

BEDWETTING (ENURESIS)

At what age do children gain control over their urine?

Most children achieve some degree of daytime and nighttime bladder control by age 4. First daytime control is achieved and then over time, night time control over urination is achieved. About 10 percent of five-year-old children wet their beds. This reduces to 1 percent by age of 15 years.

Why is that some children continue to bed wet after 5 years of age whereas others stop doing so?

About 10-15% of children wet their bed at night in sleep. This number reduces by 10% every year so that at age of 15 years only 1% continue to wet their beds. This appears to be a developmental issue which in most cases resolves with time.

Is bedwetting a developmental problem. Can it be that there is not other cause?

While some children have never been dry, others have been dry for sometime (6-12 months) and then again started bed wetting. Some of these cases can be linked to a recent trauma or stress (attention seeking behavior). Some other causes of enuresis are:

Urinary tract infection: The infection irritates the bladder, which can lead to urinary frequency and feelings of urgency. This can cause the child to wet. A urine culture is needed to diagnose an infection. When an infection has been found, a sonography may be done to rule out any structural abnormalities as a cause of infection.

Structural or anatomical problems: Structural abnormalities must be ruled out if child has recurrent

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UTI or has continuous and persistent urinary incontinence. In such cases sonography may be followed by intravenous pyelography (IVP) or even CT-Scan/MRI-Scan.

Neurological problems: Children with a history of injury or disease of the brain, spinal cord or the nerves leading to the bladder can have enuresis. Examples include brain and spinal cord trauma or surgery, and spina bifida. These are among the most complicated cases and require a thorough urological evaluation.

How do I know that my bedwetting child has not other problem?

Classic bedwetting (Nocturnal enuresis): This condition is caused by any combination of the following:

- The child does not have daytime wetting or any other symptoms.
- The child does not wake up when the bladder is full.
- The child produces more urine during sleep than can be handled by the child's bladder.
- The child's bladder capacity has not caught up with the volume being produced.
- The child's nervous system is slow to mature;

In most cases Urine examination and Ultrasonography will be done to rule out any other cause.

Bedwetting is not believed to be due to a learning disability or psychological issue. Children who have nocturnal enuresis can develop fear of discovery by their friends and may suffer from teasing from siblings. Parents need to be sympathetic and reassured that the child will outgrow this problem.

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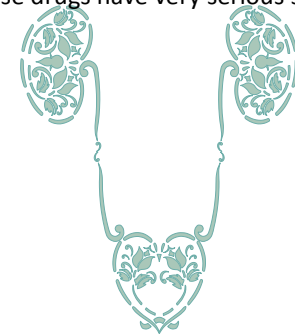
How is enuresis treated?

The several treatments for enuresis include

Stop fluids before bedtime: All drinking of fluids is stopped 2-4 hours before bedtime. This is usually not effective by itself, but is a part of nearly every program. Fluids rich in sugar and caffeine promote urination in some children. Curtailing the intake of fluids rich in these substances is sometimes helpful. Remember that foods that may not seem to be fluids may actually be mostly water. Fruit, bowls of ice cream or cereal with milk and other "juicy" snacks are sometimes overlooked. They should be considered fluids and avoided before bedtime.

Scheduled night waking: The child is taken to the bathroom and is asked to urinate during the night by a parent or family member. This can also be done more than once during the night. Older children can be urged to go to the bathroom on their own.

Medications: Several medications are commonly prescribed for the treatment of nocturnal enuresis. Some of these drugs have very serious side effects.



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