

PARENT EDUCATION

Enuresis - Bed Wetting

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It is estimated that 5 to 7 million children in the U.S. are bed wetters. It is remarkably common. Most children outgrow bed wetting by age 6, but for many others it can continue longer for years until they are as old as 18. Bed wetting can lower the child's self-esteem, subject the child to teasing and embarrassment, and make the child avoid social activities such as sleep-overs and camping trips. Bed wetting can have many causes including heredity, small bladder, and hormonal.

Bed Wetting Instructions:

It is important that both parent and child approach this program in a happy, positive fashion. We would like this to be a positive reinforcement means of stopping bed wetting, rather than a negative reinforcement or punishment system.

- 1). Restrict fluids after dinner time. Soda is especially bad. Remember it is not fair for the rest of the family to have salty snacks and sodas for a snack after dinner while the bed wetter is watching.
- 2). Make sure that the child urinates every night just before climbing into the bed. Praise the child for remembering to do this without reminders.
- 3). Keep a small night light to light the way to the bathroom.
- 4). Awaken the child to urinate again just before parents go to bed themselves.
- 5). Cover the mattress with a waterproof sheet throughout treatment.
- 6). Obtain a bright and cheery calendar of the child's choosing and obtain a box of star stickers. Hang the calendar over the child's bed or in the bathroom and place a star on the calendar for dry nights. Be sure not to punish the child or say any negative remarks after a wet night. If the child is dry for a whole week, celebrate that with a movie, burger, pizza or whatever is meaningful to the child. Do not promise a reward ahead of time for what the child may not achieve for example "we will go to a movie if you stay dry all week".
- 7). If the child is reasonably mature have him change wet sheets, launder wet sheets and clothing, or remake the bed.

- 8). Some physicians believe that bladder training exercises help children with enuresis. Have the child drink plenty of fluids during daytime and hold urine until discomfort occurs. Then encourage the child to hold on for three minutes before allowing the child to urinate . You may ask the child to try to hold it mid-way through for three seconds then he or she can empty the bladder completely. Increase the holding time slowly from 3 to 5 to 7 to 10 minutes and so forth up to 15 minutes. At the same time increase the mid-way hold to 5 to 7 to 10 seconds and so forth up to 15 seconds. Once or twice a day is sufficient for these exercises and you don't have to do it every time the child needs to urinate otherwise compulsive behavior may develop.
- 9). Self awakening program: The child can practice the following; lie on the bed with eyes closed then pretend it is the middle of the night and the bladder is full. The child can pretend it is starting to ache and that he or she trying to wake up to run to the bathroom and urinate. The child can then return to bed .This practice is good for older kids.

Alarms

Some alarms are easy to use, small, and affordable. Examples include SLEEP DRY, POTTY PAGER, and WET-STOP. They are very effective. The sleep dry works 75% of the time, and if used with behavioral rewarding system such as the one mentioned earlier, it becomes almost 100% effective. The potty pager cuts wet nights by 50% after just one week, and teaches most bed wetters to stop forever in just 6-10 weeks. Wet-stop success rate is 76% by 9 months. Remember to be patient because these methods take time to work. They are available at medical supply companies and stores.

Medications

The success rate is about 50% but relapse is very common once you stop the medication. They work fast and they are good in situations like sleep-overs and camps. Imipramine is risky. You need to watch for heart symptoms such as palpitations and chest pain, and overdose is fatal most of the time. Also watch for visual problems, seizures, jaundice, abdominal pain, vomiting, and urinary problems. DDAVP is safer. It can cause headache, nausea, hypertension, nasal discomfort, and rarely seizures.