

PAEDIATRIC INCONTINENCE



TIPS FOR PARENTS AND CARERS BEFORE YOUR FIRST APPOINTMENT
Community Care Physiotherapy
Canberra Health Services



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Pelvic Health Physio Service

- Ella Cameron & Maeve O'Brien at Belconnen Community Health Centre
- (02) 5124 9977



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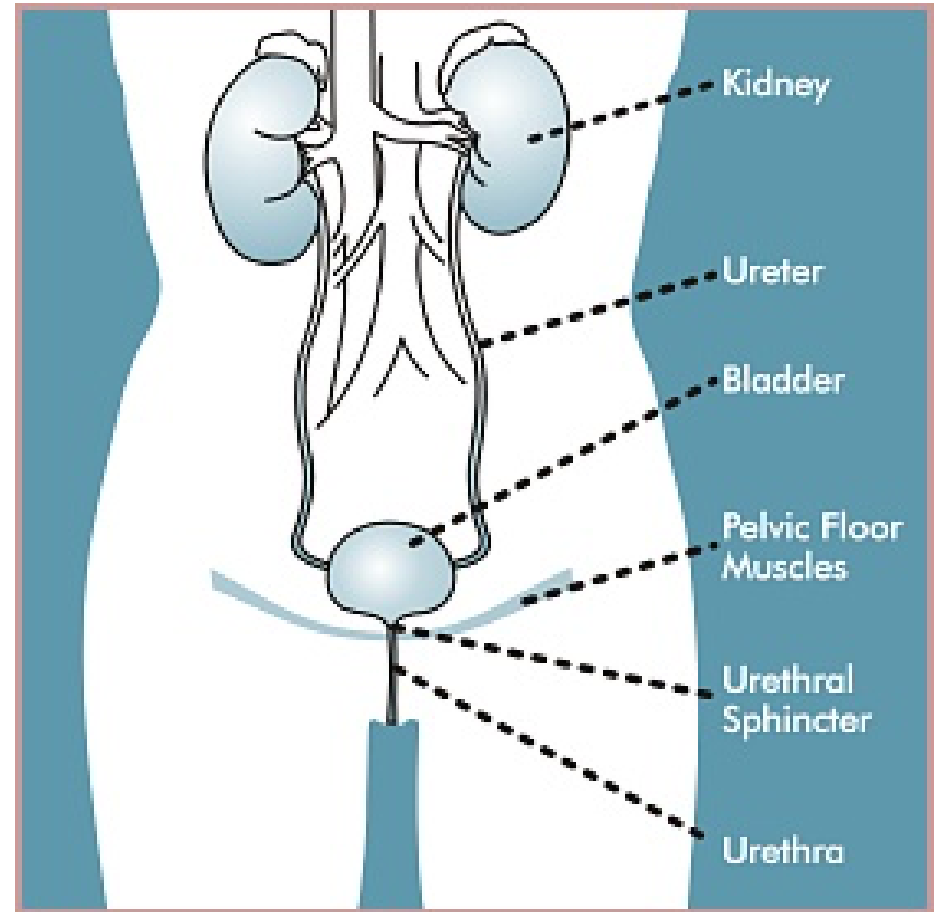
Types of incontinence

- Daytime bladder problems – not aware of needing to wee, leaving it too late, leaking urine when laughing
- Bedwetting – wetting during the night
- Constipation – pain with opening bowels, straining, hard poos, holding onto poos
- Soiling – marks on undies before or after a poo
- Toilet refusal – refusing to use the toilet



How the bladder works

- When we have a drink, it flows through our body and then through the kidneys
- The waste liquid – urine or wee – drains into the bladder
- The bladder stores the wee. It does this by relaxing its stretchy muscular wall as the bladder fills. Muscles at the base of the bladder and in the pelvic floor contract to hold the wee in
- When the bladder is full it sends a message to the brain saying “I’m full”
- When you are at the toilet the brain then tells the holding muscles to relax and the bladder muscle to squeeze until the bladder is empty



