

Bedwetting:

Where to start?



Information for those who are looking for bedwetting treatment at 'The Royal Alex Children's Hospital'

Bedwetting (also known as nocturnal enuresis) is the unintentional passing of urine whilst asleep. It can happen on a regular basis or occasionally. Bedwetting can be difficult and frustrating for you and your child but there are ways of dealing with it!

How common is common?

Wetting the bed is normal up to the age of 5 years old. Children only learn to stay dry during the night after they are potty trained and are dry during the day. It affects 1 in 5 children aged 5 years, 1 in 10 children aged 10 years and occasionally extends into adolescents or even adulthood. It is more common in boys than girls.

Did you know that bedwetting runs in families!

What's the cause?

In most children there is no specific cause. Bedwetting is **not** your child's fault. It occurs because the volume of urine produced at night is more than your child's bladder can hold. The sensation of a full bladder does not seem to be strong enough to wake up your child at night. As your child develops and grows, the amount of urine produced at night gets less, and they become aware that they need to wake in the night if their bladder is full. So the problem goes away eventually in most children.

What makes bedwetting worse or more likely?

Drinks and foods that contain caffeine. These include tea, coffee, cola and chocolate. Caffeine increases the amount of urine made by the kidneys.



Times of stress may start up bedwetting again after a period of dryness. For example: starting school, arrival of a new baby, illness, bullying, and maltreatment.

Family history. Children whose parents had a problem with bedwetting when they were young are more likely to have the same problem.



Constipation. Large stools (faeces) in the back passage (rectum) may press on and irritate the back of the bladder. In particular, children who have constipation are more likely to have a bedwetting problem.

Other specific medical causes of isolated bedwetting are rare.

Check list of things I need to do to help my child

Although you may not be able to stop your child's bedwetting, there are a number of things that you can do to help the situation and make bedwetting less likely/ frequent.

Tick these off as you go along:

- ◇ Encourage your child to have six to eight water-based drinks in the earlier part of the day.
- ◇ Ensure your child is not having drinks that contain caffeine (tea, coffee, cola and hot-chocolate)
- ◇ Ensure your child is not having any fizzy drinks, except as an occasional treat.
- ◇ Make sure your child does not have a drink in the 2 hours before they go to sleep.
- ◇ Make sure your child is not eating in the 2 hours before they go to sleep.
- ◇ Make sure they have switched the TV and other screens off for an hour before bedtime.
- ◇ Make sure your child is going for a wee before they go to sleep.
- ◇ Make sure your child goes to bed at about the same time most nights.
- ◇ Do a trial with your child of a few nights without night-time pants/nappies .
- ◇ Use an alarm clock to wake your child every four hours and ask them to go to the toilet. Reward your child for each time they get up and use the toilet (e.g sticker chart)

What help can we get if the bedwetting continues?

If the bedwetting continues, we will see you in our specialist clinic. Following our evaluation, we may advise a number of treatment options.

Bedwetting alarm is an alarm attached to a pad that is placed under the sheet of the bed. When the child starts to urinate, the alarm will sound and wake up the child, alerting him/her to get up and go to the toilet. Over time your child will learn that the sound of the alarm means that it's time to get up and go to the bathroom, and in time this should happen when the bladder is full, before the child starts urinating.

Medication for the treatment of bedwetting may be used. This includes desmopressin (desmomelt). It helps to produce less urine. It is effective in a subset of children, and it is possible that once it is discontinued, the bedwetting may start again. Desmopressin should not be used if your child is vomiting or has diarrhoea.

What will happen in the future?

Most children grow out of bedwetting as the sensation of a full bladder improves.

Other useful numbers

For out of hours GP service ring

NHS 111

BSUH patient advice & liaison service
(PALS)

01273 696955

Ext. 4029 or 4588

Useful information sites:

nhs.uk

eric.org.uk



Royal Sussex County Hospital

Eastern Road

BN2 5BE, Brighton, East Sussex

01273 696955