

Things Which Do Not Help

Punishment

Restriction of fluids

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

For Help & Further information Contact:

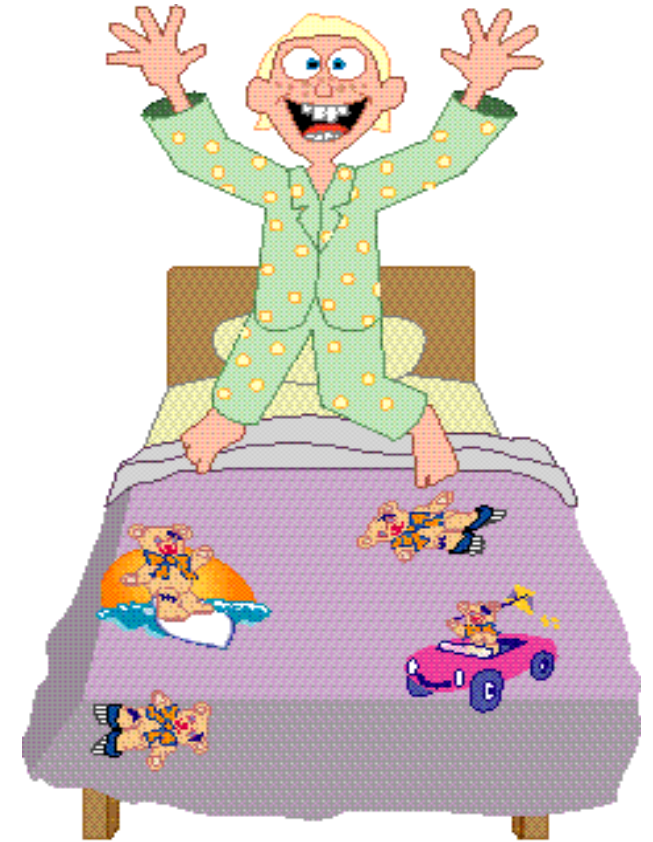
- your nearest service

- Continance Foundation (WA)
Helpline(08) 9386 9777
Country Toll Free1800 814 925
- Princess Margaret Hospital
for Children(08) 9340 8356
- National Continance Helpline1800 330066



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"Happiness is a Dry Bed"



Bedwetting **A Common Problem**

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.

Dryness 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.

However, if the child is ill or feverish, dribbles urine day and night or has pain, you should consult your doctor.

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 5¹/₂ years upwards or first year at school if wetting persists.

Bedwetting alarms are widely used 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 awakens when he or she feels the need to pass urine.

Treatment with a machine takes approximately six to eight weeks.

What to do

Children with a bedwetting problem can be referred to Bedwetting Services or clinics by their local doctor on the 'special' bedwetting referral form. Your doctor will make sure there is no evidence of a disease causing the wetting.



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.