

# Why are paediatric continence services an essential service?

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# Children's Act 1989

children “in need” to be identified

- Section 17 - local authority services and health to co-operate in the interests of children “in need”. Children with continence problems may be considered “in need” of appropriate management of their continence from Education, Health and Social Services

# The Victoria Climbié Inquiry Report Lord Laming 2003

- Made reference to Victoria lying in her own urine and faeces
- Being “tied up” in a plastic bag full of excrement (Bonner and Wells 2008 Appendix 2 )

Children who are abused or neglected are often incontinent of urine or faeces.

# Children's Act 2004

- Places a duty on SHA's, PCT's and Foundation Trusts to have a regard of the need to safeguard and promote the welfare of children.
- To ensure that those with chronic and complex conditions such as urinary and bowel incontinence are not ignored.

Maddie Blackburn 2008

# Case studies

- 13 year old girl Nisha with spina bifida self catheterises. Lives with 2 older brothers and parents in 2 bedroom flat
- 12 year old Johnny looked after by a series of foster carers since he was 8, bed wetter since age 5. Not always able to access enuretic clinic current area does not have an enuretic clinic. He has just received police caution.

# Prevalence

- Prevalence data difficult as few studies and lack of standardisation of types of incontinence
- Children with physical/or learning disability full potential for continence may not be met because of lack of specialised support

<b>Children with physical disability (i.e.Cerebral palsy)</b>	50% likely to have a bladder bowel problem
<b>Children with severe learning disability/mental handicap</b>	5 in every 1,000 births, high prevalence of incontinence

# Prevalence

<b>Bedwetting</b>	Devlin 1991	
<b>Age in Years</b>	Boys	Girls
5	13-19%	19-16%
7	15 -22%	7.5%
9	9 -13%	5 -10%
16	1 - 2%	1 -2%

<b>Soiling</b>	Lukeman 1997	
<b>Age in Years</b>	Boys	Girls
3	11%	5.2%
5	3.5%	1.0%
7	2.4%	0.7%
10 -12	1.2%	0.3%

In a class (20 children) of 5 year olds - 4 will be bed wetting, 2 will be wetting during the day and 1 will be soiling





# Terminology - Definitions

- Incontinence – means wetting at an inappropriate time and place in a child aged 5 years or older
- Incontinence is subdivided into
  1. Continuous incontinence (associated with malformations or sphincter damage)
  2. Intermittent incontinence

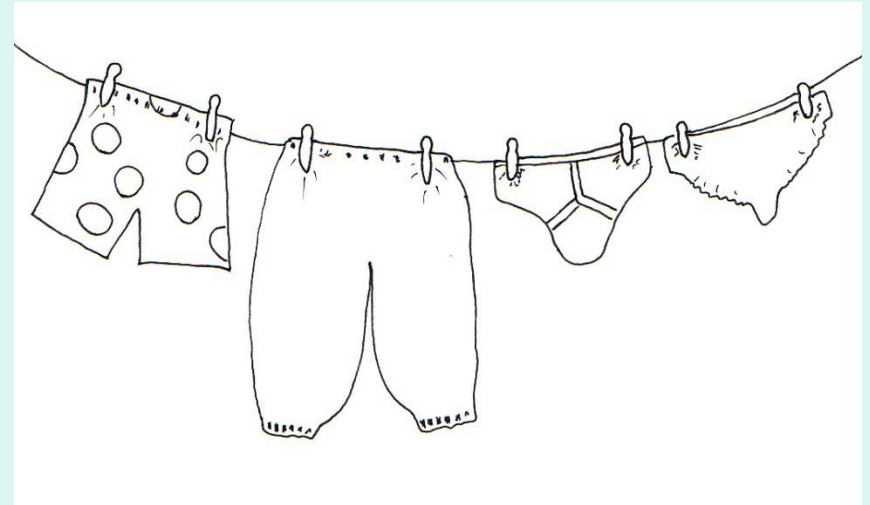
Daytime incontinence

Nocturnal incontinence Nevéus (2008)

