What help can we get if the bedwetting continues?

If the bedwetting continues, we will refer you and your child to a special clinic for a full evaluation. Following the evaluation, your child may be offered 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 when other methods haven't worked. This include desmopressin. It helps produce less urine. However, it is possible that once desmopressin is discontinued, the bedwetting may start up 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 and liaison service
(PALS)
01273 696955
Ext. 4029 or 4588

Royal Sussex County Hospital Eastern Road, Brighton, East Sussex BN2 5BE 01273 696955



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The information in this leaflet is for guidance purposes only and is in no way intended to replace professional clinical advice by a qualified practitioner.

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Bedwetting: Where to start?

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



Information for relatives and carers

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.

Some factors are thought to make bedwetting worse or more likely, these include:

Drinks and foods that contain caffeine.

These include tea, coffee, cola and chocolate. Caffeine increases the amount of urine made by the kidneys.

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.

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

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.

Other specific medical causes of 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 eigh
water-based drinks per day.

Ensure your child is not having drinks that
contain caffeine ((tea, coffee, cola and hot
chocolate)

Ensure	your	child	is n	ot ha	ving	any	fizzy
drinks,	exce	ot as	an c	ccas	iona	l trea	at.

Makes	sure y	our c	hild	does	not h	nave a	a (drink
in the	2 hour	s bet	fore '	they o	ao to	sleer).	

■ Make sure your child is not eating in th	ıe
2 hours before they go to sleep.	

Make sure they have switched the TV
and other screens off for an hour before
bedtime

	lake s	ure	your	child	is	going	for	а	wee
be	efore t	they	go t	o slee	ep.				

Make sure your child	goes	to	bed	at	abo	ut
the same time most	nights					

Do a trial with you	r child of a	a few	nigh	nts
without night-time	pants/na	ppies.		

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	d use the toilet (e.g sticker cha	art)