

Helping your child develop healthy bladder habits

This booklet answers questions about the difficulties some children have with filling and emptying their bladder.

To understand the problems your child is having, it is helpful to know how the body makes and passes urine.

**'Passing urine'
is also called:**

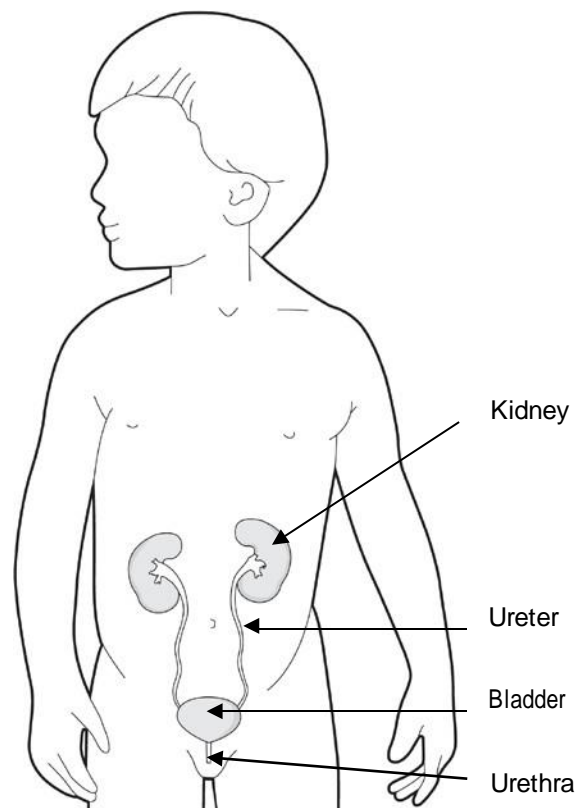
- peeing
- voiding
- urinating

How does the body make urine?

A group of body parts called the urinary system (tract) work together to make, collect and pass urine. This includes the kidneys, ureters, bladder and urethra.

Here's how this system works:

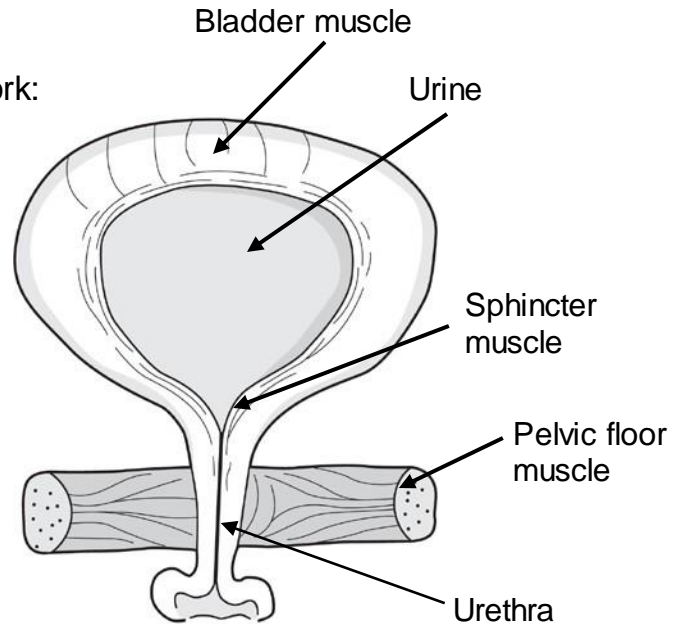
- Kidneys filter and remove waste from the blood to make urine.
- Urine travels from the kidneys down through 2 thin tubes called ureters.
- Urine is stored in the bladder.
- When the bladder empties, urine flows out through a tube called the urethra.
- The opening of the urethra is at the end of the penis in boys and in front of the vagina in girls.



How does the bladder work?

Three types of muscles help the bladder work:

- A muscle like a balloon fills with urine and squeezes (contracts) to empty.
- A ring of muscle at the bottom opening of the bladder (internal sphincter) contracts to hold back urine and relaxes to let urine out.
- Muscles below the bladder (pelvic floor muscles or external sphincter) contract to help hold back urine and relax to help urine pass.