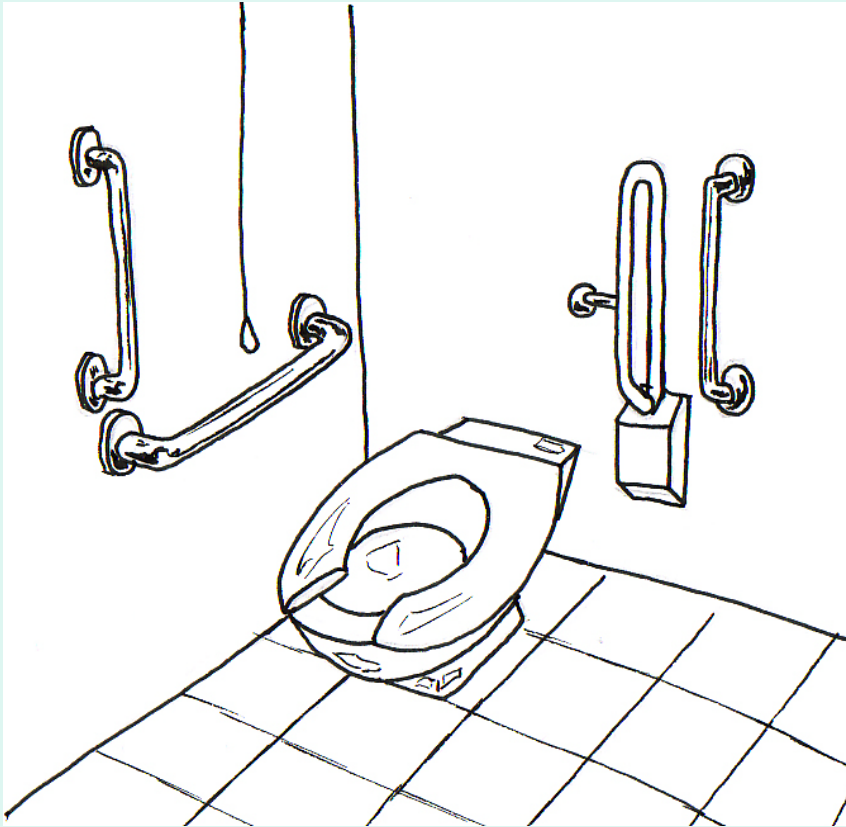
[www.i-c-c-s.org](http://www.i-c-c-s.org).

# Politics and Policy

- **Department of Health Costs**  
£400 -£500 pounds per year to keep a child/young person in nappies
- **National Service Framework for Children (2004)** long term bladder and bowel problems affect self esteem, full educational potential
- **Disability Living Allowance -**  
Hidden costs to the family, extra bedding, time for cleaning and changing
- **Local Education Authority -**  
Schools have to have policies to make sure staff available to toilet and clean children, also to complete intermittent catheterisation



