Dysfunctional Voiding
(Daytime Wetting)

What is it?
Dysfunctional voiding is a disruption in normal bladder function leading to daytime wetting problems. It is not bedwetting. Children with daytime wetting problems may also wet the bed, but bedwetting alone, is a different problem.

Most children are dry during the day by 4 years of age. Children with dysfunctional voiding sometimes have problems during toilet training. Most often, problems begin after 4 years of age. The problem is more common in girls than in boys. Symptoms can include rushing to the bathroom and dribbling. Girls often curtsy, hold their legs together, and/or suddenly rush to the bathroom. The urge to void may occur many times a day, but often girls with this problem do not void often enough.

Causes
Most of the time, the cause of the voiding difficulty is unknown. Sometimes, vaginal irritation may be a cause. Less often, voiding difficulties may start because of a change in the home or at school. Some children develop a habit of not voiding as often as they should. After a while, ignoring the signals that the bladder is full can cause the bladder to stretch and become irritable. This can lead to bladder “spasms” while the sphincter is tightened, leading to urgency and dribbling. Spasms also raise the pressure in the bladder and can lead to urinary tract infections. Urinary tract infections can also increase bladder irritability and spasms, leading to a cycle of voiding difficulties.

Facts
Dysfunctional voiding is not a willful problem. Punishment for wetting may worsen the problem. Children need reassurance that the problem is not their fault. However, they need to participate in managing the problem.

Testing
An ultrasound of the kidneys and bladder may be ordered. If there have been urinary tract infections (UTI), a voiding cystourethrogram (VCUG) may be done.

Treatment
Treatment is usually available and effective. Improvement is often a slow process as the bladder is re-learning normal function.
Hygiene
Children should take showers instead of baths. Bubble baths and sitting in soapy water should be avoided, as they can cause vaginal irritation. Girls should wipe from front to back after voiding.

Diet
Some providers feel that certain foods “irritate” the bladder. These include carbonated beverages, caffeine, chocolate and citrus.

Relief of constipation
Children with voiding problems often have chronic constipation. Most of the time, the parents and children are unaware of this problem. An enlarged rectum can disturb normal bladder function. Adding fiber to the diet is required and medication is often needed.

Timed Voiding
This is crucial for most patients. Children need to void every 2 - 3 hours during the day. Voiding should take place in a relaxed and un rushed surrounding. When possible, small children should have a footstool placed in front of the toilet so their feet are on a solid surface. Girls should lower their underpants down to their ankles or remove them to allow a relaxed separation of their thighs. Consistency with timed voiding is vital. Support from school and daycare is important. If needed, we can provide notes asking for their help.

Antibiotic Therapy
If a child has had UTIs, a low dose of antibiotics taken daily, can help prevent more infections. The risks from using a low-dose antibiotic are low and offset the harm of infections.

Medication to relax the bladder
Some children who run to the bathroom or dribble on the way there may need medicine to relax the bladder and reduce spasms. This treatment may last several months and can aid in bladder training. Possible side effects include constipation and dry mouth. Rarely, flushing or dizziness may occur. This treatment needs to be combined with strict timed voiding.

Elimination calendar
Keeping track of bladder and bowel habits can help encourage children to take charge of their problem.

Follow-up
Monitoring the child’s progress with the provider and being consistent with the treatment plan are the keys to success.

For more information call Pediatrics at Upstate Golisano Children’s Hospital at (315) 464-6060