

Patient advice sheet

Positive thinking about continence promotion for children and young people

In the UK one in 12 children and young people have suffered from a bladder or bowel problem (ERIC 2010), so you need not feel you are alone. This can sometimes be referred to as a continence or incontinence problem. It includes day and/or night-time wetting, as well as constipation and soiling. The Community Nurses Team Children with a Learning Disability (CNCLD) have created this leaflet to offer all children and families advice around:

- general toileting tips
- helping you to help your child get dry at night
- information on healthy bowels
- healthy eating
- encouraging independence through keeping clean

Toileting Priorities

Make the toilet a pleasant place to be e.g., warm, accessible height, steps, tissues/wipes available, going to the toilet after meals.

Space trips to the toilet about every 1 ½ - 2 hours

Encourage your child to go to the toilet last thing before going to sleep.

Use distraction activities but ensure your focus is on the bladder.

Advice

1. Try without using nappies/absorbent pants.
2. Look for any small signs of progress.
3. Expect progress and accidents.
4. Be realistic about your goals.
5. Patience, hard work and effort is required.
6. Praise/reward improvements.
7. Be consistent.
8. 10 minutes on the toilet as a maximum.
9. Use communication tools your child understands.
10. Involve your child in shopping for new pants etc.
11. If necessary, break the task down into small achievable steps.
12. Encourage your child to sit on the toilet, but do not force them.
13. If your child insists on using potty or nappy – encourage them to do so in the Toilet/bathroom.
14. Involve your child in emptying their stool down the toilet and flushing it away.

Bladder control

Encourage your child to feel bladder sensations when full

Complete charts bladder and bowel charts as accurately and with as much information as possible, to help us help you.

Top Tips for Toilet Training:

Increase daytime drinks of water if possible - 7pm last drink

Avoid fizzy drinks generally

Avoid blackcurrant, pineapple juice, coffee and tea (caffeine-based drinks)

Lifting your child during the night will not help the bladder to function any better, as your child needs to be fully awake to take charge of their continence.

If, however, your child wakes in the night and needs the toilet this is fine.

Keep it positive

- ✓ Do not blame your child or yourself
- ✓ Do not think you have failed
- ✓ Focus on improvements
- ✓ Plan a treat for yourself when things go well.

Your Feelings

- Be Patient
- Be honest if you are struggling, share your feelings with others
- Try to keep calm to help reduce your child's anxiety
- Do not feel guilty if things don't go well
- Try not to lose your temper

Night Time Wetting (Nocturnal Enuresis)

Children are generally expected to be dry at night by a developmental age of five years. The following recommendations are specific to the under five years age group:

Many children under five years wet the bed and approximately 1 in 5 children of four and a half years wet the bed at least once a week. Do you need advice and support to get started? Your Health Visitor may be able to advise you.

Night Time Dryness for Under Fives:

- Try at least two nights in a row without nappies or pull-ups if your child is bedwetting and is under five years and has been toilet trained by day for longer than six months.
- Think about alternative bed protection rather than nappies; ask your healthcare professional about this.
- If your child is under five years old and bedwetting and wakes at night, it is OK to take him/her to the toilet.
- It may be advisable to consider a further assessment and investigation to exclude specific medical problems for children over five years who:
- Despite awareness of toileting needs and showing appropriate toileting behaviour, are struggling to not wet themselves during the day or night.
- It is important for your child to be assessed by their GP if they are under five years with bedwetting and constipation as well.
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Consider a longer trial in children who:

- Are older than five.
- Achieve some reduction in wetness.
- Have a learning disability or other developmental delays.
- Have a physical disability.

Undiagnosed Chronic Constipation

Children and young people may have undiagnosed chronic constipation, and this is a common cause of wetting and soiling in younger children?

Things to be aware of:

- Involving your child at every stage helps to boost their confidence and self esteem
- Early signs of a response may include smaller wet patches, waking to the alarm, the alarm going off later and fewer times per night and fewer wet nights
- Dry-bed training is a training programme that may include combinations of several different behavioural interventions, that may include rewards, training routines, waking routines, and may be undertaken with or without an alarm ask your School Nurse for advice.

Soiling or Bowel Problems

Most children can control their bowels and are toilet trained by the age of four. Problems controlling bowel movements can cause soiling, which may lead to frustration and anger on the part of the child and those around them.

Some of the reasons for soiling are:

- problems during toilet training
- physical disabilities, which make it difficult for the child to clean him/herself – see Keeping Clean
- physical condition, for example chronic constipation or Hirschsprung's Disease
- family or emotional problems may play a part

Encopresis:

If it is not caused by a physical illness or disability, it is called encopresis. Children with encopresis may have other problems, such as short attention span, low frustration tolerance, hyperactivity and poor coordination. Occasionally, the problem may start with a stressful change in the child's life.

Early Intervention:

Although most children with incontinence do not have a physical condition, they should have a complete physical evaluation by their GP or Paediatrician. Early treatment of a soiling or bowel control problem can help prevent and reduce social and emotional pain for your child and family. Constipation affects bladder control as well as bowel control.

Bowel control

- ✓ Observe your child's behaviour for signs of needing the toilet or withdrawing prior to soiling – noting place and times
- ✓ When your child shows signs of needing the toilet or withdrawing – that is the time to take them to the toilet

Constipation








If your child has hard stools and complains of discomfort passing stools, increase their fluids, fruit and fibre consumption, see the Bristol Stool Scale below. If the problem persists, please see your GP for advice and options.

Rectal Prolapse – this is a relatively common occurrence when first moving from potty to child seats on toilets. Excessive straining by the child can result in occasional rectal prolapse – where a section of the rectum protrudes from the anus.

