

# Children's Hospital of Wisconsin

## Bedwetting guidelines

Bedwetting, or nocturnal enuresis, is involuntary urination while asleep after the age which bladder control has been achieved. Primary nocturnal enuresis is when a child has never experienced a prolonged, sustained period of achieving urinary dryness overnight. Secondary nocturnal enuresis is when a child starts wetting after having achieved a prolonged period of nightly dryness.

### Signs and symptoms

Night after consecutive night of involuntary voiding in the child who has bladder control during the daytime. Typically seen among the age group 5 years or older.

### Causes

Nocturnal enuresis is a symptom complex, therefore, it can be affected by a number of etiologic factors. Understanding the proposed factors is fundamental to understanding the treatment options.

- Maturational delay in sleep patterns, heavy sleepers (The most convincing argument for this is, even if left untreated, most enuretics eventually develop complete urinary control.)
- Potentially a small capacity bladder for age
- Relative nocturnal polyuria due to low levels of nocturnal secretion of anti-diuretic hormone (ADH)
- Psychological factors such as stress or anxiety
- Overindulgence of fluid intake before bedtime
- Compromised bladder capacity due to fecal retention, which compresses the bladder internally in the pelvis
- Strong hereditary and familial inheritance pattern
- Other causes can be urinary tract infections, diabetes and pituitary disorder

(over)

## Complications

- Social stigmata among peers and siblings
- Lack of self-esteem and confidence
- Parent's perception of negative feelings directed at child
- Mental and physical abuse directed at child

## Recommendations for referring to pediatric urology specialist

- Pre work-up
  - Assess familial pattern, heredity
  - Perform a urine analysis
  - Note pattern and trend of daytime voiding habits
  - Note bowel elimination pattern
- Treatment and drugs
  - Reinforce hydration early during the daytime
  - Empty bladder prior to bedtime
  - Limit fluids one hour prior to bedtime
  - Dietary program often with stool softener to optimize soft stools
  - Abstain from caffeine
  - Trial of bedwetting alarm – behavioral conditioning verses desmopressin acetate tablets (boost of synthetic anti-diuretic hormone)

## Clinic information

Pediatric urology office – (414) 266-3794

[chw.org/urology](http://chw.org/urology)

## Medical care guidelines

Tools for primary care providers

[chw.org/medicalguidelines](http://chw.org/medicalguidelines)

## Physician consultation and referral

Refer a patient • Discuss a case • Arrange a transport

[chw.org/refer](http://chw.org/refer)

(414) 266-2460 or toll-free (800) 266-0366

## Appointments

Outpatient specialty appointments

[chw.org/appointment](http://chw.org/appointment)

(414) 607-5280 or toll-free (877) 607-5280