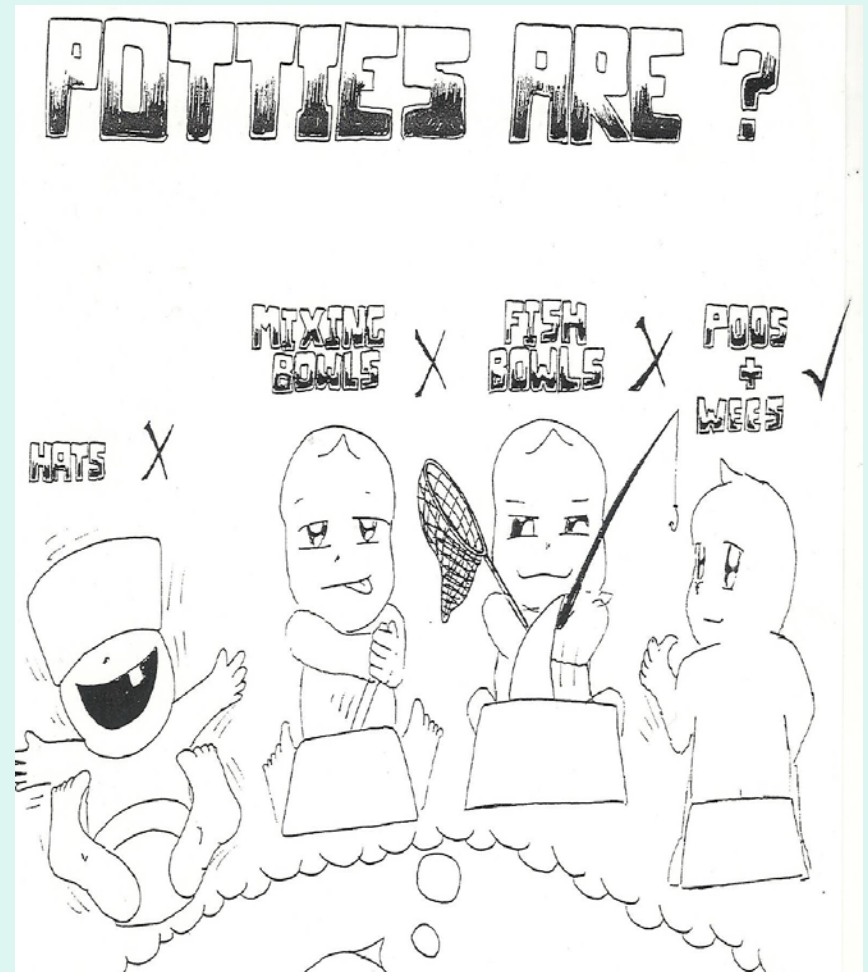
# Paediatric Guidelines Campaigns



- Promoting continence in Children with Disabilities (Bonner 2005)
- Good practice in paediatric continence services  
[www.modern.nhs.uk](http://www.modern.nhs.uk)
- Bog standard
- Water is cool in schools  
[www.eric.org.uk](http://www.eric.org.uk)

# Potty training

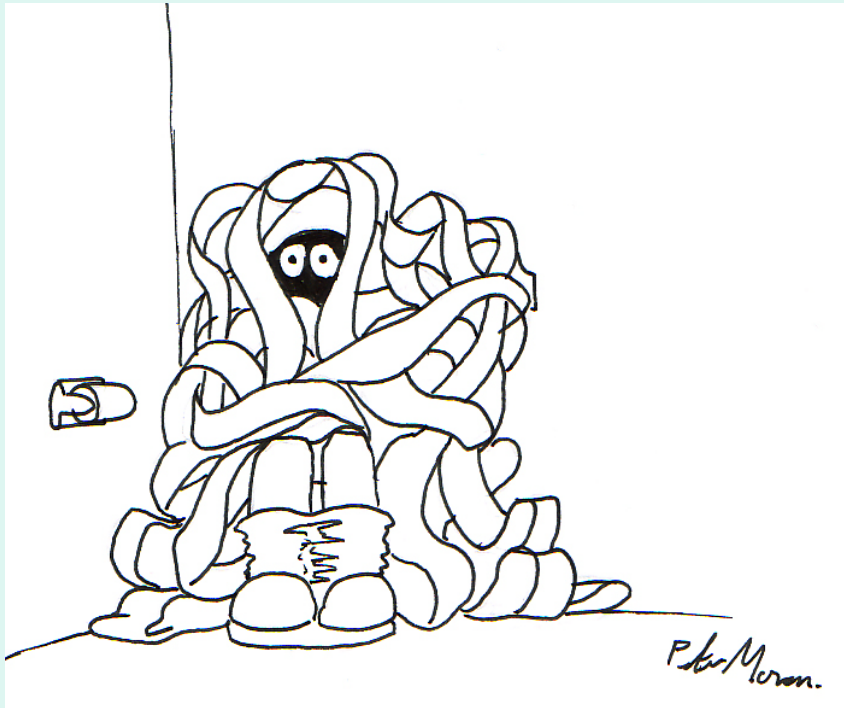
- Can go wrong
- Disposable nappies do not give wet bottom feeling
- Start too early or too late
- Child will only poo in a nappy





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# Toilet training - autism

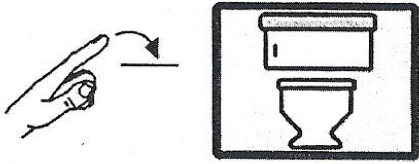


- Children can become very frightened to use the toilet
- Fear of falling
- Splash back onto the bottom
- **Tips** blow bubbles, whistles ping pong balls, washing up liquid

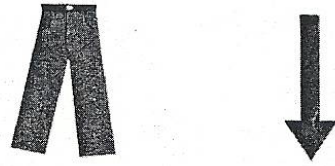
# Cognitive dysfunction communication

- Makaton
- PEC symbols
- Picture boards
  
- Tips - involve school, family and respite
- Reward the good behaviour ignore the bad