Should this occur, do not panic, but seek urgent attention, if necessary, via your local A&E Departments, who can advise and assist, and give recommendations should this occur again

THE BRISTOL STOOL FORM SCALE (for children)

choose your POO!

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

The Final Stage - Keeping Clean

Sometimes children can struggle with the last few steps of toilet training; there may be several reasons associated with this but most importantly, sticking to your routines, trying to remain calm and positive will again help your child through the bottom wiping stage.

Health Checks

- Get to know your child's bowel habits – frequency is a very individual thing, what is normal for one child may not be for another.
- Check whether your child is fully emptying their bowels.
- Check how healthy their poo is against the Bristol Stool Scale. Then, if need be, try and make small changes to your child's diet by introducing more fruit, fibre, water etc.
- Your child should wipe “front to back” to avoid urinary tract infections.

Aids & Equipment Suggestions

There is plenty of equipment available to help. If required, try:

- waterproof mattresses
- all in one sleep suits
- using social stories and or visual aids
- messy play; hands in paint, using play do, clay
- using rubber gloves and wipes if children do not like getting their hands “dirty”. Have a small bin close by for disposal.
- running toilet wipes under the warm tap before use
- use a mirror so your child can see what they are doing.
- buy steps and a seat insert if there are balance problems sitting on the toilet.
- washable pants

Top Tips for cleaning

Try – practicing “hand over hand” to gently guide your child in to wiping properly

Try – keeping going with lots of praise, rewards and stickers

Try – not to make an issue out of it, make it part of the routine

Try – using a doll to practice good techniques

Try – backward training; work backwards from what you want to achieve

Try – putting stickers on your child's bottom and getting them to reach round to find them

Try – teaching your child how to wipe rather than smear; take three or four squares of paper and fold it so fingers don't push through. Then encourage wiping bottom to top once- don't keep wiping upwards- encourage looking at the paper and putting it in the toilet themselves to gently increase the time on the toilet.

Sensory ideas

Try – Encouraging your child to do Simon says, “Touch their head, touch, their bottom”.

Try – Encouraging your child to rub their hands together to increase body awareness/sensitivity.

Try – Cutting a hole in the pad and sit your child on the toilet over the top of it or draping the pad over the toilet so that it can still be felt. Your child will then feel the comfort of the nappy whilst the poo drops through the hole. The nappy can then gradually be moved away.

Try – Putting chocolate spread/smooth peanut butter on a paper plate or a window and practice wiping.

Resources

Bladder and Bowel UK offers advice and information on all bladder and bowel issues in children and young people including those with additional needs.

<https://www.bbuk.org.uk>

Telephone Helpline: **0161 607 8219**

eric: A useful website that provides information and resources to both parents and professionals around continence promotion in children:

<http://www.eric.org.uk/>

Stopbedwetting: This site offers support to both patients and health care professionals to make informed decisions about childhood bedwetting:

<http://www.stopbedwetting.org/>

Acknowledgments:

Bedwetting in children and young people: NICE Quality Standard 2014

Bedwetting in under19s: NICE Clinical Guideline (October 2010)

The Bristol Stool Scale - Dr K Heaton, Reader in Medicine, University of Bristol.

NICE guidelines 2009

NICE guidelines Cg99 2017

Further Support & Advice

Your Health Visiting Service may be able to provide you with advice around toilet training if your child is still **under five**. Children over the age of four, who have medical conditions that affect their bowels or bladder, or a learning disability may meet the Buckinghamshire NHS Trust Policy for continence products, but this will require an assessment of need by a Healthcare Professional.

If your child is over **five years old** and has a diagnosis of a learning disability and you need support with toilet training or an assessment for continence products, any professional who knows you, can refer to The Community Nurses Team Children with a Learning Disability (CNCLD). Ask them to call us about how to refer electronically on **01296 838000 Option 8**

If your child is **seven years old** or over and needs help with enuresis, please contact your GP, who can refer you on to your School Nurse. All other School Nurse enquiries regarding toileting should be through the following email address: bht.schoolhealth-enquiries@nhs.net
How to refer details are on the School Nurse website: www.buckshealth.nhs.uk/schoolnursing

If your child has **physical disabilities** that may be affecting their toileting you may want to think about a referral to the Paediatric Occupational Therapy Team, if you have any queries, you can call them on **01296 838000 Option 4**

All our services can be accessed through our shared Children and Young People's Service website at.

<https://www.buckshealthcare.nhs.uk/Children-and-young-people>

For more information about other services in Buckinghamshire you can visit:

<https://www.bucksfamilyinfo.org>

Community Nurses for Children with a Learning Disability Children & Young People's Services

Hale Acre Unit

Amersham Hospital,

Whielden Street,

Amersham

Bucks.

HP7 0JD

01296 838000 Option 8

bht.cyp-cncl-d-admin@nhs.net

Please remember that this leaflet is intended as general information only. We aim to make information as up to date and accurate as possible, but please note that it is subject to change. Please therefore always check specific advice on any concerns you may have with your doctor.

How can I help reduce healthcare associated infections?

Infection prevention & control is important to the well-being of our patients and for that reason we have infection prevention & control procedures in place. Keeping your hands clean is an effective way of preventing the spread of infections. Please follow our infection prevention and control guidelines when visiting our healthcare sites. Further information is available on our website.

Patient Advice Sheet

If you would like a copy of this information on audiotape, in large print or translated, please call the Patient Advice Liaison Service on 01296 831120 or email bht.pals@nhs.net