

Why seek Physiotherapy input for your child's bladder and bowel problems?

An increasing number of studies demonstrate the link between childhood bladder and bowel problems which persist into adolescence and adulthood

A “wait and see” approach to childhood bladder and bowel problems is discouraged. Children with bladder and bowel problems present with much higher rates of emotional distress and report a decreased quality of life.

Continence Physiotherapy (also called Urotherapy) is effective in improving constipation, bladder emptying problems, and managing daytime wetting and is recommended by the International Children's Continence Society as first line therapy for the management of bladder and bowel problems.

We know as children reach adolescence their daytime wetting symptoms can improve, this may be due to natural development, maturation and increased social and body awareness. However, many children do strategise and use tactics such as going to the toilet more frequently or decreasing fluid intake to mask their symptoms and this may lead to poor toileting habits. In some children daytime symptoms may improve but night wetting may persist. Continence Physiotherapy (Urotherapy) increases the likelihood of achieving daytime bladder control by about 7 times.

Normal bladder function in childhood

- Number of times passing urine during the day (voiding frequency): 6-8
- Waking at night to go to the toilet to pass urine (nocturia): 0 - 1
- Passing urine without the need to 'push' or 'strain', continuous flow observed, emptying the bladder completely.
- Day time and night-time bladder control by 5 years of age.

Bladder problems

Daytime urinary incontinence is a common problem in childhood affecting 3 – 12 % of children aged 5 – 17 years. Daytime wetting is more common in girls than boys. Some types of bladder dysfunction can affect kidney function. Children with special needs and behavioural disorders will present with higher rates of bladder and bowel problems.

Common bladder problems we manage at the Pelvic Health Clinic;

Bladder overactivity (*Over Active Bladder (OAB)*), symptoms include

- Passing urine very frequently (urinary frequency),
- Rushing to the toilet, feeling 'busting' urinary urgency
- Daytime wetting and/or night-time wetting.

Up to 17% of primary school aged children have OAB symptoms – as children age, they tend to become drier however there may be remaining overactivity of the bladder. Daytime symptoms can come and go as a child ages the night-time symptoms may persist

Difficulty with passing urine (*Dysfunctional voiding*). Symptoms can include, difficulty initiating urine flow, feeling the need to strain or push the urine out, stop start urine flow, the feeling of not emptying the bladder fully, dribbling of urine after toileting, and urinary tract infections.

Dysfunctional voiding is a functional problem which means that children are incorrectly activating their pelvic floor muscles and /or urethral sphincter muscles during voiding.

A Continence Physiotherapist is the ideal health professional to see for this condition as we are experts in postural and muscle control and can assist your child in learning the correct toilet posture and voiding technique.

Urine flow difficulties following surgery or history of surgery such as a Hypospadias repair.

Delaying going to the toilet (voiding postponement) is when a child delays or postpones going to the toilet for their bladder. Toileting frequency may be very low (4 or less voids each day). The bladder is overfilled and leaking or wetting can occur.

Giggle Incontinence. Small or large amount of urine lost during or immediately after laughing/giggling. May be a genetic link to this condition. True giggle incontinence is not very common.

Stress Urinary Incontinence. Leakage of small amounts of urine associated with increases in intra-abdominal pressure such as jumping. This is an uncommon presentation in children but may be present in at risk groups of children, some examples may include children performing high impact sports such as gymnastics, children with cystic fibrosis, or children with a high BMI.

Your Paediatric Continence Physiotherapist will make a careful evaluation of your child's bladder problem and assist your child in learning optimal bladder habits and toileting routines. We are here to work with your family to help achieve your treatment goals

Bowel Problems in Kids- Constipation

Chronic constipation is a common problem in children, reported to affect around 1 in 10 children worldwide. A small proportion suffer constipation due to an underlying organic disease, however in the vast majority (over 95%) it is considered a functional disorder. Constipation can affect bladder control, often contributing to daytime wetting and is a significant risk factor for recurrent urinary tract infections. It is also the most common reason for soiling (also known as faecal incontinence, or 'encopresis'), as constipation changes it affects the regulation of the bowel and dampens a child's ability to feel an urge to pass a poo. It is well understood that constipation +/- soiling is a substantial social and psychological burden, greatly affecting self esteem and the quality of life of the child and their families.

What causes constipation?

Functional constipation often develops due to multiple factors, ranging from genetic influences, changes the child's environment or general health, diet choices and fluid intake, psychological factors, or often a combination of these. Postponing or withholding stools is commonly observed and reported by parents, which usually results from one or more occasions of painful and often very large bowel motions, or fear around using the toilet. This leads to a cycle of difficulty coordinating the muscles needed to pass a poo effectively (ie the pelvic floor and anal sphincter), with incomplete bowel emptying, retained stools that become progressively dehydrated, and the potential for faecal impaction within the rectum and colon. The child's lack of awareness of the stools remaining within the bowel can lead to faecal smearing due to the overflow of soft stools passing around the retained stools.

What are the symptoms?

'Normal' bowel habit involves passing a soft, pain-free motion anywhere from 3 times a day to no less than 3 times a week. Constipation can involve:

- Pain or discomfort with toileting
- Passing small amounts of drier stools at a time, with occasional very large bowel motions
- Feeling as if you've not completely emptied or having difficulty emptying and needing to strain
- Tummy pain, cramps and abdominal bloating
- Irritable behaviour, change in appetite

How can Pelvic Health Physiotherapy help?

Our paediatric pelvic health physiotherapists approach the management of constipation with a thorough assessment, to understand each child's symptoms and circumstances, determine potential contributing factors, and an objective assessment using tools such as real time ultrasound. A bowel management program is tailored to each child and their caregivers, including education, practical strategies, toileting programs, support and guidance to improve each child's overall wellbeing. We also work closely with medical and other allied health services to ensure your child is well supported in their management.

For further information on constipation and toileting, please see the following resources:

- The Poo in You education video: https://www.youtube.com/watch?v=SgBj7Mc_4sc
- https://www.rch.org.au/kidsinfo/fact_sheets/Constipation/?hc_location=ufi