

Steve Hodges

Position statement

I am a Professor of Pediatric Urology at Wake Forest University Medical School in the United States. Pediatric incontinence has been my area of expertise and passion for over 15 years, and I believe I would have much to offer the ICCS. I would be honored to serve as a board member.

Nothing gives me more professional satisfaction than helping children who suffer embarrassment, discomfort, and anxiety because their enuresis or encopresis has not been appropriately diagnosed or adequately treated.

In addition to my clinical practice and research detailed in my attached CV, I devote much time to educating families about the causes of, myths about, and treatments for enuresis and encopresis. I am regularly interviewed on parenting and medical podcasts. (You can listen here.) My website, BedwettingAndAccidents.com, has a global reach; one-third of the parents in my private online support group live outside the United States.

I recently conducted my second live Zoom course for medical professionals, "Advanced Treatment of Enuresis and Encopresis." Participants included physicians, physiotherapists, nurses, and nurse practitioners from as far as South Africa, Australia, New Zealand, and Germany. From parents and professionals, I have learned a lot about how incontinence is perceived and treated around the world, and I believe this international experience would serve me well as an ICCS board member.

Among my missions is to help children understand that they are not to blame for their accidents. Toward this end, I have co-written five books for children, from ages 3 through teens, all available worldwide on amazon. Our most popular title is *Bedwetting and Accidents Aren't Your Fault*, which has been translated into French and Spanish. You can download the PDF here. Our website offers many free educational materials, available here.

I believe my professional missions and areas of research are in alignment with those of the ICCS. In particular:

- I have a significant number of patients with both enuresis and encopresis. The link, of course, is chronic constipation, and my research has helped establish the connection. I was pleased to read the Society intends to include anorectal dysfunction among its preferential research areas.
- Chronic constipation frequently goes unrecognized, not just by parents but by pediatricians, too. Many of my severely constipated patients had not been diagnosed by the referring physician. I have a great interest in methods used to diagnose chronic constipation, particularly in the value of x-rays and the shortcomings of physician exams and patient histories. I believe I have much to contribute on this topic.

- I believe I am on the forefront of new therapies for the treatment of incontinence, including the use of Botox to treat enuresis. I have been performing this highly effective treatment for a decade.

- Like the ICCS, I work hard to inject hope for a better life for children burdened by incontinence. This hope is real, as enuresis and encopresis are highly treatable conditions. Unfortunately, our culture often considers them to be “psychological conditions,” so children miss out on the treatments that can give them their lives back.

I would be delighted to speak with you about what I might bring to the ICCS board and can provide references from colleagues.