



# Healthy Bladder, Healthy Bowel Parent/Carer Information Session



# Welcome

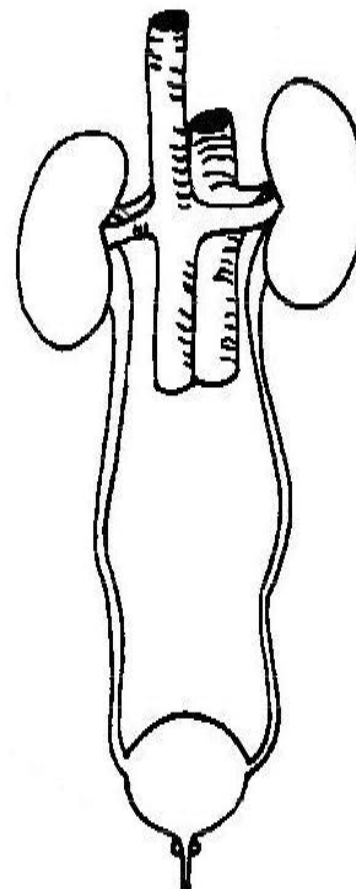


Aim of today's session is:

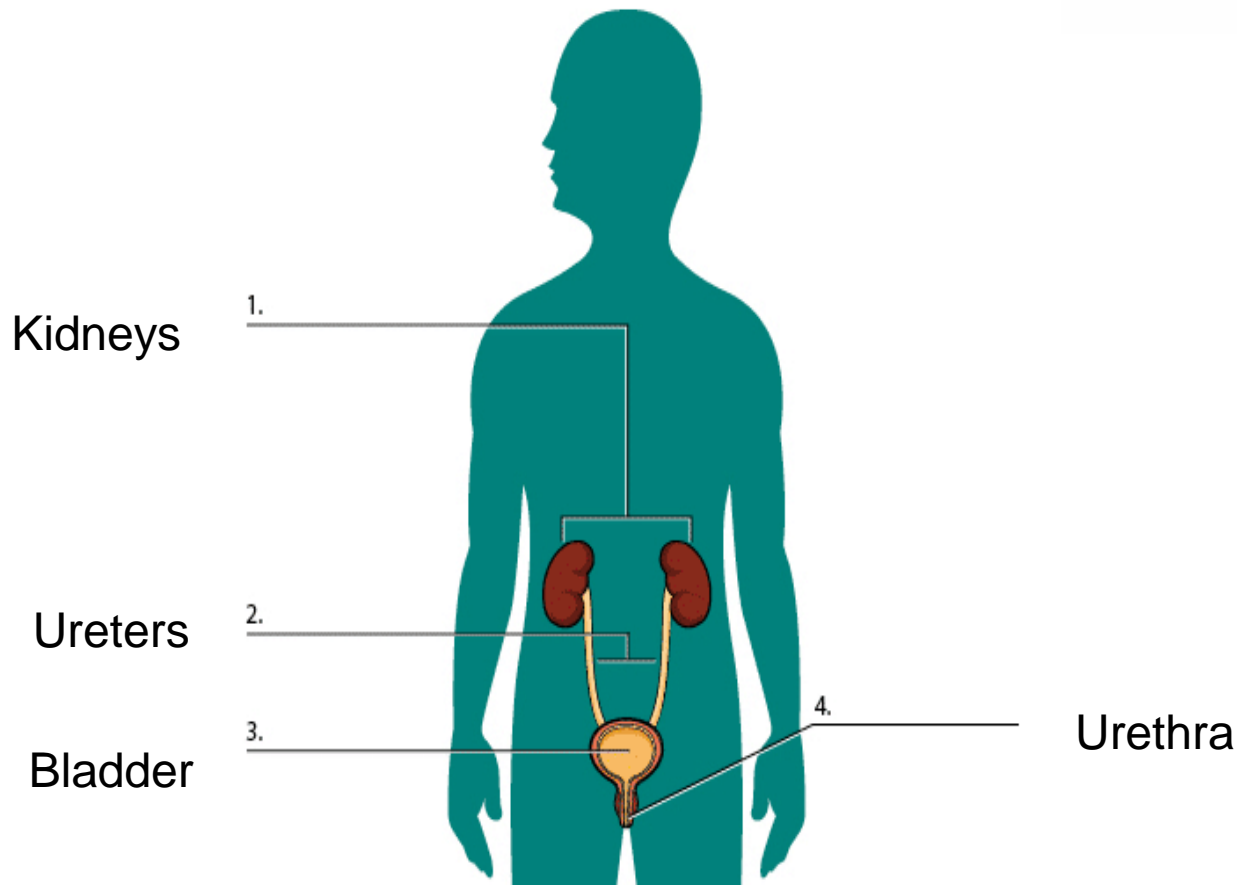
- To look at daytime, night-time wetting, constipation and soiling.
- To provide information and awareness to help you support your child.



