

**Healthy  
Together**



**NHS**

Leicestershire Partnership  
NHS Trust

# Healthy Bladder, Healthy Bowel Information Session for Children with Additional Needs



 ChatHealth

Health for  
**Under 5s**

**Health  
for Kids!**

**HEALTH FOR TEENS**



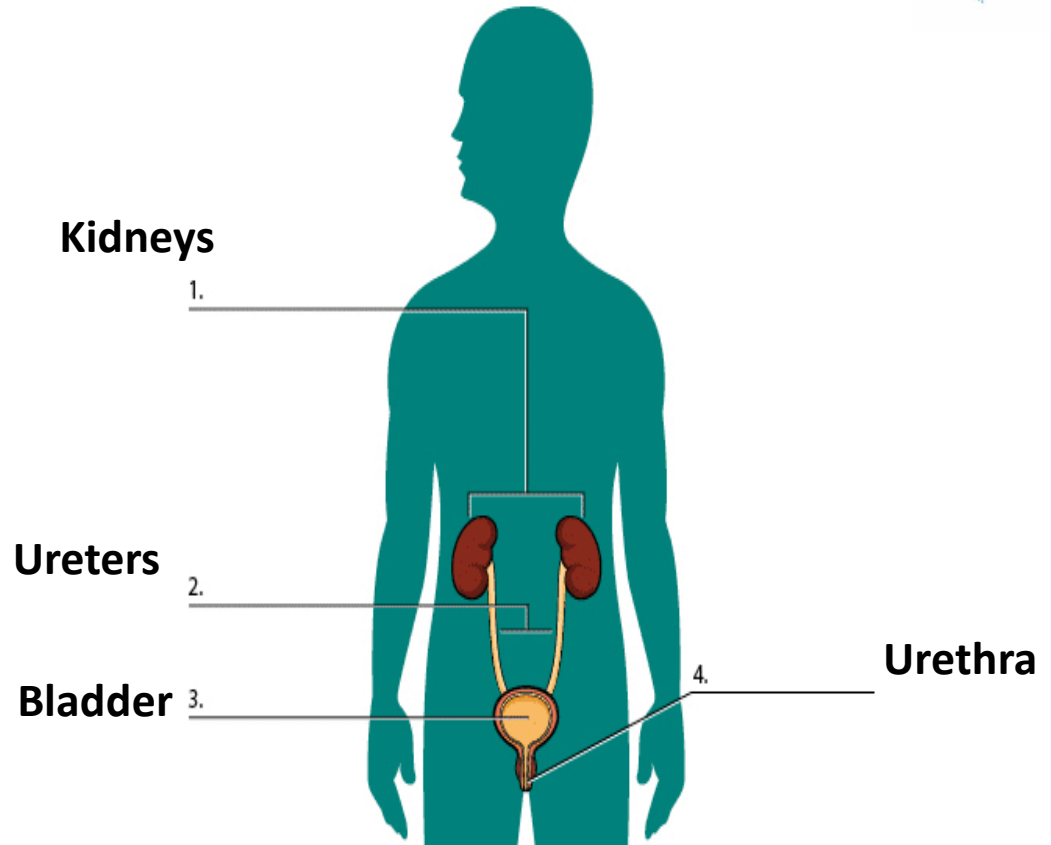
# Welcome

Aim of today's session is:

- To look at how bladder and bowels work.
- To provide information and awareness to help you support your child with their toileting needs.



# How the kidneys and bladder work





# Bladder Development



In babies, the bladder sends a message to the spinal cord which signals back that the bladder should empty. Young babies do not have control over when or where they empty their bladder. It is more of a reflex action.

As the baby/child develops, the bladder starts to send signals to the brain instead of the spinal cord. When this happens the child can be toilet trained.

Children with additional needs may not recognise the signals but toilet timing may be appropriate. All children can be supported to promote a healthy bladder and bowel.





