggest that you try a medicine to help with the bedwetting, especially if they think you are wetting the bed because you are not making enough vasopressin.

Desmopressin is the name of the medicine that helps your kidneys to make less wee at night. It has the same effect as vasopressin and helps the kidneys to produce a normal amount of wee at night. This may help you if you are wetting the bed because your kidneys are making too much wee while you are asleep. It comes as a melt (a special tablet that dissolves in your mouth) or a tablet.

Desmopressin starts to work straight away and can be taken until you are able to stay dry without it. You should have one week without it every three months to check if you still need to take them. If you are dry in the week without them, you do not need to take them any more

Desmopressin does not always work the same way for everyone. Some children get dry with only one melt or tablet; other children may need to take two, your nurse or doctor will tell you the right dose to take. Do not take more than they tell you to take without asking them first.



If you take desmopressin you must not drink for an hour before you have it and for eight hours after it (you will usually be asleep then). You must not take it if you are ill. Always follow the instructions that come in the box with it and ask your doctor or nurse if you are not sure.

Some children need more than one thing to help them stay dry at night: some may need medicine to help their bladder and an enuresis alarm; others may need desmopressin and an enuresis alarm. If one thing does not work, do not give up, but talk to your nurse or doctor at your next appointment and remember it can take some time for bedwetting to get better.

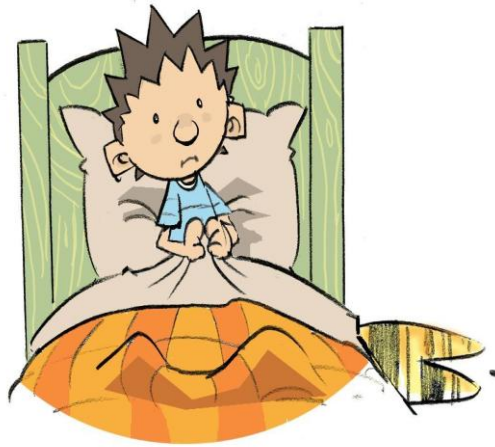
Information for parents and carers:

It is important to remember that bedwetting is not your child's fault and is not caused by anything you or your child has, or has not done, now or in the past.

This problem can be helped. Treatment should be available for children from five years old, but often takes a while to work and relapses can happen (sometimes the bedwetting starts again after treatment). Restricting your child's drinks and waking them to go to the toilet during the night should be avoided. Encouraging a bath or shower each morning will remove the smell of urine and avoid the risk of teasing.

Constant bedwetting can make people cross and angry but this can sometimes make the wetting worse. Try and praise your child for their efforts to become dry as often as you can and always seek further help from their nurse or doctor.

For more advice and support speak to your child's health visitor, school nurse or GP



**Further information is available at: Bladder and Bowel UK
Disabled Living**

Website: www.bladderandboweluk.co.uk

There is a confidential helpline at:

Email: bladderandboweluk@disabledliving.co.uk

Tel: 0161 607 8219

Bladder and Bowel UK working as part of Disabled Living, Manchester, provides impartial advice and information about services and resources that are available for both children and adults with bowel and/or bladder problems.

Illustrations: Les Eaves

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