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## A guide for parents and carers

### Some children have problems with their bladders during the day

This information has been produced to help families understand daytime wetting and other bladder problems such as 'frequency' and 'urgency'. It explains why these happen and what can be done to help things get better.

Most children become reliably dry in the day by the time they are 2-4 years old. However, some continue to have wetting accidents in the day. The cause may not always be clear, but some underlying problems, such as constipation, can make the problem worse. Therefore, any child who has bladder problems once they are aged 5 years or more, or who has developed wetting after they have toilet trained should be seen by either their doctor or nurse for assessment and treatment or advice.

It is important to remember that daytime wetting caused by your child being lazy or naughty, or by anything you or your child has done, or has not done in the past. The problem can be helped, although treatments often take some time to work and relapses can happen.

Try to always praise your child for any efforts they make to become dry.

### Why does the body make urine?

Urine (wee) is one of the ways in which the body gets rid of waste.

Urine is continuously made in the kidneys and stored in the bladder. The bladder is a bit like a soft, stretchy balloon. When it is starts to get full the bladder sends a message to the brain that it needs to empty.

Your brain should start to get messages from the bladder before it is full to allow time get to the toilet, before the need to go is urgent.



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## Why causes daytime wetting?

Day time wetting can happen for different reasons including:

- Your child's bladder being smaller than it should be for their age.
- The muscles in the wall of your child's bladder may tighten and 'twitch' suddenly at any point during filling. This will cause and cause sudden, unexpected message that your child needs the toilet. If they cannot get there quickly enough they may get damp underwear or wet clothes.
- Some children 'dance about', hold themselves, or crouch when the bladder wall tightens unexpectedly. Many children do not associate this with knowing they need the toilet. If this happens they may say they do not want the toilet if asked to go, but then realise they do need it a minute or two later, but then wet on the way.
- Sometimes children are very busy or have sensory differences and so do not notice their bladder telling them it needs to empty. The bladder may then get too full and is unable to hold on, so they get wet.

## Are there any other causes?

### **Overactive Bladder:**

Overactive bladder is also sometimes called 'detrusor instability' or 'unstable bladder'. This is one of the commonest causes of daytime bladder problems, including wetting.

Most of the time the muscles in the bladder wall are relaxed, soft and stretchy. They only tighten and squeeze when the person is at the toilet and passing urine and relax again once the bladder is empty.

When the bladder is overactive the muscles in the bladder wall tighten suddenly at any stage of bladder filling, usually before the bladder is full. This sudden tightening of the bladder wall muscles sends an unexpected signal to the brain saying that it wants to empty immediately. This sensation is called urgency: because the of needing to use the toilet is urgent.

As well as having urgency, people with an overactive bladder may also have frequency, which means they pass urine more often than most people do. Most children aged over four years old should be passing urine about five to seven times a day. If they are passing urine more than eight times a day they are described as having frequency.

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Overactive bladder is the most common cause of daytime bladder problems. Adults often mistakenly believe that children with this problem are being lazy or naughty and putting off going to the toilet until it is too late. They do not always understand that children will often dance or hold themselves as an automatic response to the messages from the bladder, without realising this is what is happening.

## **Constipation:**

Constipation can be difficult to diagnose in children. If your child is not opening their bowels more than three times a week, or is not fully emptying when they do open their bowels, then the stools will collect in the rectum (the bit of bowel near the bottom). These stools will then press against your child's bladder, giving it less space and making it less able to hold on to the urine. Therefore, constipation may cause frequency, urgency or day or night time wetting. There is more information about constipation in the children's information library on the Bladder & Bowel UK website.

## **Drinks:**

Many children reduce their fluid intake if they have bladder problems. However, if your child drinks less, the bladder has less opportunity to expand and can respond by becoming smaller and therefore less able to hold urine.

If your child is not drinking enough their urine will be very strong and concentrated (dark yellow in colour). Strong urine can irritate the lining of the bladder and make the twitching of the bladder wall worse. Fizzy drinks and drinks with caffeine in them also irritate the lining of the bladder. Tea, coffee, cola, hot chocolate and energy drinks all contain caffeine.

If the bladder lining is irritated, then the bladder twitching will get worse. This means that the urgency, frequency and wetting may all happen more often.

Not getting to the toilet in time

If your child puts off going to the toilet for too long, instead of going when they feel they need to, they may be more likely to get wet.

## **Infections:**

Urinary tract infection (UTI) can cause frequency and urgency. This means your child might want to go to the toilet more often than usual and have to get there quickly.

