



# Daytime Wetting

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## What is daytime wetting?

Enuresis is the medical term for repeated inability to control urination or **involuntary** discharge of urine. This means that the urinary leakage is **not** intentional and typically can't be controlled. We make a difference between **daytime** (diurnal) and **nighttime** (nocturnal) enuresis or bedwetting. Although many children have both, this handout will focus on diurnal enuresis.

Daytime wetting after toilet training is frustrating for both parent and child. Many factors can contribute to the persistence of daytime wetting, and each child must be evaluated and treated individually. Because the causes for enuresis vary greatly it takes time to develop a clear treatment plan with each family. The child may need several tests and the treatment takes place over many months. We often need to adjust the treatment plan with the family. Patient participation is required for successful treatment.

Since you have received this handout, you have probably answered many, many questions about your child's urination habits. Some were probably things you had not thought of in years or seemed impossible to answer: "How many times a day does your child urinate??!" Hopefully, as we get to know your child and family, these questions will make sense and the answers will become easier.

## Is daytime wetting common?

We see both boys and girls with **diurnal enuresis** in all age groups -- most being young school-age. Some urinate "too much" (every 15 minutes) and others "not

enough” (two or three times a day). Some have had many urinary tract infections (UTI) while others have never had a UTI. Some children also have bedwetting. Constipation is also common in children with daytime wetting and some children have bowel accidents as well. Most kids have had a period of time after toilet training when “things seemed fine” and there were no accidents.

Many parents tell us: “It’s like she doesn’t even know she’s wet!!” or we hear: “He must just be lazy.” It’s important to remember that most kids do **not** like that they wet their pants.

### **What tests are used to evaluate daytime wetting?**

We may order one or more of the following tests to help evaluate your child’s wetting:

**Renal ultrasound:** Whenever things are not going well “down below,” we want to be sure things are okay “upstream.” An ultrasound is a non-invasive imaging test that enables us to evaluate the kidneys and bladder for abnormalities. No preparation is necessary, but a full bladder helps the radiologist see best.

**VCUG (voiding cystourethrogram):** This is a bladder x-ray. It enables us to look at the anatomy of the bladder during filling and emptying (voiding). It also detects a “reflux”, a condition where the urine in the bladder backs up into the kidneys instead of going down and outside of the body. To do the test we insert a small tube called a catheter into the bladder and use it to fill the bladder with contrast, a material that shows up on x-rays. Your child will be asked to urinate on the x-ray table as part of the test and we take pictures (x-rays) as the bladder fills and empties. At Mott Children’s Hospital, the radiology staff works only with children. They are experts in making an uncomfortable test bearable. No preparation, other than explanation, is needed. Mott Radiology also has a full-

time Child Life Specialist, who is dedicated to preparing children and parents for this procedure, and provides an age-appropriate distraction (such as iPad, toys, videos) for the children during the test. This has been shown to greatly reduce fear in the children and helps to make the test more tolerable.

**CMG (cystometrogram):** This is a bladder pressure test. It measures the response of the bladder to filling, looking for involuntary bladder contractions and/or abnormal filling or voiding pressures. This test also requires a catheter, and if it is scheduled on the same day as the VCUG, the radiology staff will tape the catheter in place (after the VCUG) to avoid inserting the catheter a second time (for the CMG). A Child Life Specialist is also available to help with this procedure.

### **What should I do at home to help in the evaluation process?**

A voiding diary and bowel log are essential to help us evaluate the extent of the wetting problem and offers clues on how best to proceed with evaluation and treatment. **It takes time**, plain and simple. The more data you bring to our visits, the more we learn about your child's urination habits. A minimum of 3 full days is necessary, but 7 is ideal. They do not have to be in a row, so weekends are best. School days are tricky to do so we usually recommend trying to do this on the weekend.

Keep a separate bowel log to get a trend over one month. Mark accidents with a \* and add comments describing the degree such as: "damp" "soaked", "clothing change" or "panty change". Let us know what the child was doing when the accident occurred: "Playing outside", "watching TV", "Hurrying to get to the bathroom" or "Just standing there." If you don't like our form, please feel free to get creative. Use your own computer, laptop or phone, or get a little \$0.50 notepad from the drugstore. Just don't come back and say: "I lost the sheet you gave me -- so we didn't do the log!!!"

## What are the treatment options?

Options include behavioral modifications, for example, **timed urination** which means urinating on a set 2-hour schedule. More uncommon but occasionally necessary are surgery and intermittent catheterization at home. Each child's evaluation and treatment is individualized and adjustments and progress take place over many months, even years.

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