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- Sometimes it is not a good time to wee, and we must hold on, so the brain tells the muscles to wait
 - A healthy bladder, in a body getting enough fluid, will need to empty 4-7 times a day in school aged children
 - We can see then there are a few things that need to work together to have a healthy bladder



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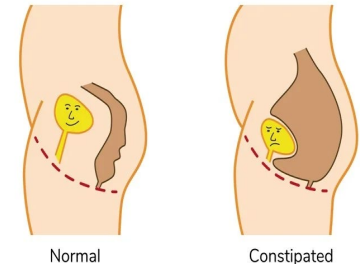
Steps to a healthy bladder

Step 1 – Check for poo

- If the bowel is full the bladder cannot expand and fill and stay nice and relaxed as it does so
- This is a very common cause of day wetting, racing to the toilet, small wees and night wetting

Step – 2 –Check for a urinary tract infection

- Infection in the wee can make the bladder irritable
- The wee might be smelly, the child may have a tummy ache or complain of soreness or stinging when weeing. The child might be going to the toilet much more frequently.
- If this is the case, see your GP ASAP for a urine test



Steps to healthy bladder (cont)

Step 3 – Drink enough fluid

- Bladders need enough fluid to learn to fill and hold then empty well.
- Drink 6-8 cups of fluid/day (5yr old 1L, 8yr old 1.5L)
- Water is best
- Avoid caffeinated drinks and too many fizzy drinks
- Drink throughout the day – don't wait until you are home from school. Take a water bottle to school
- Check in on the colour of your wee. Concentrated wee (too yellow) makes your bladder sensitive

WEE CHECKER Hydration chart



1		GOOD Keep up the good work! You're drinking really well. You've got a happy, healthy bladder!
2		GOOD Keep up the good work! You're drinking really well. You've got a happy, healthy bladder!
3		FAIR Watch out! You could do with drinking a bit more please.
4		DEHYDRATED You really need to have a drink soon!
5		DEHYDRATED You really need to have a drink soon!
6		VERY DEHYDRATED Ouch! Your bladder and kidneys are getting worried! Have a big drink as soon as you can!
7		SEVERELY DEHYDRATED Thirsty? You should be – you're way overdue several big drinks. Get drinking as soon as you can – your bladder and kidneys are NOT HAPPY!!

SO HOW MUCH SHOULD YOU DRINK?

6 - 8 cups every day, more when it's hot, or if you're exercising.

Remember to spread the drinks out!

Bladder muscles like to keep fit by stretching and squeezing throughout the day.



HOW BIG SHOULD THE CUP BE?

A sensible size for your age would be:

- >> 2 year old – 120 / 150mls
- >> 5 year old – 175mls
- >> 7 year old – 200mls
- >> 11 year old – 250mls

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Steps to healthy bladder (cont)

Step 4 – Relax to wee

- Sit with the feet flat and resting on a stool/step so child feels supported and can relax.
- You may need a seat insert to support the bottom
- Relax to let the wee out. Don't squeeze your tummy muscles to push it out
- Don't rush – take your time
- If standing to wee, relaxation and not pushing is still important. Maybe try sitting and see if it feels easier.



Knees higher than hips. Lean forward and put elbows on your knees. Bulge out your abdomen. Straighten your spine.

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How does the bowel work?







- The food we eat moves through our small and large bowel
- Nutrients are taken out and water is absorbed in to make the final poo smooth and sausage shaped
- When it reaches the rectum (the final part of bowel) it stretches and sends a message to the brain that we need to poo. The rectal wall starts to contract to help push the poo out.
- If we ignore that message the poo stays there and gets harder but more poo can start to build up behind it which also gets harder and the rectal wall relaxes.
- Because the rectum has already sent a message a new message may not be sent and soon there is a traffic jam – this is constipation
- 1 in 3 children will experience constipation



How can you tell if your child is constipated?