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Urinary tract infections also increase the likelihood of wetting. Infections can cause pain when passing urine.

## Finding out what is causing the problem

Your child's healthcare professional should undertake an assessment of your child's bladder and bowel to find out the possible causes of the problems. The assessment usually involves you and your child completing some charts together at home, they may also do a bladder scan and they will ask questions about the symptoms and your child's development and medical history.

### Use a bladder and bowel charts

Record on a chart when they have a drink, what they drink and how much. This will help you, your child and your nurse or doctor know if they are drinking the right amount for their age and if they are drinking things that might irritate their bladder.

-You may be asked to measure their urine every time you go to the toilet and record this on a chart for two to three days. Your child's nurse or doctor will then work out if their bladder is holding the right amount of urine for their age. You can also work this out with the equation: your child's age in years + 1 x 30. This gives the average bladder capacity for age in milliliters.

- You may be asked to write down when your child gets damp or wet.
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You can use Bladder & Bowel UK's bladder charts. Find them in the children's information library on the Bladder & Bowel UK website.

## Helping your child's bladder to work better

Bladder training can help your child's bladder to work better through making sure they drink well and go to the toilet regularly.

### What does bladder training involve?

Your child's healthcare professional will explain bladder training to you. It includes:

- Your child should try to pass urine after every drink and before bed

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- Making sure your child is having a water-based drink about every two hours from waking up until an hour before bedtime. Water is the healthiest drink. If they will not drink water you could try diluted sugar-free fruit squash instead
- Your child should try to pass urine after every drink and before bed
- Make sure your child sits on the toilet with their bottom well supported and their feet flat on a step (for girls). Boys might be asked to sit down to pass urine once or twice a day
- Make sure your child does not rush when using the toilet. They should take time to make sure they empty their bladder completely.
- Your child might be asked to double void. This means that when they have finished passing urine they should wait for 20-30 seconds and then try to pass urine again. Girls might be asked to stand up or both boys and girls might be asked to move a bit before trying to pass urine again.

## What else can I do to help?

- Make sure your child is drinking 6-8 water based drinks every day, including three at school. Make sure that their school knows that they need to have their drinks as part of their treatment. Your child's school nurse may be able to help you speak to school if needed.
- Most primary school-aged children need about 1.5litres of water-based drinks spread out evenly through the day. Older children and those who are very active need more.
- Make sure that school allows your child to use the toilet at school whenever they need to. Many secondary schools will provide a medical card to allow children out of lessons.
- Make sure your child has spare clothes, wipes to clean themselves and plastic bags for wet clothes, at school with them. Make sure any wet clothes are taken home for washing.
- Remind girls to wipe their bottoms from front to back. This helps to stop 'germs' from the bottom getting into the bladder and causing infections.
- Try to prevent your child from becoming constipated by encouraging them to eat lots of fruit and vegetables. Tell their healthcare professional if you think they may be constipated

## Medication

If the bladder training does not help, or if the wetting is happening frequently and causing problems with school or home life, your child's healthcare professional may suggest medication.

Always follow your healthcare professionals advice when giving medication. Speak to them if you have any concerns or questions.

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## Anticholinergics

Anticholinergics are medicines that help the bladder to stay soft and stretchy while it is filling. The medicines sometimes start to work within a few days, but they can sometimes take several weeks to start to be effective. Some children may need the dose increasing to get the best effect from the medication. The anticholinergics often work better if your child is doing bladder training while taking it.

Your child's healthcare professional will explain how the medication works, how much your child should take and will arrange to see your child again. If the medication is not being fully effective, they may discuss increasing the dose with you at the review appointment.

Although medicines can be very helpful, sometimes they can affect other parts of the body and cause things you may not want to happen. These are called 'side effects'. Talk to your child's nurse, doctor or pharmacist if you think your child may be having side effects from the medication. Most people start a low dose of medicine to help the bladder get better without the medicine causing problems.

## Antibiotics

If your child has had a urinary tract infection they may have to take antibiotics. Some children need to stay on antibiotics after the infection is better to help stop the infection coming back. Your doctor or nurse will explain this to you, if antibiotics are needed.

## Further information

Find more information about child bladder and bowel health in our information library at [www.bbuk.org.uk](http://www.bbuk.org.uk). You can also contact the [Bladder & Bowel UK confidential helpline](tel:01612144591) (0161 214 4591).

For further advice on bladder and bowel problems speak to your GP or other healthcare professional.

There is also information about bedwetting at [www.stopbedwetting.org](http://www.stopbedwetting.org).

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