**Enuresis (Bedwetting)**

Before we can treat bedwetting we have to make sure the child **isn’t constipated.** Children have a small amount of space in their abdomens and if they are constipated the increased size of their bowels will squash their bladders and make less room for urine.

If you think your child is constipated take them to the GP to have them checked and treat with the medication prescribed by the GP. The bedwetting can’t be properly treated until the constipation has improved.

If you child is **definitely not constipated** then you can treat the bedwetting.

Bedwetting has three main reasons:

* **Not Drinking Enough**
* **Lack of a chemical in the brain called Vasopressin**
* **Child not waking up to go to the toilet**

The first treatment is always fluids

**Fluid Treatment**

Bladders are like balloons. They stretch and relax. When a bladder is stretched its because its full of urine. The more urine the bigger the stretch. An adult bladder can hold 240mls of urine. The way to **make urine is by drinking**. The body only makes urine if it has leftover fluid.

An average child should drink between 1500 and 2000 mls a day. That’s about **6-8 glasses of fluid.**

Ideally this should be water because juice, pop, milk etc can damage teeth.

Drinks should be throughout the day more in the morning, fewer in the afternoon and less in the evening. Drinks should stop an hour before bed. Children don’t need a drink for bed or a drink next to their bed overnight.

If you want you can measure your child’s bladder capacity by getting them to wee in a jug and seeing how much urine they make. The calculation for bladder capacity is **30 x child’s age + 30**. For example a five year old should have a bladder capacity of 180 mls.

If you measure their bladder capacity a few times over a couple of weeks and the average is lower than it should be, then they have a small bladder.

**Ways to stretch the bladder:**

* **Drink more**
* **Hold urine in for longer**

Children like charts and stickers so could you make a drinks chart together for them to use? Increasing the child’s fluid intake will stretch their bladder but it takes a while to work so keep going. **Give it at least three months to work.**

**Lack of Vasopressin**

If fluids doesn’t work after a reasonable time the child might be lacking a chemical in their brain called **Vasopressin**. This chemical tells our brains to stop making urine overnight but in some children it hasn’t started working yet. This means their bladders keep filling with urine overnight and then get so full they leak. That leads to a wet bed.

Vasopressin usually switches on at some point during development but in the meantime there is a medication that tricks the body into doing the same thing called **Desmopressin**. Desmopressin usually comes in the form of tablets called Desmomelts. The GP has to prescribe them, but we can write to them to tell them what we’ve tried and ask for a prescription. We usually start with **one tablet before bed**. The tablets effects last for eight hours on average. If after a couple of weeks on one tablet there is no or minimum effect we would suggest you try **two tablets at night instead.** **Two tablets is the maximum dose for a child regardless of age.**

Desmomelts usually work within a few weeks so if nothing happens, they probably aren’t going to work. If they do work the child might start to have occasional dry nights which will increase over a few weeks until they are dry more than wet. After three months the child has a week or two without the tablets to see if their own Vasopressin has started to be produced. **While the child is on Desmopressin they will be reviewed by the GP.**

There aren’t usually side effects from taking Desmomelts but its **important to read the advice sheet** that comes with them and to act on any concerns.

**Child not waking up to go to the toilet.**

If a child is a **deep sleeper** they might not wake up at their bodies signals to go to the toilet overnight. This means they wet the bed and sleep through. An alarm can help them learn to wake up at the first signs of needing a wee. It works by making a noise at the first signs of the child passing urine and the noise wakes the child up. Over time their brain learns that the signal to pass urine means the child needs to wake up and eventually they stop needing the alarm and wake up naturally at the signal.

**We don’t supply enuresis alarms** so you’d have to buy one. The best selection is on the ERIC website although we can’t recommend a particular one. **https://shop.eric.org.uk/collections/bedwetting-alarms**

**If nothing works:**

* Go back to increased fluids and give then more time to work.
* Think about the toilet and the child’s bedroom. Are their any barriers to them getting up and going to the toilet. Examples of barriers are: being in the top bunk, the bathroom being on a different level of the house, it being dark, the door closing and being difficult to open.
* Speak to the GP about what else could be causing the bedwetting.

**Other advice**

Children will naturally wee in a nappy or pull up if they are wearing one even if they don’t consciously decide to so removing them overnight will help with the bedwetting treatment. Fizzy pop makes a fizzy bladder so is best avoided in all children and especially when treating bedwetting. A waterproof mattress protector is going to be essential during this process.