# Information on the kidneys and bladder



# How the kidneys and bladder work





# General information about the bladder

- Between age 2 – 3 bladders mature and children can become dry
- Urine is usually passed 6 – 8 times a day
- Urine should be pale yellow in colour
- How much the bladder holds depends on the age of the child
- Over 80% of children are dry at night by the age of 7 years

# How the bladder works



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





# Daytime Wetting



# Causes



- Not drinking enough fluids regularly throughout the day
- The types of fluids consumed
- Water infections (UTI)
- Constipation
- Delay in emptying the bladder
- Overactive/twitchy bladder
- Small bladder size
- Physical/learning/sensory/medical needs



# How you can help your child...





- ✓ Increase fluids gradually
- ✓ Ensure your child drinks fluids at regular intervals throughout the day. Water being the best drink!
- ✓ Avoid drinks that are dark in colour, fizzy or contain caffeine
- ✓ Encourage your child to take a drink to school – talking to your child's teacher may be helpful

- ✓ Encourage your child to go to the toilet at regular intervals throughout the day. Using a reminder may be helpful
- ✓ Encourage your child to empty their bladder fully
- ✓ See your GP to rule out any medical causes of wetting
- ✓ Avoid constipation



- ✓ Use of praise and rewards
- ✓ Put your child in easily removable clothing
- ✓ Stay calm and relaxed
- ✓ Give your child the opportunity to use the toilet when needed



# 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



# Night-time Wetting



# What can cause night-time wetting



- Not drinking the right amount and type of fluids
- Rousability – not waking to the signal of needing to empty the bladder
- Lack of vasopressin
- Constipation
- Overactive bladder – twitchy bladder
- Hereditary



# How you can help your child with night-time wetting...





- ✓ Treat day time wetting and constipation first if indicated
- ✓ Ensure your child drinks fluids at regular intervals throughout the day
- ✓ Your child should avoid drinks that are dark in colour, fizzy or contain caffeine
- ✓ Double Voiding - encourage your child to use the toilet twice before settling to sleep





- ✓ Be mindful of access to the toilet
- ✓ Do you need a night light?
- ✓ Do not lift your child
- ✓ Encourage your child to help with changing wet bedding and clothing
- ✓ Give praise