Messages from the brain and other nerves tell the muscles what to do. In babies, the bladder fills and empties automatically. Over time, the nervous system matures. By the age of 4, most children have learned to control this process.

What problems are common?

Child's problem	Medical term
pees too often – more than 8 times during daytime	frequency
a sudden, immediate need to pee	urgency
hard to get started, has to wait for pee to come out	hesitancy
has to push to start peeing or keep it going	straining
small amounts of urine come out after peeing	dribbling
holds in pee by crossing legs, pressing between legs	holding maneuvers
pee comes out in a weak flow	weak stream
pee comes out in bursts (in children older than 3)	intermittent stream
wakes to pee during the night	nocturia
wets the bed	nocturnal enuresis
day time wetting	diurnal enuresis
lack of control (urine leaks or flows out)	incontinence
urine flows backward – up the ureters to the kidneys	reflux

Why is my child having problems?

The doctor and nurse practitioner will discuss your child's problem and why this may be happening.

Some possible reasons for difficulty passing urine are:

1. the bladder is smaller than usual or overactive
2. the bladder is larger than usual
3. the muscles are not relaxed enough to let urine come out properly

A small or overactive bladder

- holds less than normal amount of urine
- feels full even with a small amount of urine
- contracts without your child wanting it to

Signs:

- urgency
- frequency
- dribbling/leaking (urinary incontinence)

A large bladder

- holds more than normal amount of urine
- your child does not pee very often
- your child learns to hold back urine by squeezing the sphincter muscles

Signs:

- peeing less often
- dribbling/leaking (urinary incontinence)
- straining
- infections

Tight muscles

- your child is unable to relax sphincter muscles when peeing
- over time, the bladder muscles become thick and start to contract often
- the pressure inside the bladder rises and urine may flow back up the ureters
- the bladder may not empty completely, increasing chance of infection

Signs:

- intermittent stream
- dribbling/leaking (urinary incontinence)
- frequency/urgency
- long pees
- infection

Why are infections common?

Many children who have trouble passing urine have had urinary tract infections (UTI). Infections are caused by bacteria. Normally, urine does not contain any bacteria, but it is possible for bacteria to get into the urinary system.

These situations increase the chance of getting infections:

- Bacteria from the skin around the opening of the urethra can enter and travel up to the bladder or kidneys.
- If the bladder is not completely empty after peeing, bacteria can grow in the urine that is left behind (residual urine).
- The urinary system is not formed properly.

Why is constipation a concern?

The same muscles are used to pass urine and bowel movements (stools or poo). This is why children with problems passing urine often have constipation too.

Constipation can:

- cause urine to be left in the bladder after peeing (residual urine), which can lead to urinary tract infections
- make the bladder contract, leading to frequency and urgency

The signs of constipation are:

- bowel movements that are not daily
- hard or small stools
- larger stools than normal
- difficult or painful bowel movements
- accidents or leaking stool

Constipation may be caused by:

- not enough fibre or water in the diet
- a change in diet or routine
- illness
- a past painful experience
- holding in bowel movements

What is normal?

- 1 or 2 soft bowel movements a day
- no pain or straining
- able to have bowel movements at appropriate times
- Bowel movements should be soft like toothpaste no wider than a hot dog or small sausage

The situation is made worse if your child feels too busy, lacks privacy to have bowel movements or if no bathroom is available.

Constipation must be treated to establish healthy bladder habits!

How can I help my child?

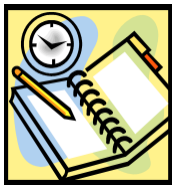
The best way to manage these problems is to “retrain” your child’s bladder. Here’s how you can help.

Bladder Retraining



- Timed voiding: Put your child on a schedule. During the day, send your child to the bathroom to pee every 2 to 3 hours, whether or not he or she feels the need to go. Purchase a vibrating watch to stay on track.
- Double voiding: Tell your child to pee, stay on the toilet and relax by counting to 10-20. Then ask your child to try and pee again.
- Drinking more fluids: School-age children should drink 4 to 6 cups of fluid a day. Pre-teens and teens should drink 6 to 8 cups of fluid a day. Aim for half of the fluid to be water.