# General information about the bladder

- The bladder acts as a holding vessel for urine.
- It should fill and empty in a cycle.
- Urine is usually passed 6 – 8 times a day.
- Urine is usually pale yellow in colour.
- How much the bladder holds depends on age.



# How the bladder works



[dreamstime.com](http://dreamstime.com)



# How much a bladder can hold



Age	Bladder Capacity
5	180mls
6	210mls
7	240mls
8	270mls
9	300mls
10	330mls
11	360mls
12	390mls

Once children reach puberty the bladder capacity is calculated by body weight



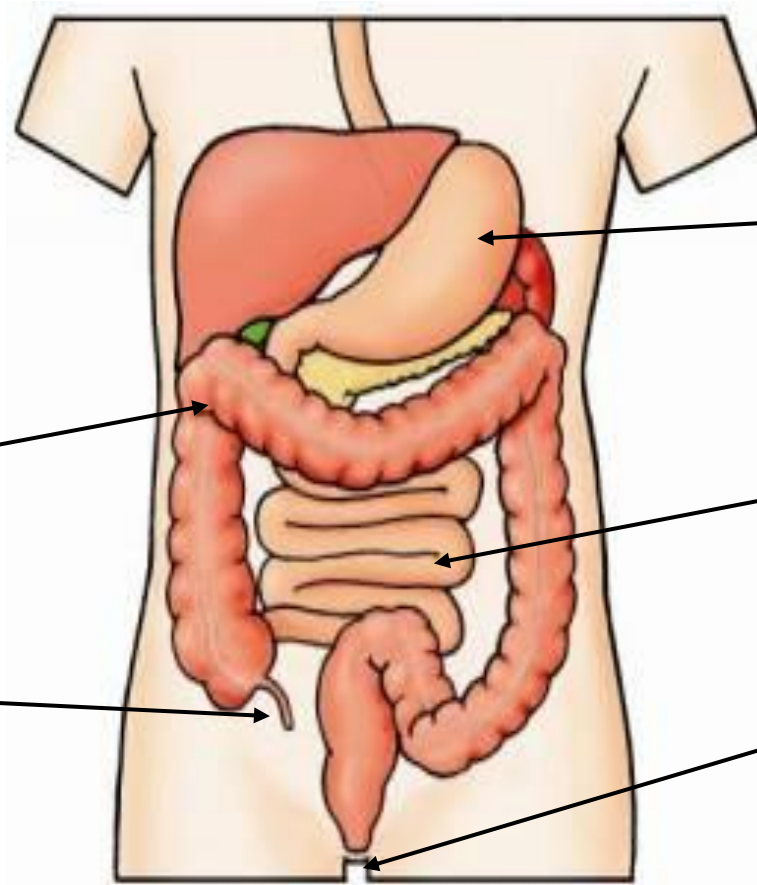


# Information on the bowel





# How the bowel works



Stomach

Large Intestine

Small Intestine

Appendix

Rectum

# Constipation



Signs and symptoms of constipation are often difficult to recognise.

Signs could include:

- small or large hard stools
- opening bowels less than three times a week
- stomach pains
- pain/straining when opening the bowels










- overflow soiling
- excessive wind
- general lethargy
- poor appetite
- disturbed sleep
- changes in behaviour
- night time soiling



THE BRISTOL STOOL FORM SCALE (for children)

## choose your POO!

type 1		looks like: <b>rabbit droppings</b> Separate hard lumps, like nuts (hard to pass)
type 2		looks like: <b>bunch of grapes</b> Sausage-shaped but lumpy
type 3		looks like: <b>corn on cob</b> Like a sausage but with cracks on its surface
type 4		looks like: <b>sausage</b> Like a sausage or snake, smooth and soft
type 5		looks like: <b>chicken nuggets</b> Soft blobs with clear-cut edges (passed easily)
type 6		looks like: <b>porridge</b> Fluffy pieces with ragged edges, a mushy stool
type 7		looks like: <b>gravy</b> Watery, no solid pieces ENTIRELY LIQUID