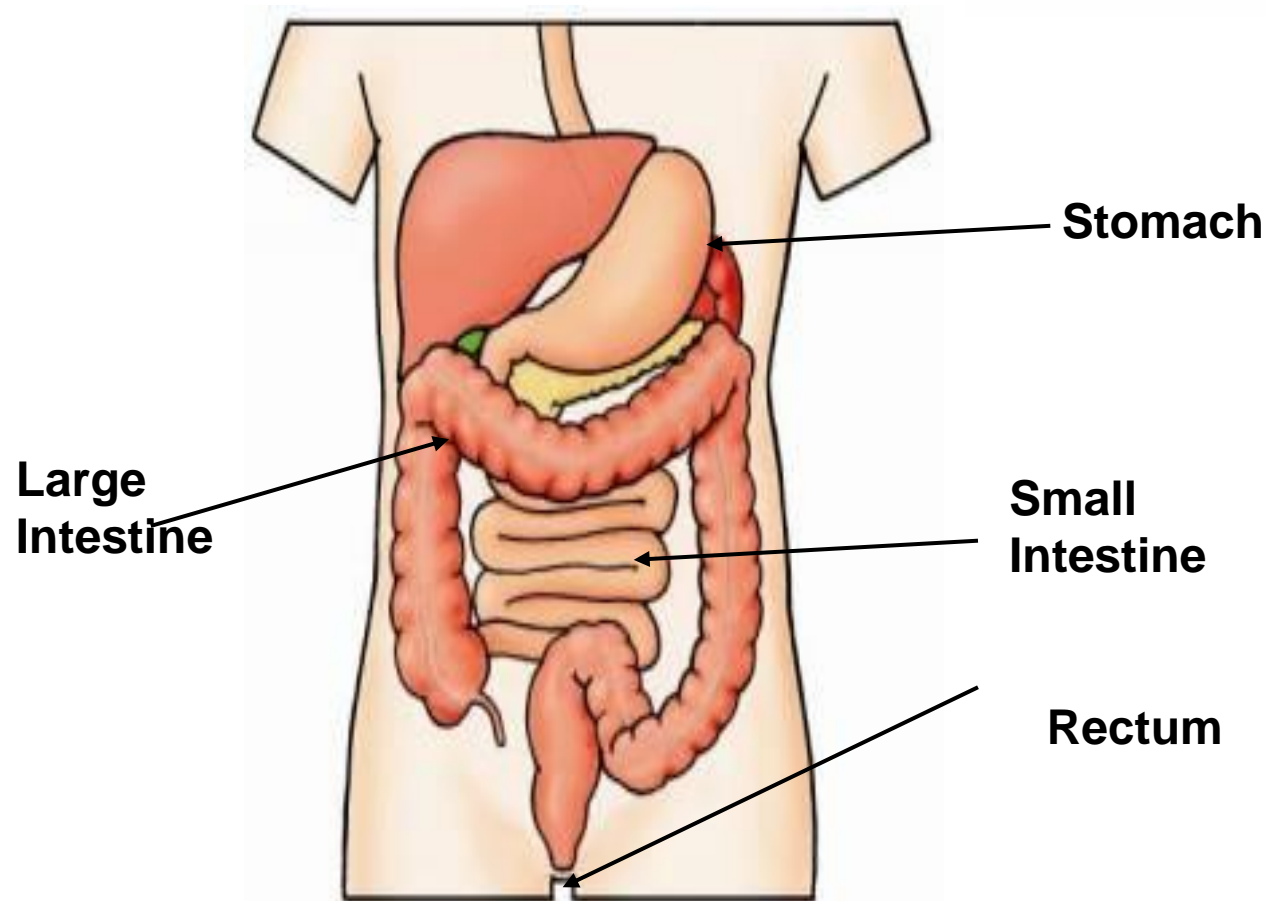


# Constipation





# How the bowel works



# 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

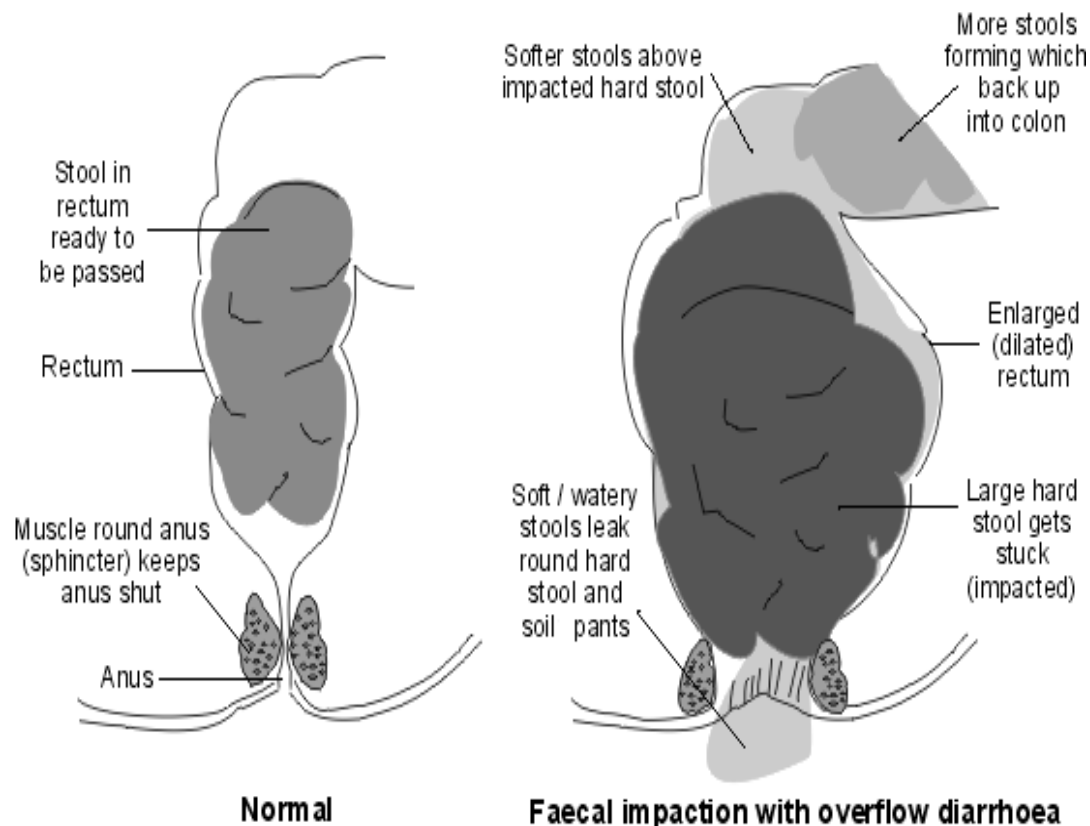
Concept by Professor OCA Candy and Emma Davis  
based on the Bristol Stool Form Scale produced



# Bristol Stool Chart

Which one is  
the ideal poo?