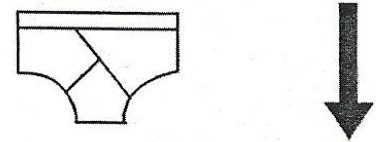




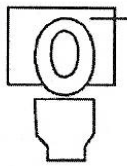
Go to bathroom



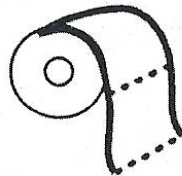
Pull trousers down



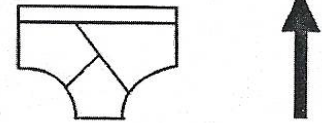
Pull underpants down



Sit on toilet



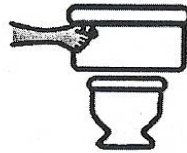
Use toilet paper



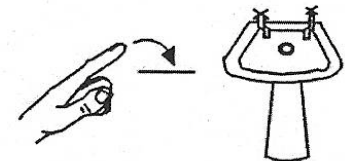
Pull underpants up



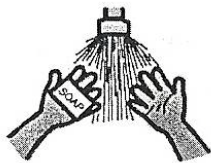
Pull trousers up



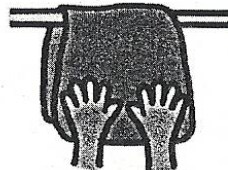
Flush toilet



Go to sink



Wash hands








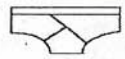
Dry hands




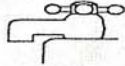
Good



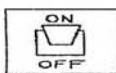
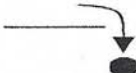
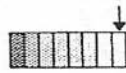
I  ↓    
I pull down my trousers



I  ↓    
I pull down my pants

I   →    
I sit on the toilet Finished

I    
I turn on the taps

I     
I wash my hands

I     
I switch off the light

 →   
Back to class

# Physical Disability

- Child may need aids and adaptations at home and school
- Teachers and family may need training on how to transfer child without injuring themselves or the child



# Constipation/soiling

- Constipation a big problem, poor diet/fluid intake
- Children that soil, often bullied at school and punished by parents
- It can take 12 -24 months to treat soiling






# Constipation/Soiling

Assessment essential treatment

- Fluids/Diet
- Hygiene
- Toilet training
- Laxatives
- MOTIVATION/SUPPORT to child and family
- Biofeedback
- Anal irrigation
- Surgery - antegrade continence enema, bowel resection, colostomy



# Bedwetting – intermittent incontinence whilst asleep

**Very common causes a lot of misery and most children will grow out of it.**

- **Low levels of vasopressin** - large wet patch within hours of **going to bed**
- **Overactive bladder** – dash to toilet more than 8 voids per day, daytime wetting, multiple wetting at night, can wake up after wetting
- **Sleep arousal** problems – sleeps through wetting




# Managing bedwetting

- Educate parents and child
- Diet/ fluids
- Regular habits
- Charts and stickers
- Treat urinary tract infection
- Treat constipation
- Care for the child with behavioural and emotional problems
- Alarm - body worn or bed
- Medication  
desmopressin  
oxybutynin

# Neurological – bladder/bowel dysfunction

- Sacral agenesis
- Spina bifida
- Spina bifida occulta
- Hirschsprungs Disease
- Spinal injury
- Not all conditions diagnosed at birth
- Child may have bladder/bowel problems for years before diagnosis
- Child at risk if late diagnosis renal dysfunction, mega colon





# Neurological bladder assessment/treatment

- Urinalysis - mid stream
- Post void residual
- Charting
- Full diet/fluid history
- Family history
- Developmental history
- Physical – height, weight, blood pressure, neurological, genitalia
- **Urgency** regular toileting, increase fluids Anti cholinergic medication
- **Recurrent UTI** - investigations Prophylactic antibiotic therapy
- **dysfunctional voiding** biofeedback
- **Incomplete emptying** – intermittent self catheterisation




# investigations

## Refer for further investigations if –

- abnormal voiding pattern indicating obstruction
- incomplete bladder emptying
- persistent dribbling **risk of renal failure**

