

Healthy Leicestershire Partnersh Leicestershire Partnersh NHS TO Healthy Bladder, Healthy Bowel **NHS Trust Information Session for Children**

with Additional Needs















Welcome

Aim of today's session is:

- To look at how bladder and bowels work.
- To provide information and awareness to help you support your child with their toileting needs.



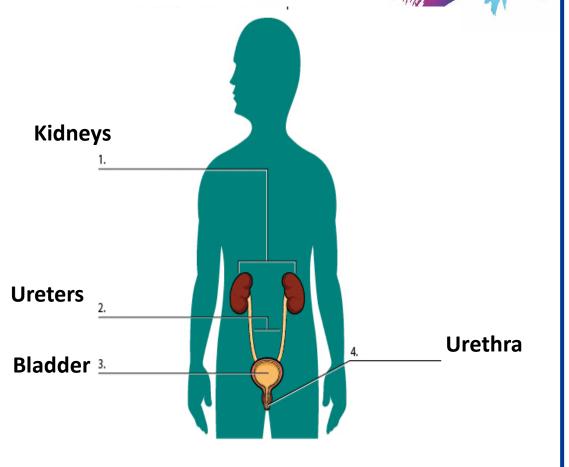








How the kidneys and bladder work











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Bladder Development



In babies, the bladder sends a message to the spinal cord which signals back that the bladder should empty. Young babies do not have control over when or where they empty their bladder. It is more of a reflex action.

As the baby/child develops, the bladder starts to send signals to the brain instead of the spinal cord. When this happens the child can be toilet trained.

"Children with additional needs may not recognise the signals but toilet timing may be appropriate. All children can be supported to promote a healthy bowel and bladder"

(Burton L.2015)









General information about the bladder

- The bladder acts as a holding vessel for urine.
- It should fill and empty in a cycle.
- Usually pass urine 6 8 times a day
- Urine usually pale yellow in colour
- How much the bladder holds depends on age



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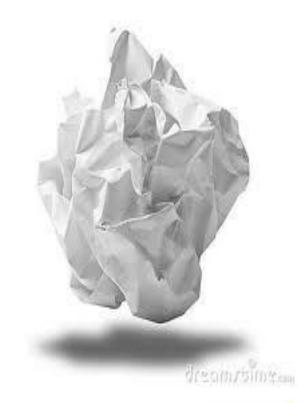






How the Bladder works















How much a bladder can hold

Age	Bladder Capacity
5	180mls
6	210mls
7	240mls
8	270mls
9	300mls
10	330mls
11	360mls
12	390mls

Once children reach puberty the bladder capacity is calculated by body weight



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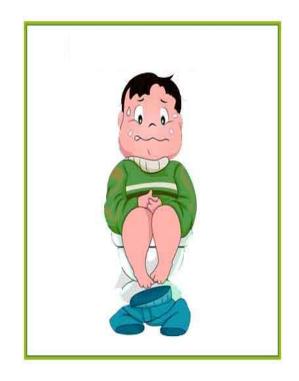








Information on the bowel







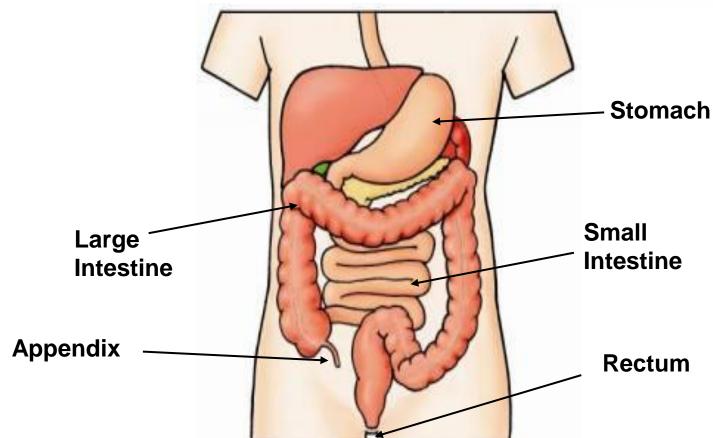






How the bowel works















Signs and Symptoms



Many parents/carers do not recognise the signs and symptoms of constipation

These are:

- small or large hard stool
- opening bowels less than three times a week
- stomach pains
- pain/straining when opening the bowels













- overflow soiling
- excessive wind
- general lethargy
- poor appetite
- disturbed sleep
- changes in behaviour
- night time soiling

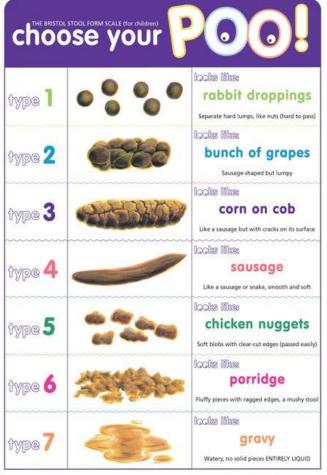














Bristol Stool Chart

Which one is the ideal poo?

