



Children's Hospital Colorado

IN CARE OF KIDS

The Bedwetting and Enuresis (BE) Program

Topics We Cover

- Daytime wetting (enuresis)
- Night time wetting (nocturnal enuresis)
- Recurrent Urinary Tract Infections (both cystitis and pyelonephritis)
- Control problems (dysfunctional voiding)
- Urinary frequency/urgency
- Painful urination (dysuria)

Definitions

- **Nocturnal enuresis**, commonly called **bedwetting**, is involuntary urination while asleep which happens after the age when most children have bladder control, and usually happens at night (night time accidents).
- **Enuresis** means a repeated inability to control urination (day time accidents)
- **Encopresis** is involuntary fecal soiling (poop accidents) in children who have already been toilet trained usually.

If your child has ENCOPRESIS (“poop accidents”) your child MUST BE SEEN by Gastroenterology (GI) Clinic (720-777-6669) before the appointment in the BE Program

What to Expect

We will review your child's history and studies, perform a physical exam and create a personalized plan for dryness. Our goal is to identify and diagnose physical or medical conditions as well as other barriers to becoming dry, even if you have already done some or all of the programs. Together we will create a plan to help you and your child achieve success.

Tests Which May be Done:

- **Abdominal X-ray** of the kidneys, ureters and bladder. (Also called a KUB x-ray)
- **Uroflow**: a noninvasive study to determine the flow rate of urine during voiding (peeing). Your child will urinate into a special toilet. There are no risks associated with this procedure.
- **Bladder scan**: An ultrasound is used to measure bladder volume non-invasively. This will be done after the Uroflow. There are no risks associated with this procedure.

How to Prepare for Your Visit

- Encourage your child to drink enough fluids so s/he can urinate for the Uroflow test when you arrive. **If your child needs to urinate before the appointment, please tell the clinic front desk to notify the Urology Medical Assistant.**
- **Keep a voiding diary (see reverse) for the week before your appointment.**

If you were scheduled for an X-ray or KUB before your BE appointment, please go to Radiology (on the main level) with your insurance card and referral letter. The BE clinic is on the 2nd Floor of the Outpatient Pavilion. Check in at the clinic front desk for your BE Program appointment. Please allow time for check-in and paperwork

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BATHROOM DIARY

- This is a diary of your child's pattern of urination and bowel movements.
- Choose *any two days* and record every time and the amount that your child goes to the bathroom to urinate or have a bowel movement.
- Pick days that will be convenient for you to record every void (pee).
- Please indicate the DATE and TIME of each bathroom use.
- If your child has an accident, record the amount in the LEAK column (1= "damp" or 2 = "soaked").
- Record the ACTIVITY at the time of the leak (playing, homework, watching TV, etc.).
- In the URGE column, record if your child danced, wiggled, crossed legs, squatted, or refused to go to the bathroom.
- For BOWEL MOTION, record the color (brown, green, yellow) and nature of the stool: hard, medium, soft, long, short, balls, watery, formed, dry, etc.

<i>Date/Time</i>	<i>Leak</i>	<i>Activity</i>	<i>Urge</i>	<i>Bowel Motion</i>
<i>April 10 10am</i>	<i>1</i>	<i>Watching TV</i>	<i>Watching TV</i>	

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 March 2012

Approved by Patient/Family Education Committee

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