# What happens when your child is constipated







# How you can help your child with constipation...







- ✓ Encourage regular exercise
- ✓ Offer a healthy diet
- ✓ Encourage fluids
- ✓ Establish a toileting routine
- ✓ Ensure toilet area is comfortable
- ✓ Be mindful of your child's position on the toilet – do they need a foot stool and/or an insert seat?
- ✓ Remember praise and rewards



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



# Lets talk about nappies/continence products



- These can give your child permission to use them rather than the toilet
- Children may not feel wet or soiled when wearing them
- Nappies/products are not recommended for the management of night-time wetting, constipation and soiling



## Next steps...

Now it's time to put the information from today into practice.



# Information packs

- You will be provided with information booklets for:
  - daytime wetting
  - night-time wetting
  - constipation and soiling



- If after 4 weeks your child still requires support please contact your local Healthy Together (School Nursing) Team to arrange further support or a clinic appointment
- If after 6 weeks we have had no contact from you it will be assumed your child's continence needs have resolved



If further support is needed from Healthy Together, you will be required to complete continence charting prior to any continence clinic assessment.









## **Examples of charting...**





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



Day 1				Day 2			
Date:				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
							

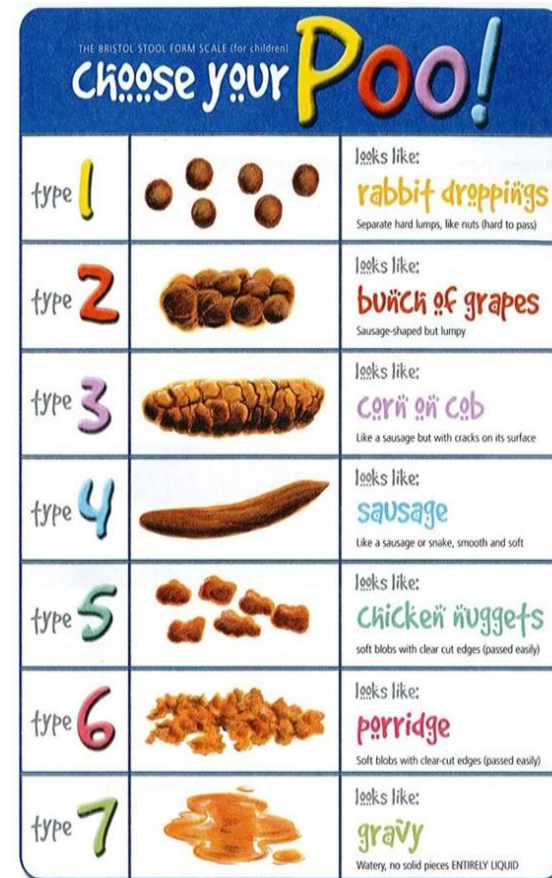
Concept by Professor DCA-Candy and Emma De  
based on the Greater Slave Farm Scale produced  
by Dr KIR Heston, Reader in Medicine at the  
University of Bristol.  
©2005 Produced by Neigine Pharmaceuticals  
Limited

## Bowel Record Chart

This chart is designed to give a good idea of your child's bowel habits. Please fill in the chart every day (referring to the Bristol Stool Chart)



Date	Time	Type of stool (use number from the Bristol Stool Chart)	Quantity of stool	Pain and distress when passing stool	Where was the stool passed?	Pants soiled?	
						Yes/No	Type of soiling
			<ul style="list-style-type: none"> <li>Large</li> <li>Medium</li> <li>Small</li> <li>None</li> </ul>	<ul style="list-style-type: none"> <li>Yes</li> <li>Some</li> <li>No</li> </ul>	<ul style="list-style-type: none"> <li>Toilet</li> <li>Nappy</li> <li>Other</li> </ul>		<ul style="list-style-type: none"> <li>Stained</li> <li>Loose</li> <li>Solid</li> </ul>





# Further Sources of Information



[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)

NICE Guidance

- CG111 (Enuresis)
- CG99 (Constipation)

Text Parent/Carer ChatHealth: **07520 615381 (City 0-19)**

**07520 615382 (County 0-11)**

Contact your local Healthy Together Team or your child's GP





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