

Daytime wetting

Background

Uncontrollable leakage of urine while the child is awake is considered abnormal beyond the normal age of potty-training. It can be *continuous* dribbling of urine or *intermittent* leakage between dry intervals. 1/3 of children who wet during the day also have bedwetting.

Symptoms

Children may experience a sudden need to pass urine (urgency) and may leak if they do not reach the toilet in time (urge incontinence). They may also need to pass urine more often than normal (frequency = >8 times per day). They may also have leakage after laughing or physical activities.

Occasionally children may experience dribbling after passing urine or continuous dampness despite seeming to visit the toilet regularly and having a normal stream.

How common is it?

Most children are potty-trained by 5 years of age. Up to 20% of 4-6 year olds wet their pants occasionally and 5% wet twice or more per week.

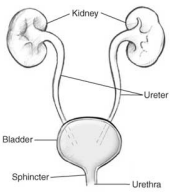
Why does it occur?

- Overactive bladder is the most common cause of daytime wetting in children. Not drinking enough water, or drinking caffeine-containing fluids such as cola will worsen overactivity and thus worsen wetting.
- Constipation is often associated with daytime wetting. The wetting may resolve or improve with treatment of the constipation
- Children who “hold on” can have incomplete bladder emptying and also daytime wetting. Incomplete emptying can also lead to urinary tract infections.

- Urinary tract infection should be suspected as the cause in children who have been previously been dry for an extended period (>3 months) and then begin to wet by day.
- Girls can sometimes have leakage of urine a few minutes after voiding due to trapping of urine in the vagina (vaginal entrapment). This can often be treated by change in toilet posture
- Boys can sometimes have leakage of urine a few minutes after voiding due to trapping of urine within the foreskin. This is more common in boys whose foreskin balloons on voiding.
- Less common causes of daytime wetting include structural abnormalities of the urinary tract or nerves (suspected in children with continuous dribbling). Emotional stress is an uncommon cause of daytime wetting.
- Children with developmental delay or autism may take longer than their peers to gain normal bladder control

What can you do to help?

- Make sure your child is drinking enough fluid, predominantly water
- Stop all caffeinated and carbonated (fizzy) drinks
- Treat constipation
- Remind your child to go to the toilet regularly (aim for 5-6 times per day)
- Encourage your child *not* to “hold on”



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When should you get professional help?

- If your child has continuous dribbling of urine
- If your child has started school and wets regularly
- If your child has been previously dry, but has now started wetting
- If you suspect your child may have a urinary tract infection
- If the amount of wetting is severe or is causing problems for your child

What treatments are available?

Careful assessment involving diary of fluid intake, voiding frequency and volumes and wetting incidents will help pinpoint the best course of action.

Treatments that may be recommended by your doctor include bladder retraining, physiotherapy to teach good relaxation of pelvic floor muscles to ensure complete emptying and/or medication. Specialised tests may be necessary if these manoeuvres are unsuccessful.

Remember

Your child cannot control his/her daytime wetting, so punishment will not be helpful.

Many children will grow out of their wetting with time and patience.