- They should pass a soft poo every day or at least every other day. Type 3-4 on this chart.
- Having a sore or swollen tummy may indicate constipation
- Opening bowels to pass little bits more than once a day means there might be a traffic jam
- Pooing fewer than 3 times a week means there is a traffic jam
- Sometimes soft poo will leak out around the traffic jam so it will appear they are pooing every day
- This may leak into the undies – your child cannot control this

THE BRISTOL STOOL FORM SCALE (for children) **Choose your Poo!**

type 1		looks like: rabbit droppings Separate hard lumps, like nuts (hard to pass)
type 2		looks like: bunch of grapes Sausage-shaped but lumpy
type 3		looks like: corn on the cob Like a sausage, but with cracks on the surface
type 4		looks like: sausage Like a sausage or snake, smooth and soft
type 5		looks like: chicken nuggets Soft blobs with clear-cut edges (passed easily)
type 6		looks like: porridge Soft blobs with clear-cut edges (passed easily)
type 7		looks like: gravy Watery, no solid pieces ENTIRELY LIQUID

How to treat constipation?

- Keep a poo diary (see end of presentation)
- See your GP and explain all your child's symptoms
- The GP will examine your child and may recommend a laxative to soften the poo and get the bowel moving
- Sit the right way on the toilet (see bladder image)
- Sit 20-30 mins after meals – sometimes eating food stimulates the bowel to move and it is easier to open the bowel at this time
- Drink enough water
- Eat lots of fruit and vegetables
- Exercise and move around



Night-time wetting

- Bed wetting is very common - 1 in 15 kids aged 7
- It can run in families, but it is no-one's fault
- Constipation can cause night-time wetting
- The full bowel takes up too much space and the bladder can't hold all the night-time wee, so it leaks out
- Always check the bowel first
- If there is problems during the day, we need to check those out too before we try and treat the night-time wetting



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Healthy bladder habits before bed

- Drinking evenly throughout the day. Stop drinks 60 mins before bed until the morning
- Always have a relaxed toilet sit before bed and pop back to the toilet if there is longer than 30 mins until they fall asleep
- Have a trial without pullups – they are very good protection but might stop the child from waking up
- Using a bed protector like a waterproof mattress and duvet protector.
- Have good sleep routine – aim for the same bed-time each night, no screens at bed-time as they may trick the brain into thinking it is awake time or distract from the urge to empty
- Avoid lifting – try encourage your child to practice taking themselves to the toilet



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Bladder and bowel diaries

- These may seem time consuming but give us lots of valuable information about what is happening with your child's bladder and bowel
- Chose a day when you child is not at school. Try and do at least 2 full days (first wee in morning to first wee next morning)
- If they have night-time wetting weigh a dry pullup and wet pullup and minus the difference so you can know how much they wet
- Record every drink – what type and what amount and the time
- Measure and record every wee and the time. Also record when wetting has occurred.
- Record every poo (including soiling) and type of poo using the stool chart and the time
- Use a measuring jug or ice cream container to catch the wee



Bowel diary sample



* 4 0 9 2 0 *

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Bowel Diary
Continence

Complete details or affix label

URN: _____

Surname: _____

Given name: _____

DOB: _____ Gender: _____

The function of this chart is to establish your bowel pattern. Please record all your bowel actions, as well as any bowel accidents. Make a note if your bowel action occurs after eating or drinking something. Record in the comments section anything else you believe is relevant to your bowel problem

DATE	TIME	CONSISTENCY HARD SOFT RUNNY (Bristol Stool Chart Number)	AMOUNT e.g. smear, cupful	DID SOILING OCCUR?	COMMENTS (e.g. use of laxatives, exercise or change in medication)
5/06/11	8.30 AM	Hard – type 2	Small amount	No	

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Bowel Diary - Continence



Before your first appointment

- If you can, try some of these simple strategies before your first appointment and see if they help
- Try to complete a bladder and/or bowel diary before your first appointment
- One can be downloaded from here: https://www.bbuk.org.uk/wp-content/uploads/2018/02/Superhero-diary_HiRes-PDF_14.02.18.pdf or use the ones attached to the introductory email
- Remember bladder and bowel accidents are not your child's fault and there are often some simple strategies that can make a big difference



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