



## **Continence assessments for children and young people with delayed bladder and bowel control**

### **Information for Parents & Carers**

It is important that all children and young people with delayed bladder control undergo a full continence assessment before they are provided with any continence products - such as nappies or pads. There are a number of important reasons for this and they include:

#### **1. Identification of any underlying bowel or bladder problem**

We know that up to 30% of all children can have a problem with their bladder or bowel at any one time. Problems are not necessarily related to any other problems such as physical or learning difficulties. Unless the child is appropriately assessed by a paediatric continence advisor, or other healthcare professional with appropriate training, these problems could be missed - they include the following:

- constipation
- soiling – which is often due to an underlying constipation and therefore outside the child's control
- overactive bladder (when the bladder is 'twitchy' and does not fill correctly)
- dysfunctional voiding (when the bladder does not empty completely leaving the child at risk of urine infections (UTI) and kidney problems)
- nocturnal enuresis (bed wetting).

All of the above problems can be treated. However if an assessment is not done then these might not be found. If they are left untreated they sometimes develop into more serious long term problems.

#### **2. Assessing toilet training readiness**

Children usually begin toilet training when their bladder and bowel starts to mature and their interest and understanding of what is expected of them develops. Many parents and carers, as well as some healthcare professionals believe that it is necessary to wait until the child appears to have some interest and awareness. However experience shows that a lack of awareness or interest in toilet training alone does not prevent a child toilet training at the appropriate age. Leaving toilet training until a child is older, might make it harder for some children to achieve this.

#### **3. Provision of most appropriate product**

There are ranges of continence products available, including both disposable and washable. They come in different makes, styles and sizes, but not all areas provide all products it is important that an assessment is carried out before any continence products are provided, to identify your child's needs, to see whether they should be supported with a toilet training programme before products are considered and whether they have any bladder or bowel problems that need treatment. If a product is needed, the assessment will show which type of product would be best for your child. The products provided should be suitable for your child and should meet their individually assessed needs. You should be shown how to use them and advised about how often they should be changed.

## **What questions should a paediatric continence assessment for delayed toilet training include?**

The continence assessment should include questions about your child's bladder and bowel habits, fluid intake (drinks and/or feeds), as well as other factors that may influence their ability to become toilet trained. You should be asked questions about your child's general condition, current health and any treatments / medications they are on. N.B. You may be asked to fill in a chart for a few days with information about when your child drinks, wees and poos.

Below are examples of some of the questions you should be asked:

### **Bladder**

How many times per day does your child do a wee (how often are they wet)?

How long can they stay dry in between each wetting episode?

Are they dry at night?

### **Bowel**

How often and when does your child open their bowels?

Does your child open their bowels at night (while they are asleep)?

The consistency of the stools passed (what the poos are like)?

Whether there is any associated straining or discomfort, or any problems with diarrhoea or constipation?

### **Diet and fluid intake**

Is your child able to eat normally or are they gastrostomy fed (fed by a tube)?

If your child is gastrostomy fed is that via a pump overnight and/or bolus feeds at set times during the day?

What does your child drink? How often do they drink, at what times of the day and how much?

How much fibre rich foods (such as brown bread, fruit and vegetables) does your child eat?

### **Awareness of wees and poos**

Does your child ever indicate when they need their nappy changing i.e. when they have done a wee or poo?

Have they ever opened their bowels or done a wee on the toilet/potty even if just by chance?

Do they have any particular behaviour when they are having a poo (e.g.) go into a different room ,or go very quiet / hide / make noises / pull a certain face?

Has your child ever gone to the toilet/potty on their own?

### **Ability to sit on the toilet/potty**

Does your child need support or help to be able to sit up by themselves on a potty/toilet?

Does your child need any toilet adaptations or special equipment to enable them to sit comfortably and feel that they are safe when on the toilet or potty?

Does your child refuse to sit on the toilet or potty, or do they get frightened or upset if sat on a toilet/potty?

### **Level of independence**

Is your child able to pull their pants up and down?

Can your child indicate their needs – such as wanting a biscuit by using words/signs or gestures?

Can your child follow simple commands, such as 'come here' or 'give me that toy'?

### **Behaviour and cooperation**

Is your child currently having particular behaviour difficulties (e.g. 'terrible 2's!)?

Are there going to be any changes in routine e.g. are they due to start/change nursery?

Once the assessment is completed, the professional who did the assessment should discuss with you what will happen next. If it is felt that your child is able to toilet train, then you should be given support with this. If it is felt that they have a problem with their bowel or bladder, the professional should explain what action will be taken. If the assessment shows that your child is not able to toilet train, then there should be a discussion and trial of products to contain wetting (wees) and soiling (poos). Please note that disposable continence products such as nappies, disposable pants (often called pull ups) and disposable pads should not be provided to children who have been assessed as able to toilet train. These children should be supported with a toilet training programme.

### **Further advice and information**

Bladder and Bowel UK provides impartial advice and information regarding bladder and bowel problems, products and services [www.bladderandboweluk.co.uk](http://www.bladderandboweluk.co.uk), Email :[bladderandboweluk@disabledliving.com](mailto:bladderandboweluk@disabledliving.com) ☎0161 607 8219