

# Treatment of Bedwetting

## Clinical Guideline

This guideline supports initial treatment of patients with bedwetting and includes information for referral to the Children’s Wisconsin Urology Clinic.

To support collaborative care, we have developed guidelines for our community providers to use when referring to, and managing patients with, the pediatric specialists at Children’s Wisconsin. These guidelines provide information and recommendations for jointly managing patient care between community providers and our pediatric specialists.

Symptoms/Diagnosis/Causes:	Referring provider’s initial evaluation and management:	When to initiate or consider referral to Urology Clinic:	How to refer and what to send to Urology Clinic:	Specialist’s workup will likely include:
<p><b>Signs and symptoms</b></p> <ul style="list-style-type: none"> <li>Night after consecutive night of involuntary voiding in the child who bladder controls during the daytime.</li> <li>Typically seen among the age group of 5 years or older.</li> </ul> <p><b>Risk Factors</b></p> <ul style="list-style-type: none"> <li>Heredity/Familial tendency</li> <li>Urinary Tract Infections</li> <li>Abnormal Circadian Rhythms (ADH)</li> <li>Sleep Disorders</li> </ul> <p><b>Complications</b></p> <ul style="list-style-type: none"> <li>Social stigmata</li> <li>Child’s perception</li> <li>Parent’s perception</li> </ul> <p><b>Causes</b></p> <ul style="list-style-type: none"> <li>Enuresis is a symptom complex, not a disease state; therefore, it can be affected by a number of etiologic factors including:</li> </ul> <p style="text-align: center;">Continued on following page</p>	<p><b>Pre Work-up</b></p> <ul style="list-style-type: none"> <li>Assess familial pattern, heredity</li> <li>Perform a urine analysis</li> <li>Note pattern and trend of daytime voiding habits</li> <li>Note bowel elimination pattern</li> </ul> <p><b>Treatment Medications</b></p> <ul style="list-style-type: none"> <li>Reinforce robust hydration throughout the daytime.</li> <li>Reinforce a timed voiding schedule.</li> <li>Limit fluids after suppertime.</li> </ul>	<ul style="list-style-type: none"> <li>Recurrent bedwetting that is refractory to the recommended treatment or causing anxiety, self esteem issues in the child.</li> </ul>	<p><b>How to refer:</b></p> <ol style="list-style-type: none"> <li><b>In Children’s Epic:</b> place an ambulatory referral to Urology Clinic.</li> <li><b>External providers:</b> <ul style="list-style-type: none"> <li>In your instance of Epic - Place an external referral order to CHW UROLOGY CLINICS and include “bedwetting” in the notes/comments.</li> <li>Fax (414-607-5288) or</li> <li><a href="https://childrenswi.org/medical-professionals/patient-referral-toolkit/request-an-appointment">https://childrenswi.org/medical-professionals/patient-referral-toolkit/request-an-appointment</a></li> </ul> </li> </ol> <p><b>For urgent requests:</b> Contact the Physician Consultation Line (414-266-2460).</p> <p><b>What to include:</b></p> <ul style="list-style-type: none"> <li>Abnormal lab or imaging findings</li> <li>Does patient have psychosocial stressors or mental health concerns</li> </ul>	<ul style="list-style-type: none"> <li>Assessment of overall health and wellbeing, past medical history and medication review/evaluation</li> <li>In depth assessment of dietary/beverage consumption.</li> <li>Assessment of daytime voiding patterns and habits</li> <li>Assessment of bowel habits</li> <li>Assessment of sleep patterns, snoring</li> <li>Urine analysis, possible uroflow, bladder scan in clinic setting</li> <li>Possible renal bladder sonogram</li> <li>Behavioral modifications such as robust hydration, frequent daytime voiding schedule, routine daily soft bowel elimination.</li> <li>Possible medication recommendation</li> <li>Possible recommendation of bedwetting alarm</li> </ul> <p><b>Model of Care:</b> Consult only and return to PCP for ongoing management for bedwetting</p>

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<p><b>Causes (Continued)</b></p> <ul style="list-style-type: none"> <li>• Maturational delay - The most convincing argument for this is even if left untreated most enuretics eventually develop complete urinary control.</li> <li>• 35 - 90% of urodynamic studies reveal a small capacity bladder for age.</li> <li>• Abnormal circadian rhythms</li> <li>• Relative nocturnal polyuria might contribute to enuresis.</li> <li>• Sleep disorder - EEG studies have been confusing with the most recent, sophisticated studies showing random enuretic episodes, unrelated to sleep patterns, which do not vary from the normal control. EEG studies do not evaluate the arousal threshold and therefore the possibility of a child's inability to awaken to the stimulus of a full bladder cannot be excluded.</li> <li>• Psychological factors - a higher proportion of enuretics are maladjusted; they are more immature and less self-reliant.</li> </ul>	<ul style="list-style-type: none"> <li>• See Above</li> </ul>	<ul style="list-style-type: none"> <li>• See Above</li> </ul>	<ul style="list-style-type: none"> <li>• See Above</li> </ul>	<ul style="list-style-type: none"> <li>• See Above</li> </ul>

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### References

Jørgensen CS, Kamperis K, Walle JV, Rittig S, Raes A, Dossche L. The efficacy of standard urotherapy in the treatment of nocturnal enuresis in children: A systematic review. *J Pediatr Urol.* 2023;19(2):163-172. doi:10.1016/j.jpurol.2022.12.011

Kuwertz-Bröking E, von Gontard A. Clinical management of nocturnal enuresis. *Pediatr Nephrol.* 2018;33(7):1145-1154. doi:10.1007/s00467-017-3778-1

Nevés T, Fonseca E, Franco I, et al. Management and treatment of nocturnal enuresis-an updated standardization document from the International Children's Continence Society. *J Pediatr Urol.* 2020;16(1):10-19. doi:10.1016/j.jpurol.2019.12.020

Please contact [clinicalguidelines@childrenswi.org](mailto:clinicalguidelines@childrenswi.org) for questions or comments.

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### Medical Disclaimer

This Clinical Guideline (CG) is designed to provide a framework for evaluation and treatment. It is not intended to establish a protocol for all patients with this condition, nor is it intended to replace a clinician's judgement. Adherence to this CG is voluntary. Decisions to adopt recommendations from this CG must be made by the clinician in light of available resources and the individual circumstances of the patient. Medicine is a dynamic science; as research and clinical experience enhance and inform the practice of medicine, changes in treatment protocols and drug therapies are required. The authors have checked with sources believed to be reliable in their effort to provide information that is complete and generally in accord with standards accepted at the time of publication. However, because of the possibility of human error and changes in medical science, neither the authors nor Children's Hospital and Health System, Inc., nor any other party involved in the preparation of this work warrant that the information contained in this work is in every respect accurate or complete, and they are not responsible for any errors in, omissions from, or results obtained from the use of this information.