

Leicestershire Partnership

NHS Trust

Healthy The Leicester Together Healthy Bladder and Rowel Parent/Carer Workshop













Welcome



Aim of today's session is:

- To look at daytime, night-time wetting, constipation and soiling.
- To provide information and awareness to help you support your child.



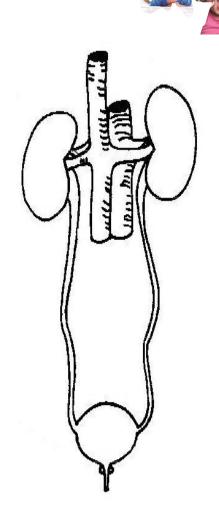








Information on the kidneys and bladder









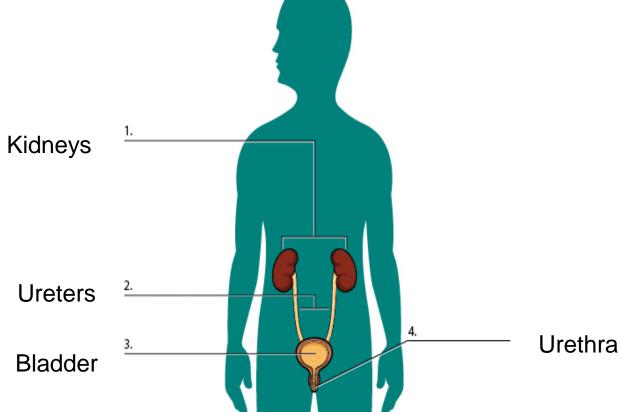


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How the kidneys and bladder work















General information about the bladder

- Between 2 3 years bladders mature and children can become dry
- Usually pass urine 6 8 times a day
- Urine usually pale yellow in colour
- How much the bladder holds depends on the age of the child
- Over 80% of children are dry at night by the age of 7 years

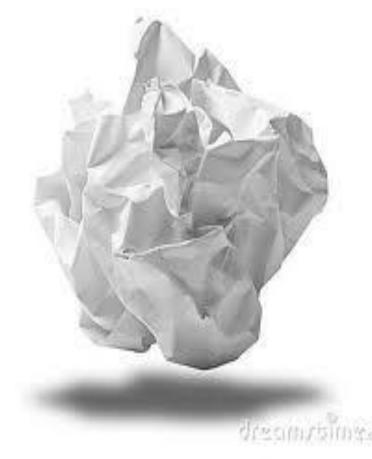








How the bladder works











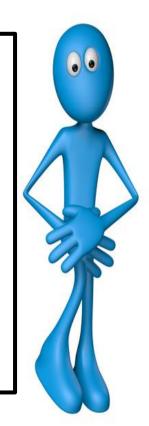
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How much a bladder can hold

Age	Bladder Capacity
5	180mls
6	210mls
7	240mls
8	270mls
9	300mls
10	330mls
11	360mls
12	390mls

Once
children
reach
puberty the
bladder
capacity is
calculated
by body
weight



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Daytime Wetting











Causes



- Not drinking enough fluids regularly throughout the day
- Types of fluid
- Water infections (UTI)
- Constipation

- Delay in emptying bladder
- Overactive/twitchy bladder
- Small bladder size
- Physical/learning/ sensory/medical needs













How you can help your child...













- ✓ Increase fluids gradually
- Ensure your child drinks water-based fluids at regular intervals throughout the day
- Avoid drinks that are dark in colour, fizzy or contain caffeine
- Encourage your child to take a drink to school – talking to your child's teacher may be helpful













- Encourage your child to go to the toilet at regular intervals throughout the day
- Encourage your child to empty their bladder fully. Using a reminder may be helpful
- See your GP to rule out any medical causes of wetting
- Avoid constipation













✓ Use of praise and rewards

✓ Easily removable clothing

✓ Stay calm and relaxed

 Opportunity to use the toilet when needed











Drinking



Age in years	Gender	Total Fluids per day
4 – 8	Female Male	1000 – 1400mls 1000 – 1400mls
9 – 13	Female Male	1200 – 2100mls 1400 – 2300mls
14 – 18	Female Male	1400 – 2500mls 2100 – 3200mls















Night-time Wetting













What can cause night-time wetting

- Not drinking the right amount and type of fluids
- Rousability not waking to the signal of needing to empty the bladder

- Lack of vasopressin
- Constipation
- Overactive
 bladder twitchy
 bladder
- Hereditary









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How you can help your child...













- Treat day time wetting and constipation first
- Ensure your child drinks water-based fluids at regular intervals throughout the day
- ✓ Your child should avoid drinks that are dark in colour, fizzy or contain caffeine
- ✓ Toilet prior to bedtime and return after 5 to 10 minutes













- ✓ Be mindful of access to toilet
- ✓ Do you need a night light?
- ✓ Do not lift
- Encourage your child to help with changing wet bedding and clothing
- ✓ Give praise



