Blackpool Nocturnal Enuresis Service
Bedwetting is not linked to poor toilet training or laziness. It is important to remember that it is not your child’s fault and punishment is never an effective way to tackle bedwetting. In the UK approximately half a million children between the ages of 5 and 16 wet the bed. For many this can be a difficult and socially isolating problem.

The first steps for a parent are to keep a positive attitude and to let your child know that dry nights can be achieved.

**Bedwetting can be caused by:**

- Not waking to bladder signals
- Lack of vasopressin (Hormone which causes the kidneys to reduce urine production)
- Bladder over-activity
- Urinary Tract Infection
- Constipation (require treatment)
- Small bladder for age
- Family history
- Anxieties
What the results mean:

- Stay calm—do not blame your child.
- Always remove nappies or pull ups before starting any intervention.
- Hormones released at night help reduce urine production and turning lights down will help.
- Discourage your child from sleeping on a top bunk.
- Remind your child that if they wake up in the night to go to the toilet rather than turning over and going back to sleep.

Drinks and Toileting

- Children should use the toilet between 4 and 7 times each day and ensure their bladder is empty before going to sleep.
- Plenty of watery drinks (see chart below) Avoid drinks containing caffeine like coke, tea/coffee/hot chocolate, especially at bedtime.

Rewards system

- Reward behaviour such as drinking during the day/using the toilet before sleep.
- Do not give rewards for dry nights, this is out of your child's control.
- Don’t punish or remove gained rewards.

Lifting and waking

‘Lifting’ your child out of bed to use the toilet will not help long term dryness and should only be used for short term management.

Recommended daily fluid intake

<table>
<thead>
<tr>
<th>Age</th>
<th>Drinks per day</th>
</tr>
</thead>
<tbody>
<tr>
<td>4-8 years boys and girls</td>
<td>1000 ml — 1400 ml</td>
</tr>
<tr>
<td>9-13 years girls</td>
<td>1200 ml - 2100 ml</td>
</tr>
<tr>
<td>9-13 years boys</td>
<td>1400 ml - 2300 ml</td>
</tr>
<tr>
<td>14 - 18 years female</td>
<td>1400 ml - 2500 ml</td>
</tr>
<tr>
<td>14 - 18 years male</td>
<td>2100 ml - 3200 ml</td>
</tr>
</tbody>
</table>

(NICE Clinical guidance 111 Oct 2010)
How is bedwetting treated?

If a child fails to respond to initial advice the two main treatments for bedwetting are
- Bedwetting alarms
- Prescribed medicine

**Alarms** are usually the preferred treatment for bedwetting without daytime symptoms, but are not always suitable for all children/young people. There are two types of alarms but the principle is the same for both, the alarm will be triggered when a child has started to wet; waking and alerting the child. This requires much parental support and patience to achieve success.

**Desmopressin**
Is a medication useful when rapid or short-term improvement is required. It is an artificial form of the naturally occurring hormone vasopressin. It works in a similar way causing the kidneys to restrict the volume of urine production at night.

**Anticholinergics-Oxybutynin** is used for an overactive bladder. It relaxes the muscles of the bladder and calms involuntary bladder contractions. This medicine is often used alongside Desmopressin.

A combination of alarm and medication is sometimes used.
It is always recommended that any treatment offered is tried and discussed with a medical professional and regularly reviewed to monitor results.
Bedwetting Assessment with a health professional
What will happen?

A health professional will discuss with both you and your child:

- How much your child drinks in the day.
- How often your child uses the toilet.
- Are there any daytime accidents (in this case daytime wetting will be tackled before night time wetting)
- Frequency of bedwetting
- Constipation

Once the assessment is done, your health professional may offer advice on fluid intake and toileting routines. You and your child will be asked to complete a chart to monitor daytime drinks, frequency of bedwetting and frequency of bowel movements (poo)

The National Support Group
ERIC (Education and Resources for Improving Childhood Continence)
www.eric.org.uk
Helpline: 0845 370 8008
Options available
If you’d like a large print, audio, Braille or a translated version of this leaflet then please call: 01253 655588

Patient Relations Department
For information or advice please contact the Patient Relations Department via the following:
Tel: 01253 655588
email: patient.relations@bfwh.nhs.uk

You can also write to us at:
Patient Relations Department, Blackpool Victoria Hospital, Whinney Heys Road, Blackpool FY3 8NR

Further information is available on our website: www bfwh.nhs.uk

Travelling to our sites
For the best way to plan your journey to any of the local sites visit our travel website:
www bfwhospitals.nhs.uk/departments/travel/

Useful contact details
Hospital Switchboard: 01253 300000
Nocturnal Enuresis Service, 2nd Floor, Whitegate Health Centre, 150-158 Whitegate Drive, Blackpool, FY3 9ES
Telephone: 01253 651740

References
This leaflet is evidence based wherever the appropriate evidence is available, and represents an accumulation of expert opinion and professional interpretation.

Details of the references used in writing this leaflet are available on request from: Policy Co-ordinator/Archivist 01253 303397

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