



## ENURESIS

### Introduction

The term “enuresis” is used to describe lack of bladder control overnight in a person who has reached an age at which control is expected (usually 5 – 6 years).<sup>1</sup>

Monosymptomatic nocturnal enuresis refers to children with normal daytime voiding patterns and night time wetting only. Non-monosymptomatic enuresis refers to enuresis in children with daytime wetting and / or additional lower urinary tract symptoms (such as abnormal urine stream, hesitancy, urgency, dribbling or pain.)<sup>1</sup> Enuresis can be primary or secondary.

### Monosymptomatic (Nocturnal) Enuresis

- Bed wetting is a common childhood problem.
- Dryness at night occurs at different ages in children. It is a normal developmental process that occurs as the parts of the body in charge of bladder control mature. It does not depend on special training. 16% of children at 5 years of age will still wet the bed at night.<sup>2</sup> The percentage of children with nocturnal enuresis gradually decreases with age to 6% at 8 years of age and 2% at 19 years of age.<sup>2</sup>
- Children do not wet the bed because they are being lazy or naughty. Children are not conscious of bed wetting; from the child’s point of view they have no recollection of passing urine.
- In most children who wet the bed, there is a family history of bed wetting.<sup>3</sup>
- Bed wetting is a problem that can cause stress for both children and parents. The child may experience loss of self esteem and / or lack confidence.<sup>4, 5</sup>
- Not all nocturnal enuresis or daytime incontinence resolves with age.<sup>6,7</sup> Treatment for nocturnal enuresis is recommended beyond the age of 5 ½ years.
- Bed wetting alarms are the safest and most effective way to treat monosymptomatic nocturnal enuresis.<sup>8</sup>

The Princess Margaret Hospital for Children Nocturnal Enuresis Treatment Programme employs education, counselling, support and advice to manage both their clients and their families in conjunction with a mat and alarm system. The programme takes 6-8 weeks and the appointments are fortnightly.

**Please note that it is standard protocol within the Western Australian Enuresis Clinics that the medication vasopressin will be ceased pro tem whilst the child is receiving treatment with the Princess Margaret Hospital for Children Nocturnal Enuresis**

**Treatment Programme. The protocol has been determined to comply with safe administration of medications.**

### **Pre-referral Investigations and Assessment**<sup>9, 10</sup>

If the child is dry during the day and passes urine normally, bedwetting is unlikely to be due to any underlying bladder or kidney disease.<sup>11</sup>

Abdominal and perineal examination.

Growth parameters and blood pressure.

Assess for urinary urgency, urinary frequency or infrequency, urinary dribbling, poor stream, polydipsia, polyuria, dysuria, backache or unexplained fevers, constipation.

Urinalysis and MC&S of urine.

An ultrasound of the kidneys, ureters and bladder is recommended if the child has any daytime urinary/bladder problems and before referral for Specialist Medical Services.

### **Pre-referral Management**<sup>9, 10</sup>

Explain natural history and genetics.

Cease night time fluid restriction.

Explain that waking the child to toilet during the night is not curative.

Manage constipation if present.

Discourage punitive responses to bed wetting.

Refer to local enuresis continence service for a nocturnal enuresis treatment programme if the child has no daytime bladder or bowel symptoms. [Nocturnal Enuresis Clinic Referral Form](#) is as linked.

### **When to Refer to Specialist Medical Services**<sup>9, 10</sup>

Non-monosymptomatic enuresis (day time urinary urgency, frequency, urinary incontinence or constipation and/or faecal incontinence).

Persistent enuresis after treatment of constipation / UTI.

Children greater than 5.5 years with monosymptomatic nocturnal enuresis that have failed the nocturnal enuresis treatment programme twice.

Secondary enuresis.

## Related policies, procedures, protocols and guidelines

List and hyperlink the titles of related policies, procedures and guidelines.

[Paediatric Referral Form Specialty/Clinic](#)

Refer to the Constipation (GP Pre - Referral Guideline)

## Useful resources

List and hyperlink the titles of useful resources. Give a brief description of each.

[Enuresis Continence Services](#)

["Happiness is a dry bed"](#)


["Good Bladder \(Wee\) Habits for Kids"](#)

[Health Facts Night Wetting in children under 5 years Helpful Hints for Parents](#)

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