Keep a diary



- Record each time your child pees and the amount of urine. Make note of dribbles and leaks.
- Record bowel movements.
- Record the amounts of all fluids your child drinks.

Reward your child



- Praise your child for following their bladder training or helping with the diary. Do not punish your child for having accidents.
- Your child needs encouragement and positive reinforcement. Find ways to reward your child that suit his or her age and interests.

Give prescribed medication



- Your child may be prescribed medication to help ease urine problems.
- A low dose of antibiotics can help prevent urinary tract infections.
- Medications may also be used to relax the bladder.

Treat and prevent constipation



- Make sure your child drinks the recommended amount of fluids. Encourage a healthy diet with foods that contain fibre (such as fruits, vegetables, whole grain breads and cereals).
- If your child is constipated, we will tell you how to treat the constipation.

Helpful tips

- ✓ Encourage your child to pee before the need is urgent.
- ✓ Explain what happens when you pee, so your child knows to relax, not strain.
- ✓ Wear pants that are easy to take off.
- ✓ Lower underpants to ankles.
- ✓ Sit on the toilet with legs apart.
- ✓ Put a foot stool in front of the toilet, so feet rest on a solid surface.
- ✓ Don't rush - help your child feel relaxed and comfortable.
- ✓ Put pictures on the bathroom wall that will help your child relax.
- ✓ Keep books in the bathroom so your child can read to relax.
- ✓ Set an alarm clock to remind you and your child when to pee.
Or your child may wear a watch that can be set to vibrate when it is time to go to the bathroom.
- ✓ Keep dry underwear and clothes with you at all times, so your child can change if clothes get wet.
- ✓ Have a potty handy for emergencies.
- ✓ Give your child's teacher our letter explaining that your child is on a bladder retraining program.

Other tips for your child are:

- ✓ _____
- ✓ _____
- ✓ _____
- ✓ _____

Notes



What should I do if my child has UTI symptoms?

Take your child to your family doctor, pediatrician or a walk-in clinic to be checked and have a urine test. The urine will be checked with a test strip. This is called urinalysis.

Understanding urinalysis results

- Urinalysis is “positive” if leukocytes (white blood cells) and/or nitrites are found in the urine. These are signs of infection.

If urinalysis shows signs of infection, you can expect the doctor to send urine for more tests, called ‘Routine and Microscopy’ and ‘Culture and Sensitivity’.

If an infection is likely, the doctor or nurse practitioner may give you a prescription for antibiotics, which your child should start taking right away.

All urine test results should be faxed to Pediatric Urology at 905-521-5056 (Attention: Pediatric Urology NP) or brought to your child’s next clinic visit.

If your child has repeated urinary tract infections, call the nurse practitioner at 905-521-2100, ext 73070.

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How do I contact Pediatric Urology?

**During clinic hours (Monday to Friday, 8 am to 4 pm)
call McMaster Children's Hospital at 905-521-2100:**

- 2G Pediatric Urology Clinic – ext. 78517 (for appointment information only)
- Pediatric Urology Office – ext. 73777
- Pediatric Urology Nurse Practitioner: Natasha Brownrigg – ext. 73070 (for concerns about your child)

If your child is unwell and needs immediate attention:

- Bring your child to the Emergency Department at McMaster Children's Hospital.
- If you live outside Hamilton, take your child to the nearest hospital emergency department.

Where can I find more information?

You can find more information at these websites.

Bladder Training Video

<https://surgery.mcmaster.ca/divisions/pediatric-surgery/research/mpsrc/studies/btv-urotherapy/>

Hospital for Sick Children

<https://www.aboutkidshealth.ca/Article?contentid=49&language=English>

Bedwetting Store

<http://bedwettingstore.com/index.htm>

Potty MD

www.pottymd.com

UTIVA

<https://www.utivahealth.ca>