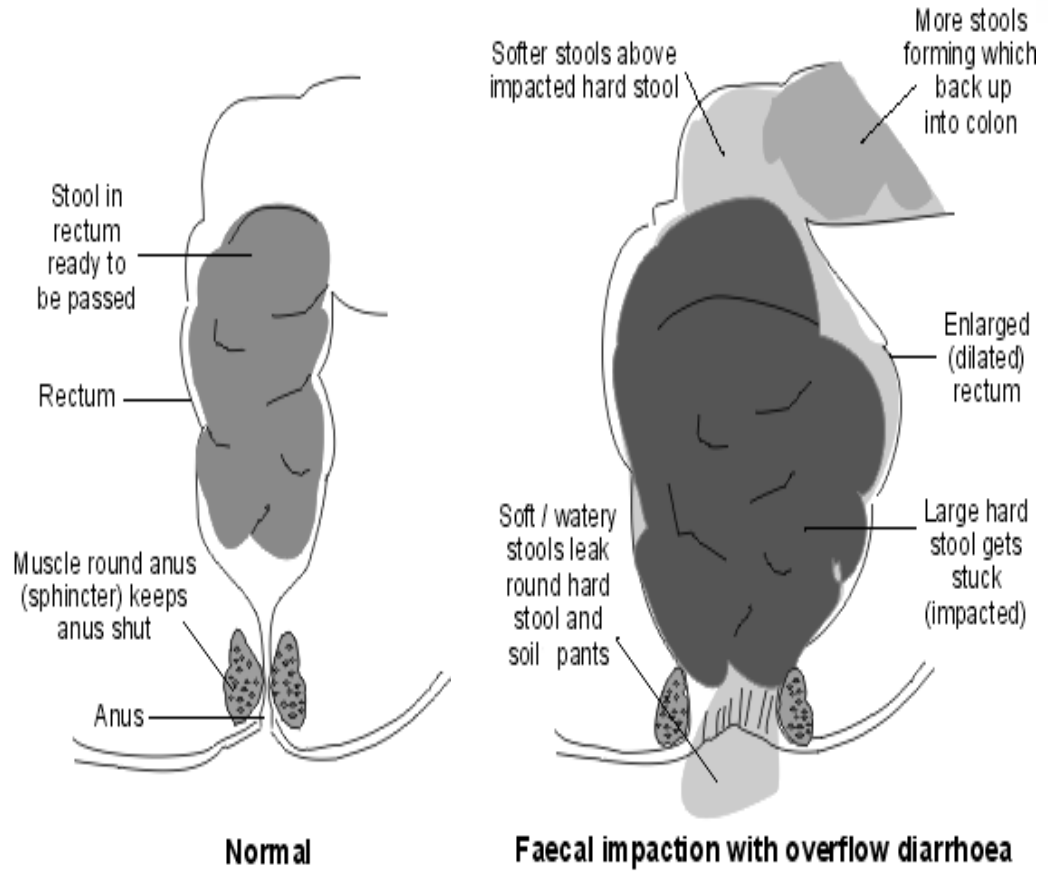
Concept by Professor DCA Candy and Emma Davis, based on the Bristol Stool Form Scale produced

# Bristol Stool Chart

Which one is the ideal poo?



# What happens when your child is constipated







# How you can help your child...







- ✓ Encourage movement and exercise.
- ✓ Encourage fluids.
- ✓ Avoid giving your child dark coloured drinks, drinks containing caffeine and carbonated drinks.
- ✓ Give a diet that includes fruit, vegetables and fibre.
- ✓ Establish a toileting routine.
- ✓ Ensure the toilet area is comfortable.
- ✓ Remember praise and rewards.