## Need to be aware of risk

- Sexually transmitted disease



# Transition –long term bladder bowel management

- Children with incurable bladder or bowel problems require access to specialist paediatric continence services. Their family teachers and carers require training and support

## **There are many problems to avoid and overcome.**

- Skin care, odour, urinary tract infections, renal damage
- Exclusion from education and school trips
- Dependence on carers to go into school to change soiled child, affects family finances
- Bullying Isolation
- Child protection – always be aware of risk of many carers changing products or performing intermittent catheterisation, enemas suppositories and anal irrigation

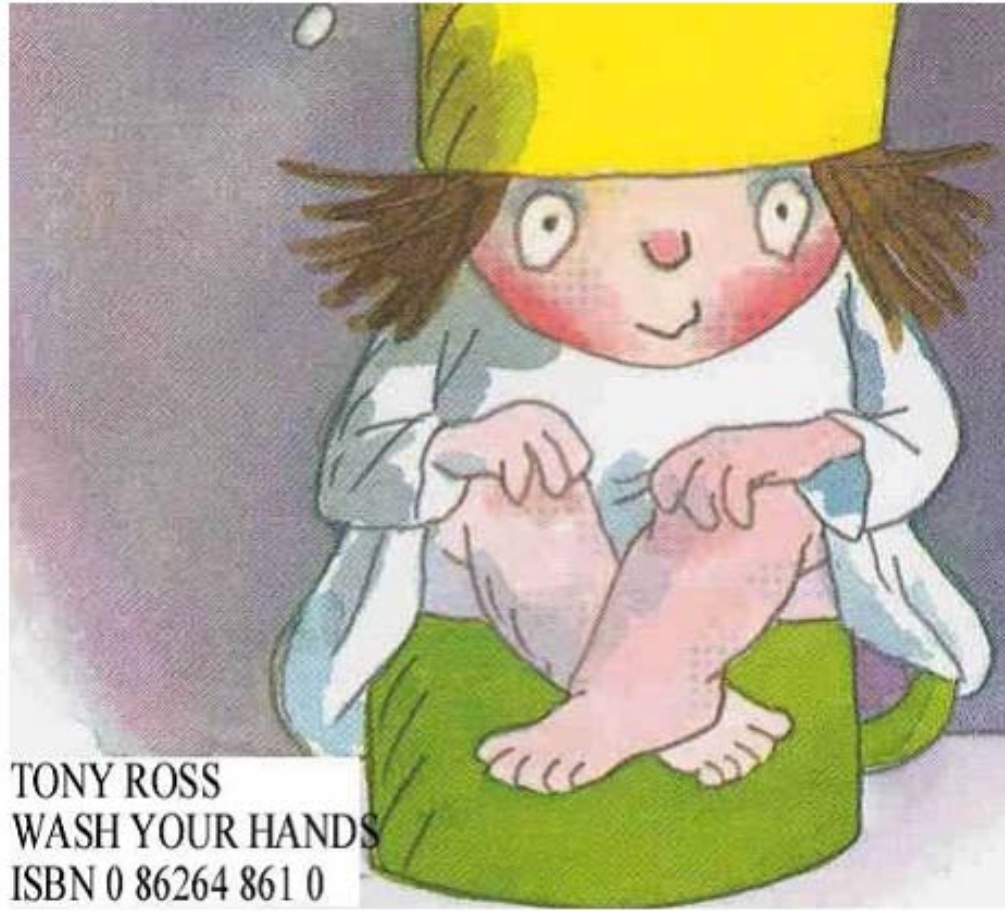
# Essential checks for paediatric continence services - benchmarking

- Information for children and families
- Access to professional advice re continence bladder and bowel care
- Assessment of individual patient
- Regular evaluation of care
- Education for professional assessors and care planners
- Health promotion bog standard water is cool
- Access to continence supplies
- Education of the carers
- Equipment and environment to meet child's needs
- Child and family support groups
- Parent and child involved in designing services

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# Bibliography

- ICCS (2006) The standardisation of terminology of lower urinary tract function in children and adolescents – report from the standardisation committee of the International Children's Continence Society. *J Urol* **176**: 314 -24
- Bonner L and Wells M (2008) Effective Management of Bladder and Bowel Problems in Children. *Class Health*



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