

Bladder Control Problems in Children

What Parents Should Know



What are Bladder Control Problems in Children?

Bladder control problems describe a range of problems with the way the bladder holds and releases urine, sometimes leading to wetting accidents. This is also commonly called bladder dysfunction or voiding dysfunction.

Healthy newborns and infants have a simple reflex that causes them to pass urine as the bladder fills. As infants grow, many things allow children to gain control over the act of passing urine. First, the bladder can simply hold more urine with age. By two to three years old, the child gains control over the sphincter and pelvic floor muscles and can hold back the flow of urine until they reach a toilet. As the brain matures, children gain more and more control over passing urine. By seven years old, 90 percent of children are able to stay dry while they sleep at night.

Wetting accidents in school-aged children can cause major stress. If left untreated, they can also lead to bladder and kidney problems in later childhood and adulthood.

Types of Bladder Control Problems for Children

School-aged children with bladder control problems may have a range of symptoms. Common issues are:

- **Daytime wetting:** poor bladder control in children who have been potty trained during awake hours
- **Frequency:** when a child passes urine more than eight times during awake hours
- **Giggle Incontinence:** urine leaks out by accident with laughter
- **Hesitancy:** trouble starting or taking a long time to start passing urine

- **Holding maneuvers:** the child does things to avoid going to the bathroom
- **Infrequency:** when a child doesn't pass urine enough (less than three times during awake hours)
- **Intermittent urine stream:** the flow of urine occurs in bursts
- **Post-void dribbling:** leaks of urine soon after going to the bathroom
- **Urgency:** a sudden, unexpected need to pass urine
- **Straining:** trouble getting urine out
- **Weak urine stream:** the flow of urine is weak or slow

What Causes Bladder Control Problems in Children?

Often, bladder problems in children are caused from a bad habit that can easily be changed. Other times there may be a problem with the way the bladder and urethra work together.

Constipation is one of the most common causes for bladder control problems in children. This can occur when a child has less than two bowel movements per week. Stools are very firm, dry, small and hard to pass.

Talk with your health care team if your child is having bladder control problems. There is hope and there are many long-term solutions.



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How are Bladder Control Problems in Children Diagnosed?

Your health care team (doctor, nurse practitioner or physician assistant), will begin by asking many questions about your child's health. Your child will have a physical exam where the health care team will examine the abdomen, back and genital area. It helps to let your child know what to expect of this type of exam in advance. During the exam, they will be looking for abnormal physical signs that could lead to bladder control problems.

Your health care team may also ask you to take notes of bathroom habits, collect a urine sample, or suggest imaging tests to help make a diagnosis.

How is Bladder Control in Children Treated?

Managing this issue in children is often successful. The first step is to learn which type of bladder problem your child has and why. If it's:

Constipation: Offer foods high in fiber. Try meals with many fruits, vegetables and whole grains. Drinking more water helps too.

Infrequency or Urgency: Make a timely bathroom plan with scheduled voiding. Help your child follow a daily bathroom schedule. The goal is to retrain the bladder and sphincter muscles.

Urine Frequency or Overactive Bladder (OAB): Ask your child's doctor about medication for OAB that helps your child's bladder to hold more urine, for longer.

Giggle Incontinence: Ask your child's doctor about helpful medications, such as oxybutynin or methylphenidate (Ritalin).

Problems with the way the bladder contracts and the sphincter relaxes:

- Teach your child to perform Pelvic Floor Exercises that strengthen the area. Your child's doctor can explain "Quick flicks" (squeezing and relaxing the sphincter and pelvic floor muscles as quickly as possible) and "Kegels" (squeezing and relaxing the pelvic floor muscles more slowly each day). When done many times, these each can make the pelvic floor stronger.

- Ask your child's doctor about Biofeedback Therapy. It may be offered in-office or at a physical therapy office. It teaches children how to control their sphincter and pelvic floor muscles.

Post-void Dribbling: Have your child try opening her legs wider when passing urine. Weight loss may also help. If there are labial adhesions, estrogen cream can heal the area.

What Happens After Treatment?

Some children may go back to their old habits and have wetting accidents again. Retry the plans that helped in the first place. Sometimes it takes many methods over time.

It is of great value to talk with your health care team if your child is having problems. There is hope as there are many long-term solutions.

About the Urology Care Foundation

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