# Recommended Fluid Intake

Age in years	Gender	Total Fluids per day	Average Cup size (drinking min 6 cups a day)
4 – 8	Female	1000 – 1400mls	170mls – 250mls
	Male	1000 – 1400mls	170mls – 250mls
9 – 13	Female	1200 – 2100mls	200mls - 350mls
	Male	1400 – 2300mls	230mls – 390mls
14 – 18	Female	1400 – 2500mls	230mls – 420mls
	Male	2100 – 3200mls	350mls – 540mls





# Toilet Readiness



# Changing continence products...





## Introduce toileting as a normal everyday activity



- Change your child in the toilet/bathroom area.
- Use consistent toileting vocabulary and/or signs and symbols.
- Involve your child in the changing of their continence product.
- Tip any formed poo down the loo to show them where it should go.
- Involve your child in flushing and handwashing routine.
- Let your child watch other family members using the toilet where appropriate.
- Encourage your child to sit on the potty/toilet if able.
- Remember praise!



# Is your child ready for toileting?







For children with additional needs they need appropriate opportunities and encouragement to develop toileting skills and social awareness.

Things to consider:

- Talking to your child's doctor about your child's condition – does this affect their ability to control their bladder or bowel?
- Does your child wee and/or poo at the same time every day?
- Can they stay dry for 90 minutes - 2 hours?
- Are **you** ready?



# Preparing the toilet area



- Is the toilet comfortable to sit on?
- Do you need adaptations to the toilet/toilet area?
- Does your child have a good sitting position on the toilet?



**Sitting on the toilet  
needs to be  
a relaxed time**

Knees higher than hips  
Lean forward and put elbows on knees  
Bulge abdomen  
Straighten spine



# Moving from a nappy to the toilet...





- ✓ Encourage nappy changing in the toilet area in all settings.
- ✓ Encourage/teach your child to wipe their bottom and to empty any formed poo into the toilet, flush away and wash their hands.
- ✓ Progress to sitting your child on the toilet still in their nappy with the lid down.
- ✓ After a while, get them to sit on the toilet with the lid up using a training/insert seat to help them feel more secure (you may wish to begin with cutting a hole in the nappy).
- ✓ Begin to loosen nappy gradually until it can be removed altogether.
- ✓ Toilet paper can be put in the toilet before a poo to help reduce noise/splash.
- ✓ Reward any progress no matter how small.





# Things to think about...





- You and your child are not alone
- Aim for consistency in all settings
- Give praise for achievements
- Change in diet/fluid intake
- Constipation/UTI's
- Illness
- Toileting when out and about
- Attention seeking behaviour
- Distractions
- Sensory issues
- Does your child's condition affect their ability to control their bladder or bowel movements







# Further information and help



- [www.eric.org.uk](http://www.eric.org.uk)
- [www.bbuk.org.uk](http://www.bbuk.org.uk)
- [www.healthforunder5s.co.uk](http://www.healthforunder5s.co.uk)
- [www.healthforkids.co.uk](http://www.healthforkids.co.uk)
- [www.healthforteens.co.uk](http://www.healthforteens.co.uk)
- [www.fledglings.org.uk](http://www.fledglings.org.uk)
- Text Parent/Carer ChatHealth: **07520 615381 (City 0 - 19)**  
**07520 615382 (County 0 -11)**  
**07312 277097 (Chat Autism)**
- Contact your local Healthy Together Team or your child's GP





Please contact Healthy Together if you require additional support.

Prior to any clinic assessment you will be required to complete continence charting.

**Example charting...**





**Remember to check the nappy every hour and record on the chart.**  
 Wet (W) or DRY (D), or BOWELS OPEN (Use the Bristol Stool Chart number).









✓	Day 1				Day 2			
DATE								
TIME	Toilet	Nappy/ Product	Drink in mls	Bowels Number	Toilet	Nappy/ Product	Drink in mls	Bowels Number
7.00								
8.00								
9.00								
10.00								
11.00								
12.00								
13.00								
14.00								
15.00								
16.00								
17.00								
18.00								
19.00								
20.00								
21.00								

Any night changes:



**Chart for your drinks and wees  
(Please complete for 4 days)**



Day 1		Date:		Day 2		Date:	
Time	Size of <b>drink</b> in mls	Time	Size of <b>wee</b> in mls	Time	Size of <b>drink</b> in mls	Time	Size of <b>wee</b> in mls
							



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