

DYSFUNCTIONAL VOIDING ALGORITHM

CAUSES OF DYSFUNCTIONAL VOIDING

- Congenital causes include anatomical conditions or neurologic conditions causing the child to have a neurogenic bladder or conditions of the endocrine or renal system.
- Behavioral causes include learned behaviors or bad habits that children have learned which causes them to hold their urine or fears of urinating which may be related to previous infections or trauma.
- Other causes include stress or giggle incontinence.

COMMON CLINICAL PRESENTATIONS

- Increase in urinary frequency or urgency
- Incontinence or urine leakage during the day or night
- Infrequent urination or voiding less than four times in a 24 hour period
- Pain in the abdomen, flank or back
- Recurrent UTI's with or without fever
- Blood in the urine
- Constipation
- Poor PO intake

MAKING THE DIAGNOSIS

- Thorough medical and social history
- Physical exam including a spine check
- UA, UC, and serum creatinine may be obtained for overview of kidney function
- Renal bladder ultrasound may be helpful in assessing the health of the bladder and to identify the presence of hydronephrosis
- Urodynamics
- Uroflow with post void residual

MANAGEMENT OF DYSFUNCTIONAL VOIDING*

- Managing constipation – the rectum sits next to the bladder in the body, which in turns can place pressure on the bladder and lead to urine leakage. Adding more fruits and vegetables to the diet can help with this. There are also medications such as Miralax that can be added to aid in the child achieving regular bowel movements. Add hyperlink to poop chart.
- Increase water intake - Children's urine when they are hydrated should have the same appearance as water, so children should increase their water intake to achieve this effect. If urine is yellow in color, then they need to drink more water.
- Putting a timer on their toileting schedule - Children should be going to the bathroom every 2-3 hours regardless of whether or not they feel that they have to urinate. Often times children are waiting too long to use the bathroom, which leads to incontinence. Children should have a healthy schedule to use to toilet to prevent their bladder from over filling. Using a potty watch is an excellent tool to teach children healthy habits for toileting.
- Use a star chart as a reward system for the child every time they use the bathroom. Children should urinate 7-8 times while they are awake.
- Are they emptying completely? A helpful tactic to ensure children are taking their time and emptying completely when they urinate, is to have them count to ten and try again. Oftentimes children will attempt to rush to get back to playing which leads to urinary frequency, so assuring they are trying to empty will help to alleviate this.
- If you are trying all of the above, and the child is continuing to have incontinence issues related to behavior, they may benefit from a physical therapy program geared at strengthening their pelvic floor muscles, known as biofeedback. See the contact information below for referring a child for our biofeedback program.

*Treatment options vary depending on the underlying cause of the voiding dysfunction. If the cause is anatomical and/or related to a co-morbidity (as in a spina bifida diagnosis), a referral to urology can be made for further work up and management.