

ADVICE FOR CHILDREN WITH BLADDER PROBLEMS

An information leaflet from the Swedish Enuresis Academy svenskaenures.se

The normal urinary bladder

The bladder is a distensible sack made of muscle. This muscle differs from the muscles in, for instance, our arms and legs, in that it is not directly controlled by the brain but indirectly via reflexes. There is also a circular *sphincter* muscle around the urethra – where the urine leaves the bladder – a muscle which is partly under direct brain control and is slightly contracted most of the time in order to keep the urine in the bladder. If all is well and you have reached the age of five or six, this is how it all works:

- 1) As the bladder is filled with urine, the relaxed bladder muscle is distended and the desire to go to the toilet is gradually increasing (but there is no sense of panic!).
- 2) You find a toilet and prepare to pee. The bladder muscle is still relaxed!
- 3) The sphincter muscle is now ordered to relax.
- 4) This, in turn, starts a reflex via the spinal cord that makes the bladder muscle contract.
- 5) The sphincter is relaxed as long as the bladder muscle contracts and the bladder muscle contracts until the bladder is empty.

Common disturbances of bladder function

The most common bladder disturbance in childhood is *bladder overactivity*: that the bladder muscle tends to contract without notice, and perhaps even without being more than half-full. The result is either that the child senses a sudden, unexpected and strong desire to pee and needs to contract the sphincter forcefully to stay dry, or else a small or large amount of urine is without warning voided into the clothes. The parents often think that the child "doesn't notice" when it's time to go to the toilet, but the truth is that it's the bladder that doesn't tell the child that it is about to contract. Other children get the habit of postponing bladder emptying as long as possible, using various maneuvers – squatting with the heel pressed to the crotch, standing on tip-toe with legs crossed etc. Many of these children also suffer from bladder overactivity. A well-know cause of bladder overactivity is urinary tract infection, when harmful bacteria irritate the bladder, but the bladder is more often overactive without the help of bacteria. What many people don't know is that constipation may cause bladder overactivity, since the distended rectum may compress the bladder from behind (see separate leaflet!).

Another common problem is that the bladder may not become completely empty. This is most common in those children who contract the sphincter while they pee or those who habitually wait too long before going to the toilet and thus over-extend their bladders. And if the bladder is not properly emptied there is a clear risk for urinary tract infections. Some children may have both bladder overactivity and emptying difficulties, and constipation may cause both disturbances.

What can be done about it?

Bladder problems can often be treated quite easily, it's all about helping the child take command over his/her bladder. These are some basic strategies:

- 1) Go to the toilet regularly, every second hour or about six times per day (when getting up from bed, mid-morning, lunch, mid-afternoon, late afternoon and at bedtime).
- 2) Don't rush it when peeing! Give the bladder time to empty itself completely. Sit with good support for both thighs and feet.
- 3) Don't drink too little. About one litre of liquid (mostly water!) per day is appropriate.
- 4) Boys may pee standing or sitting, as long as they don't rush it and don't leave drops!
- 5) Watch out for signs of constipation (see separate leaflet!).
- 6) Explain to the child how the bladder functions. This will increase his/her cooperation.