When one thinks about the activity in a tertiary pediatric center, things like the surgical repair of major deforming anomalies, treatment of malignancy, and urologists with primarily adult practices, they may even undergo cystoscopy or such long-abandoned procedures as urethral dilatations. In the past several months, we have made a major investment in developing a program for children with voiding dysfunction. This has included training for nurses and underwriting visits to the few such programs currently operating in the US. We are purchasing additional equipment, and developing unique patient education materials. With a coordinated approach that stresses diet, hygiene, behavior modification, and family education we are now able to make a major difference in the lives of these children and their families. It's not high-tech, and it's certainly not splashy. It's just one of the things which a good children's hospital should be doing! Thomas R. Welch, MD, Professor and Chair Department of Pediatrics
Brandy’s Story

Brandy is a 4-year-old girl who was referred to the voiding dysfunction service by her pediatrician. She has a history of recurrent urinary tract infections (UTIs) and voiding difficulties. The family was advised to transition to showers to minimize soapy irritation. Brandy’s physical exam shows a BMI at the 90th percentile. She is afebrile and afebrile. The bladder fills to a volume of 350 ml and is smooth walled. The Valsalva maneuver is negative. Her physical activity is moderate. She takes a bath every day. The child is cooperative. Brandy’s story continues.

Brandy was prescribed timed voiding, Miralax, and medication for constipation. The family was advised to transition to showers to minimize soapy irritation. Brandy was prescribed timed voiding, Miralax, and medication for constipation. The family was advised to transition to showers to minimize soapy irritation. Brandy’s story continues.

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