A Common Problem

**Bedwetting** is a common childhood problem that can usually be stopped.

**Nocturnal Enuresis** is the medical term used to describe lack of bladder control at night in a person who has reached an age at which control is to be expected.

Bladder control at night occurs at different ages in children; it does not depend upon special training – it is a natural development that occurs when the mechanism controlling that part of the body matures.

In most children who wet the bed, there is a family history of bedwetting, ie; we tend to take after our parents or other relatives.

The children are not necessarily very heavy sleepers. While commonly described as sleeping too heavily to awaken, the wetting has nothing to do with dreaming nor are they being lazy or naughty. It is quite unconscious; from the child’s point of view it is a matter of going to bed dry and waking up wet, with no recollection of it happening.

Apart from the family history of bedwetting there are other factors which may contribute to the problem, eg: emotional or physical illness and stress.

If the child is usually dry by day and passes urine normally, bedwetting is very unlikely to be the result of any bladder or kidney disease.

If your child suffers with daytime bladder or bowel dysfunction ie. daytime wetting, bursting to go to the toilet everytime they need to go, going to the toilet frequently during the day or less than 3 times a day, daytime pooping in their pants (including skidmarks), then the child must be seen by a Specialist before being treated for the nighttime bedwetting.

Help for Bedwetting

Bedwetting is a problem which causes stress for both children and parents. It can lead to loss of self-esteem and lack of confidence in the child. It is recommended to seek treatment rather than thinking ‘they will grow out of it’ – some never do!

Help should be sought 5½ years upwards or first year at school if wetting persists.

Bedwetting alarms (i.e. enuresis machines and mats) are widely used in Western Australia and are considered the most effective and safe method of treatment.

This treatment is most likely to be successful if part of a supervised self-management programme using reliable machines of the highest quality.

The idea of these machines is to condition the child to wake when he or she wants to pass urine. When the child begins to wet a bell rings and the child wakes. Because the feeling of a full bladder and the sound of the bell happen at the same time, the child’s mind associates one with the other. Eventually the child wakens when he or she feels the need to pass urine.

Treatment with a machine takes approximately six to eight weeks.

The likelihood of a positive treatment outcome is reduced if the nocturnal enuresis is treated first and the daytime bladder or bowel symptoms are not prioritised. If the child does achieve dry beds on the programme, there is an increased likelihood of relapse, if the daytime bladder or bowel symptoms are untreated.

What to do

Children with a bedwetting problem can be referred to Enuresis (Bedwetting) Services or clinics by their local doctor on the preferred bedwetting referral form. Your doctor will have a referral form or will be able to get the form from your local clinic or the Princess Margaret Hospital for Children website. Your doctor will make sure there is no evidence of a disease causing the bedwetting.

The form is returned to the Service closest to your place of residence.

Recognised services use quality reliable equipment.

Parents will be notified when there is a machine and treatment programme available.

The process is a self-management programme and explanation of the programme is appropriate to the level of understanding of the child or young adult.

A nurse counsellor will advise, support and introduce strategies through the programme that will enable the best possible chance of a successful outcome.

Other Treatment Methods

Positive re-enforcement, star charts (mainly suitable for under school age). Medication therapy may be discussed with your local doctor.
Things Which Do Not Help

Punishment

Restriction of fluids

‘Lifting’ during the night does not help to achieve bladder control.

Setting an alarm for the child to wake and toilet during the night.

For Help & Further Information Contact:

- your nearest service

- Continence Advisory Service ........................................ (08) 9386 9777
- Country Toll Free ......................... 1800 814 925
- Princess Margaret Hospital for Children ............................. (08) 9340 8356
- Continence Resource Centre in your State or Country

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