

Intro to Pediatric Incontinence

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Incidence and Consequences of Pediatric Incontinence

- Social/ Emotional
- Functional Downwards spirals
- Estimated 10% of children affected
- 80% treatable by addressing constipation alone
- Daytime and Nighttime are separately treatable
- Hereditary concerns

Review of Anatomy affecting Bowel/ Bladder

- Bowel System
- Bladder System (water transfer)
- Bristol Stool Chart
- Urine Chart

The Bowel System/ Digestive Track

- Keep things simplified, and explain that they are simplified
- Use interactive methods to keep the child's attention
- Drawing it out allows personalization to the child
 - Interests in food types
 - Open ended questions to gather evaluation data to revisit later
 - "What are some types of drinks you like?"
 - Allowing the child to identify body parts to see how much they already know
 - Most get to the stomach, although they tend to skip the throat



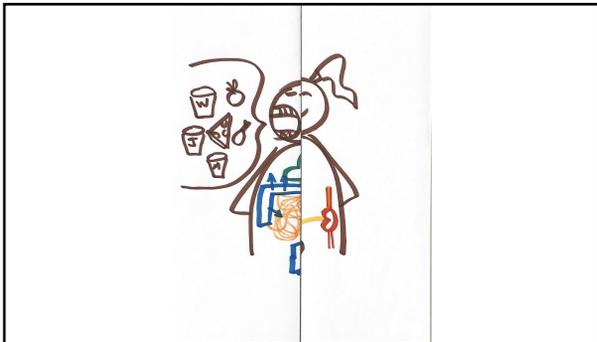
"...But we never talked about pee!"

- Use a new drawing to keep things simplified
- Explain from the previous drawing that water was given to the body in the colon/ "poo-maker" and now has traveled all over the body
- Again, remind them that this is a very simplified version of how things happen



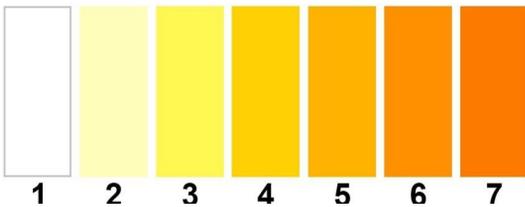
“But you don’t have 2 bodies- only 1!”

- Show both together/ stack/ etc
- Explain dimension of body
- Location of Bladder versus Rectum
 - This is the most common link between constipation and incontinence



choose your POO!		
poop 1		Uzzle Wile rabbit droppings <small>Smooth hard balls, No hole found in pants</small>
poop 2		Uzzle Wile bunch of grapes <small>Foreign shaped but lumpy</small>
poop 3		Uzzle Wile corn on cob <small>Like a sausage but with little air in center</small>
poop 4		Uzzle Wile sausage <small>Like a sausage or link, smooth and soft</small>
poop 5		Uzzle Wile chicken nuggets <small>Soft blobs with flat or edge, passed easily</small>
poop 6		Uzzle Wile porridge <small>Softy pieces with ragged edges, a mushy mass</small>
poop 7		Uzzle Wile gravy <small>Wet, no solid pieces (SITING) (SICK)</small>

What color is your urine?



The Connection Between Incontinence and Bowel Function

- Rectum and bladder positioning and relations
 - The Colon is good at it's job! It gives water to the body even to sacrifice itself
- Fecal Retention and Compounded Bowel concerns
 - Pressure system to signal urgency
 - Colon stretch/ retained hard stool
- Effect of hardened stool on bowel/bladder sensation/urgency
 - Desensitization
 - Excessive stretch and non-return
 - Pressure constant on bladder



Evaluation and Tracking of Incontinence

- Introduction to client/ filling out bowel/bladder tracking sheet
- Example of bowel/bladder tracking sheet
- History
- Examination of the pelvic floor/ anal reflex
- Reading the bowel/bladder tracking sheet
- Red flags for referral/ reasons to get more education: physical malformation, loss of sensation, loss of pelvic floor reflexes, psychological complexities and abuse