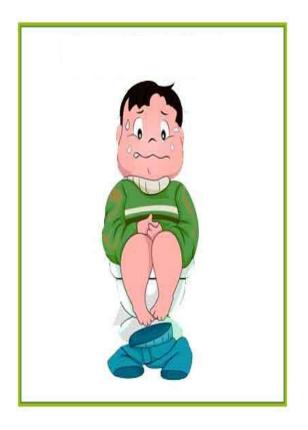












Constipation

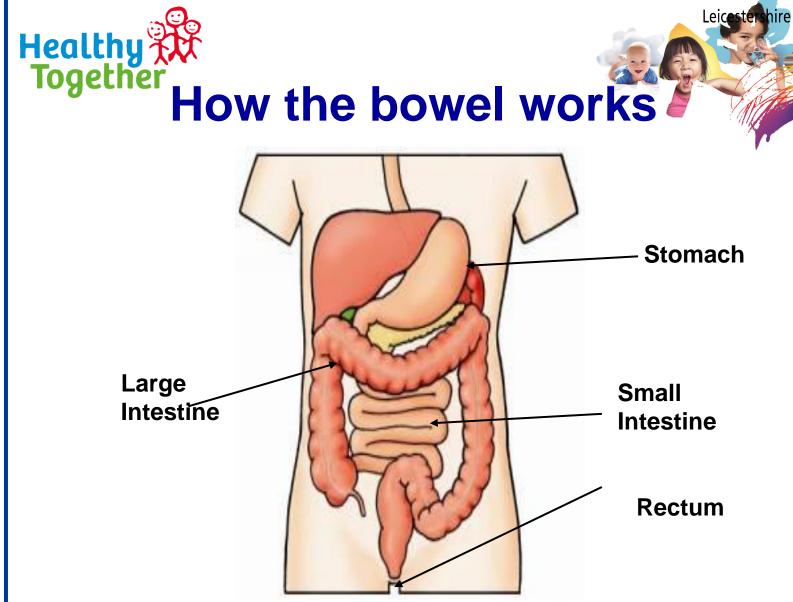




















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Signs and Symptoms



 Many parents/carers do not recognise the signs and symptoms of constipation

These are:

- small or large hard stool
- opening bowels less than three times a week
- stomach pains
- pain/straining when opening the bowels













- overflow soiling
- excessive wind
- general lethargy
- poor appetite
- disturbed sleep
- changes in behaviour
- night-time soiling

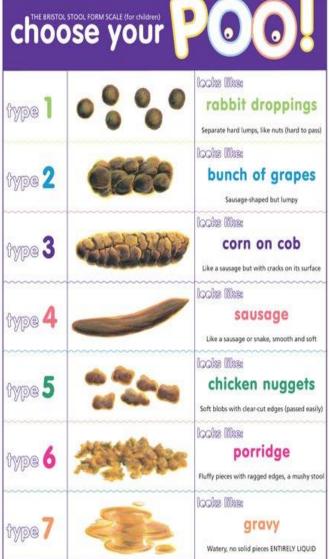














Bristol Stool Chart

Which one is the ideal poo?







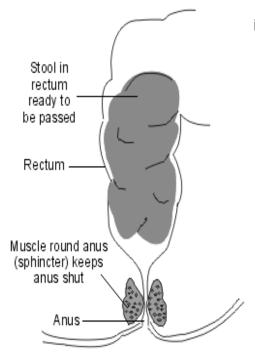


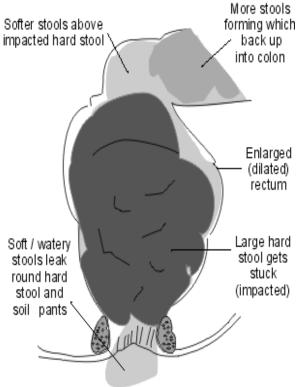






What happens when your child is constipated





Norm al

Faecal impaction with overflow diarrhoea













How you can help your child...











- ✓ Encourage regular exercise
- ✓ Offer a healthy diet
- ✓ Encourage fluids
- Establish a toileting routine
- Ensure toilet area is comfortable
- Be mindful of your child's position on toilet – do they need a foot stool Lean forward and put elbows on knees and/or an insert seat?
- Remember praise and rewards













Knees higher than hips

Bulge abdomen Straighten spine

Lets talk about nappies/continence products

- These can give your child permission to use them rather than the toilet
- Children may not feel wet or soiled when wearing them
- Nappies/products are not recommended for the management of night-time wetting, constipation and soiling



Healthy











Next steps...

Now it's time to put the information from today into practice.











Information packs and baseline charts



- Information for daytime, night-time, constipation and soiling
- Input and output charts
- Wetting episode charts day and night
- Bowel charts













- If after 4 weeks your child still requires support please contact your local Healthy Together (School Nursing) Team to arrange further support or a clinic appointment
- If after 6 weeks we have had no contact from you it will be assumed your child's continence needs have resolved

IF YOU WISH YOUR CHILD TO BE ASSESSED IN A HEALTHY BLADDER AND HEALTHY BOWEL CLINIC – COMPLETED CHARTS MUST BE PRESENTED AT YOUR INITIAL APPOINTMENT OTHERWISE THERE MAY BE A DELAY IN CARE DELIVERY













Alarms...

- Following assessment in clinic an alarm may be recommended for your child to support their night-time wetting
- This will be discussed further during continence contacts











Medication...

Following assessment in clinic it may be recommended for your child to trial Desmopressin for night-time wetting. This will require an appointment with your child's GP to prescribe



If constipation is suspected this will require an appointment with your child's GP for diagnosis and management with medication











Further Sources of Information



www.eric.org.uk

www.bladderandboweluk.co.uk

www.healthforunderfives.co.uk

www.healthforkids.co.uk

www.healthforteens.co.uk

NICE Guidance

- CG111 (Enuresis)
- CG99 (Constipation)

Text Parent/Carer ChatHealth: 07520 615381(city)

07520 615382 (county)

Contact your local Healthy Together Team or your child's GP













Name of Originator/Author:	Alison Barlow
Updated by:	Louise Burton Johanna Broad Stephanie Cave Craig Stephen Karen Stevens
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