Corcept by Professor DCA Clandy and Stryna Davey, based on the Brists Stool Form Scale produced.







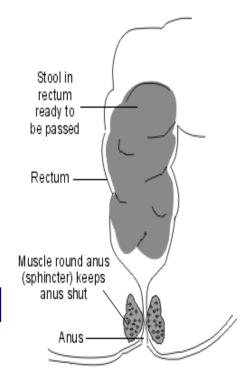


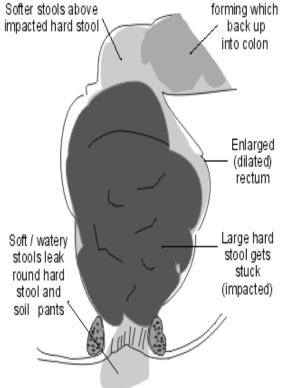


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More stools

What happens when your child is constipated





Norm al

Faecal impaction with overflow diarrhoea













How you can help your child...













- Encourage movement and exercise
- ✓ Encourage fluids
- Avoid giving your child dark coloured drinks, drinks containing caffeine and carbonated drinks
- A diet that includes fruit, vegetables and fibre
- Establish a toileting routine
- Ensure the toilet area is comfortable
- Remember praise and rewards











Fluids



Age in years	Gender	Total Fluids per day
4 – 8	Female Male	1000 – 1400mls 1000 – 1400mls
9 – 13	Female Male	1200 – 2100mls 1400 – 2300mls
14 – 18	Female Male	1400 – 2500mls 2100 – 3200mls

















Toilet Readiness













Changing continence products...











Introduce the toileting process as a normal everyday activity



- Change your child in the toilet area
- Use consistent toileting vocabulary and/or signs and symbols
- Involve your child in the changing process of their continence product
- Empty poo down the loo to show them where it should go
- Flushing and handwashing routine
- Let your child watch other family members using the toilet where appropriate
- Encourage your child to sit on the potty/toilet if able
- Remember praise













Is your child ready for toileting?













Becoming toilet trained is the interaction of two processes:

- Bladder and Bowel function
- Social Awareness

For children with additional needs it is often a lack of opportunity and social awareness that results in delayed toilet training rather than a problem with bladder or bowel.

- Talk to your child's doctor about your child's condition affecting their ability to control their bladder or bowel
- Does your child wee and/or poo at the same time every day?
- Can they stay dry for 1 ½ 2 hours?











Preparing the toilet area



- Toilet comfortable
- Adaption to toilet involve OT
- Position on toilet & foot stool
- Toilet toys

Sitting on the toilet needs to be a relaxed time



Knees higher than hips
Lean forward and put elbows on knees
Bulge abdomen
Straighten spine













Moving from a nappy to the toilet...













- Encourage nappy changing in the toilet area in all settings
- ✓ Encourage/teach your child to wipe their bottom and to empty the formed poo into the toilet, flush away and wash their hands.
- ✓ Progress to sitting your child on the toilet still in their nappy with the lid down.
- ✓ After a while, get them to sit on the toilet with the lid up using a training seat/insert seat to help them feel more secure (you may wish to begin with cutting a hole in the nappy).
- ✓ Begin to loosen nappy gradually until it can be removed altogether.
- ✓ Toilet paper can be put in the toilet before a poo to help reduce noise/splash.
- ✓ Stickers can be used as a reward for stages of progress.













Things to think about...













- You and your child are not alone
- Anxiety/expectations
- Listen to advice
- Praise! Praise! work with your child
- Change in diet/fluid intake
- Constipation/UTI's
- Illness
- Toileting when out and about
- Attention seeking behaviour
- Distractions
- Sensory issues
- Does your child's condition affect their ability to control their bladder or bowel movements













Further information and help



- www.eric.org.uk
- www.bladderandboweluk.co.uk
- www.healthforunder5s.co.uk
- www.healthforkids.co.uk
- www.healthforteens.co.uk
- www.fledglings.org.uk
- Text Parent/Carer ChatHealth: 07520 615381(City) 07520 615382 (County)
- Contact your local Healthy Together Team or your child's GP













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