BLADDER-BOWEL DIARY					
NAME:	DATE:				
Time of Day	Type and Amount of Food & Fluid Intake	Amount Voided in Second (or Sm, M, L)	Amount of Leakage (Sm, M, L)	Activity with Leakage & was in Upr Present	Bowel Movement (Y/N; Type)
12:00AM					
1:00					
2:00					
3:00					
4:00					
5:00					
6:00					
7:00					
8:00					
9:00					
10:00					
11:00					
12:00PM					
1:00					
2:00					
3:00					
4:00					
5:00					
6:00					
7:00					
8:00					
9:00					
10:00					
11:00					

Treatment of Incontinence

- Importance and use of diet and water intake
- Positioning on the toilet: use of stools and stability aides
 - Squatty potty as an example:
 - https://www.google.com/search?q=squatty+potty+commercial&dz=1C1CHRF_enUS886US887&q=squatty&qs=chrome.4.0i433i512i69i57i0i512i0i20i263i512i0i433i512i0i512i5.5097i0i7&sourceid=chrome&ie=UTF-8
- Importance of education of the child and the parent

Treatment of Incontinence

- Treatment of enuresis (night wetting)
 - Day time continence needed
 - Bed Time Routine consistency
 - VERY individual
 - Water intake during the day
 - Tracking night wetting
 - Bladder Retraining
 - Example of Home program sheet for enuresis bladder retraining

Night Time Incontinence Home Program Update

○ ○ ○ ○ ○

Dinner Bed Asleep Wake

Home Program Updates:

○ Drink more water during the day, at least _____; Stop drinking water by _____

○ Toilet prior to going to sleep

○ Night wake time: _____

(If wet and warm, accident was within 30 minutes. If wet and cold, was greater than 30 minutes)

Reasons to get Further Treatment Skills

#1: THIS IS A VERY BASIC INTRO TO TREATMENT OF INCONTINENCE!!!

There is so much more to learn and understand, and you will run into cases that you just don't know how to treat.

Reasons to get Further Treatment Skills

- Treatment of moderate and complex cases
- Use of Bio-feedback
- Use of manual techniques
- Understanding over the counter and prescription medications

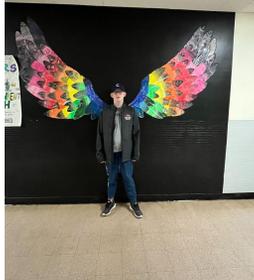
But where do I go for more continuing education?

- Without any specific recommendations
- Herman&Wallace
- AOTA
- WEBPT
- Networking

Case Studies/ Examples of Treatment

- Refusal to sit on the toilet (ES)
- Elementary age male, encopresis: education, increased water and abdominal massage
- Homeless teen (with mom), encopresis: poor water intake, poor toilet availability, poor self motivation

- Male, 11 y/o
- MD
- Sensation awareness
- Varied Bristol Level, sudden onset
- Poor differentiation of sensation



- (J) - ZS, 8yo male,
- 4 visits
- Initial Bristol 2
- Daily stool accidents
- Tx:
 - Education
 - water intake
 - abdominal massage



- 6 y/o Male
- Poor attention/focus
- General delays
- 8 visits
- Education/ Home program
- Bio-feedback
- "How does your body feel?"



- 8 y/o Male
- Autism/ ADHD
- Poor self awareness
- Poor self motivation
- 2 years of treatment
- Parent education and home programming for interaction
- Highly psychological: seeking attention and time with parents through accidents
- Motivated by Boy Scout campouts/ trips and family time

- "My child will get water poisoning!"
 - 4 y/o F
 - Bristol 2
 - 2x visits
- D, LB
 - 12 y/o F
 - Daily urine accidents
 - Quick success (2 months), but remaining dribbles
 - Transitioned from education and home program to bio-feedback of PF

References

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