
Bladder and bowel problems are common in childhood and adolescence. Most can be successfully treated, including in children with additional needs or disabilities. Children and young people who have problems with day or night time wetting, having to go to the toilet suddenly, urgently and/or frequently, constipation, soiling (pooing in their underwear), or who are struggling with potty or toilet training should have an assessment of both their bladder and bowel. This will help to make sure that their bladder and bowel are healthy, will help work out what is causing any problems and suggest actions that may help.

Your healthcare professional will support you in understanding the assessment and in developing an individual treatment plan that will help your child to become clean and dry.

Identifying an underlying bowel or bladder problem

Many people find it difficult or embarrassing to talk about bladder and bowel issues and some people wrongly assume that they will just get better in time. For families any problems may be difficult to understand and may be stressful to deal with.

Up to a third of children and young people can have a bladder or bowel problem. When children have additional needs or disabilities, health care professionals and families may assume that the additional need or disability will cause bladder or bowel problem, or delay toilet training. However, this is not usually the case. Every child with a bladder or bowel issues should be offered an assessment and then treatment to help them.

Your child's health visitor, school nurse or a specialist children's bladder and bowel nurse, should be able to use an assessment to help to work out what is causing the bladder or bowel issues. They can then talk to you (and your child) about treatment options, so that your child gains as much control as is possible for them.

Assessment information

Common causes of bladder and bowel problems include:

- Constipation
- Soiling – which is often caused by constipation and usually happens outside your child's control
- The bladder not working as well as it should. This can cause wetting during the day and/or at night. It can also cause a sudden and urgent need to use the toilet, which may look as if your child is leaving it to the last minute to go, or make them have to go to the toilet more often than is usual to empty their bladder
- Urinary tract infections

Although these happen more frequently in children and young people with additional needs or disabilities, the issues may affect any child or young person and at any stage of their lives. They can usually be successfully treated if they are identified, but may not get better without specific support. There is more information about these issues on the Bladder & Bowel UK website.

What will an assessment for bladder and bowel issues or delayed toilet training include?

- **General questions:** You will be asked questions about your child's general health, their development and about any medication they are taking. You may be asked about when you first noticed the problems and whether your child has had any treatments in the past and, if so, how effective they were.
- **Diet and fluids:** You may be asked what your child usually eats, whether they have fruit and vegetables every day, and a wide variety of foods. You may also be asked what your child drinks, how much and how many times through the day.
- **Bowels:** You may be asked to keep some record charts about your child's bowels for seven to fourteen days. This will include information about when they open their bowels, what their poos are like and whether there are any symptoms associated with bowel actions, such as pain, withholding, straining etc. You will be asked where your child opens their bowels (e.g. potty, toilet, nappy, underwear) and whether there is any particular behaviour associated with them opening their bowels (e.g. hiding to do a poo, or hiding soiled underwear).

Assessment information

- **Bladder:** You may also be asked to keep a bladder diary for about two or three days. This will include information about when, what and how much your child is drinking, how often they pass urine (pee or wee) and, for toilet trained children, you may be asked to note when they are wet and to measure how much urine they pass when they go to the toilet. All this information provides clues as to how their bladder is working.
- If your child is toilet trained in the day, but is wet at night, you may also be asked to keep a diary of their bedwetting for seven to fourteen days. You may be asked to fill in a chart that includes what time they go to bed and get up, whether they are wet or dry and, if they wear nappies or pull ups at night you may be asked how heavy these are, whether they leak and if you know what time of night the wetting is happening.

The assessment should include questions about any other bladder or bowel symptoms you or your child have noticed. There are also likely to be questions about your child's general health and development and about any treatments / medications they may be taking or have had in the past.

For younger children and those with additional needs or disabilities: You may be asked for more information about your child's additional need or disability and how this affects them. You may be asked if your child can sit on the potty or toilet on their own, whether they need any specialist equipment or alterations to allow them to sit safely and comfortably on the toilet.

You may be asked if you have noticed whether your child is frightened or upset by the bathroom or any part of toileting and how much your child is able to do on their own, such as managing their own clothing, or washing their hands. You may be asked how your child communicates to you (do they use words, signs, gestures, picture cards or another device to let you know what they want or need) and you may be asked if your child will follow simple instructions.

Making the most appropriate changes

There are a range of products available to support children who have issues with bladder and bowel control. These include special potties, toilet seats, steps to ensure your child is correctly positioned on the toilet or potty to help with complete bladder and bowel emptying.

Assessment information

The assessment will help to identify if there are any products that may be appropriate to support your child's needs. It may also indicate for some children, that referral to an occupational therapist for provision of equipment may be needed.

Adaptations to your child's routine and the right support for them to learn the skills for potty or toilet training can be very helpful for children who have additional needs or disabilities that have or are likely to delay potty or toilet training. There is more information about potty and toilet training on the Bladder & Bowel UK website.

Medication may be suggested for some children. Constipation in children should be treated with laxatives (medicines that either help the bowel to empty or that soften the poos). There is more information about this on the Bladder & Bowel UK website.

Some bladder issues such as frequency (passing urine more often than is usual), urgency (a sudden desperate need to pass urine) and day time wetting may also be helped by medications. Your healthcare professional will discuss these options with you if, following the assessment, they think that medicine is an option for your child.

Bedwetting may be helped by making changes to your child's bedtime routine and daytime drinking. It can also be helped by treating constipation if that is a problem. Other options include medication or an alarm. The assessment will help to indicate which treatment is most likely to work well for your child. There is more information about daytime wetting and bedwetting on the Bladder & Bowel UK website

Outcome of the assessment

The assessment should provide the information your child's healthcare professional needs to be able to work with you to create a treatment plan. The aim of the treatment plan is to help your child to have the healthiest bladder and bowel possible for them, as well as the most control that they can manage. Your healthcare professional should then offer reassessment and review as often as it is needed.

If it is felt by the healthcare professional that your child is not able to learn the skills they will need for potty or toilet training, this should be explained to you. There should then be a discussion about whether they are able to provide continence containment products to your child.

Assessment information

Disposable nappies, or pads should only be provided to children or young people who have been assessed as unable to become clean and dry with a supported toilet training programme. In line with national guidance, products should not be provided to children under the age of five years old, or to children who are assessed as likely to be able to develop the skills to be able to use the potty or toilet. These children should be provided with an individual programme to help them learn the necessary skills. There is more information about learning the skills for potty or toilet training on the Bladder & Bowel UK website.

Further information

Find more information about child bladder and bowel health in our information library at www.bbuk.org.uk. You can also contact the [Bladder & Bowel UK confidential helpline \(0161 214 4591\)](tel:01612144591).

For further advice on bladder and bowel problems speak to your GP or other healthcare professional.
