

Treatment of Enuresis

- Offer adequate amounts of drinks during the day. This will vary according to the child's age, physical activity and environment temperature. Ask your nurse/doctor if unsure how much your child should be drinking in the day. Avoid drinking one hour before bedtime.
- Avoid drinks that contain caffeine, such as cola, tea, and coffee. They increase urinary frequency.
- Encourage regular toilet breaks throughout the day and before bedtime.
- Prevent constipation by adding more fibre to their diet, drinking an adequate daily intake of water and exercising.
- Make sure there is a toilet/potty easily accessible to your child at night.
- Ensure there are fresh bed sheets nearby.
- Do not punish or blame your child. This could lead to stress and more bedwetting.

Contact Details: If you have any concerns contact your GP for advice/referral

Sample Reward Chart

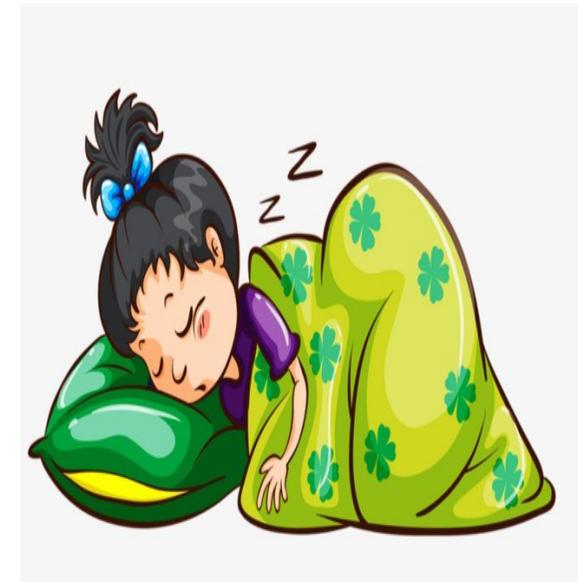
	Drinking enough water	Regular toilet breaks
Monday	★	★
Tuesday	★	★
Wednesday	★	
Thursday		
Friday		
Saturday		
Sunday		

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Enuresis



Information for Parents & Guardians

What is Enuresis?

Enuresis, also known as “bedwetting”, occurs when your child passes urine in their sleep. This can be normal in young children under the age of 5. As many as 1 in 5 children will suffer from enuresis at some stage. Enuresis can sometimes affect older children and teenagers also.

The majority of children stop bedwetting without treatment. Enuresis should be investigated if it occurs frequently and is causing your child and you distress.

What causes Enuresis?

There are many possible causes:

- An overactive bladder
- Recurrent Urinary Tract Infections
- Constipation
- Emotional problems such as stress, bullying, starting school, bereavement
- Development, attention or learning problems
- Diabetes mellitus - needs immediate medical attention

Your doctor may do some investigations if they suspect your child has any underlying health conditions.

Investigations

Many children do not need any investigations. Your doctor will talk to you about different investigations if necessary. These may include blood tests or different types of scans.



Talking to your Child or Adolescent about Enuresis

It is important for parents/guardians to communicate openly with their child/adolescent to ensure there are no feelings of shame and to ask about any worries e.g. bullying, stress or anxiety.

Ensure your child/adolescent is comfortable about sharing their problem with a Doctor before you go and visit. Being open and understanding will put your child at ease knowing that there are adults who can help.

If your child is experiencing any emotional difficulties as a result of the enuresis please talk to your doctor/nurse and an appropriate referral can be made for you.

Some Treatment for Enuresis

Reward Charts

The use of a reward chart for your child can be beneficial and encouraging. Behaviour such as going to the toilet before bedtime and drinking recommended fluid amounts during the day. Reward charts should not be used for having a ‘dry’ night or taken away for a ‘wet night’ as many children have no control over their wetting.

Bedwetting Alarms

A bedwetting alarm is a device which has a sensor attached to it. When this sensor gets wet, it sets off an alarm to wake your child up.

This alarm helps your child learn to wake up when they need to go to the toilet. This needs to be used for a minimum for 4 weeks. It can take a few weeks for signs of a response to the alarm, such as fewer bedwetting episodes and passing smaller amounts. They have a high long term success rate but require commitment from parents and the child.

Medications

Different types of medication can be prescribed to treat enuresis. They reduce the amount of urine your child produces at night. Medication is usually given if the bedwetting alarm is unsuitable or not effective. It can also be combined with the alarm. Your doctor will discuss the use of different medications with you and your child.