



Pediatric Surgery Week
5th – 11th June 2023

Childhood Incontinence

Empathise. Evaluate. Eradicate.





DON'T HOLD BACK!!

**IT'S TIME TO TALK
ABOUT LEAKS THIS
PEDIATRIC SURGERY
WEEK**



**ST JOHNS MEDICAL COLLEGE
DEPARTMENT OF PEDIATRIC SURGERY**

**St John's Medical College
Department of Pediatric Surgery**



HOW TO AVOID CONSTIPATION IN YOUR CHILD

1



Toilet training
from 1.5 y of
age

2



Reduce milk
consumption to 2
small glasses a
day

3



Encourage a
high fibre diet

4



Encourage water
intake of 4-8
glasses/day

5



Discourage
junk food

6



Keep a fixed
schedule of going to
the toilet

7



Remind your child
not to postpone
going to the toilet

8



Don't shout at
your child - Be
patient and
supportive

LEARNING TO SLEEP DRY

TIPS TO ASSIST YOUR CHILD TO AVOID
BEDWETTING AT NIGHT



RESTRICT FLUIDS
AFTER 7PM



ENCOURAGE TO PASS
URINE BEFORE GOING
TO BED



HIGH FIBRE DIET
TO REGULARIZE
BOWEL
MOVEMENTS

TIMED VOIDING WITH
ALARM CLOCK
AT 2AM



ZZZ



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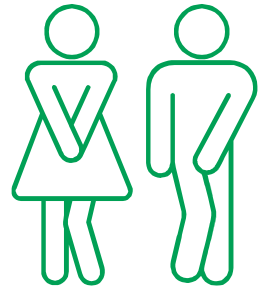
Continence is:

- Ability to control urine and motions
- To hold when circumstances not conducive
- To void when circumstances conducive

A child usually gains:

- Continence for stool by 1 ½ years of age
- Continence for urine by 2-2 ½ years of age

Failure to achieve continence normally is **“Incontinence”**

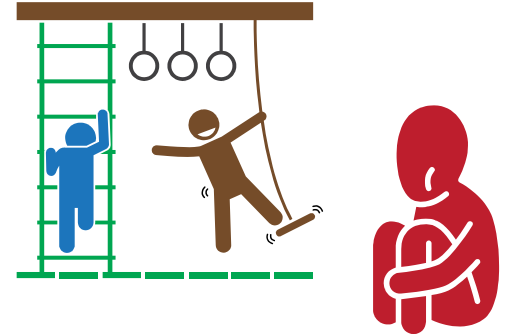
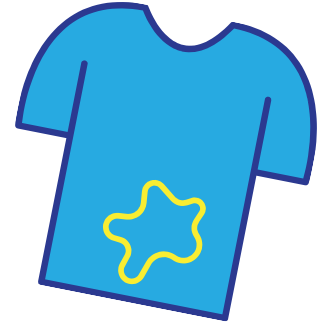


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Challenges for an incontinent child

- Maintaining personal hygiene
- Soiling of clothes and undergarments
- Bad odour
- Deterioration of kidney function and kidney failure
- Social stigma
- Unable to make friends at school
- Limitation to physical activities, sports, swimming etc.
- Psychological trauma and developmental / behavioural problems



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What is Urinary Incontinence ?

- When a child is unable to hold urine for about 2 hours
- Constant leaking, frequent trips to the toilet
- Soiling of clothes and undergarments
- Soiling of bed
- Repeated urinary infections



What causes Urinary Incontinence ?

- Spinal problems such as neural tube defects
- Congenital/developmental defects of lower urinary tract
- Poor habit forming and training.

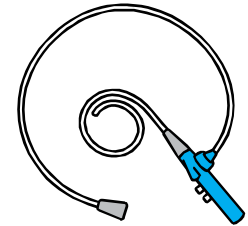
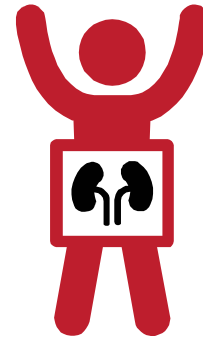


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Evaluation of Urinary Incontinence

- Detailed history of the child
- Voiding diary VERY useful
- Detailed physical examination
- Urine and Blood tests
- Imaging with ultrasound, x-rays , CT /MRI, Nuclear Medicine scans
- Uroflowmetry, Urodynamics.
- Endoscopy

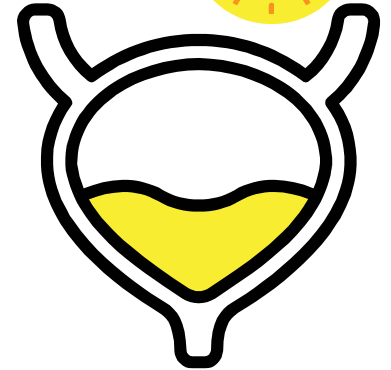


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Managing Urinary Incontinence

- Educating child and family
- Bladder training, bowel training
- Medications
- CIC
- Operations
 - To correct physical defects
 - To provide access for easy CIC



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Clean Intermittent Catheterisation (CIC)

CIC has revolutionised the care of children with urinary incontinence

- CIC is inserting a hollow tube (catheter) into the bladder through the urethra
- It is simple to perform, takes just a few minutes



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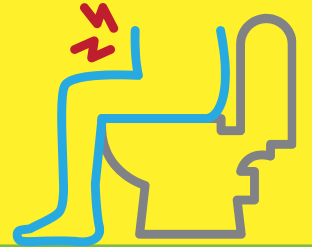
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What is Stool Incontinence ?

- Child unable to hold stools, passes it without control and knowledge
- Usually a child must pass normal, soft stools once or twice a day, but certainly before 48 hours
- Inability empty bowels normally in Constipation, and this too if left unattended can lead to leakage.

Causes of Fecal Incontinence ?

- Usually along with urinary leakage in children with spine defects
- Congenital/ developmental defects in anal tracts
- Poor habit forming, habitual constipation and overflow



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Management of Fecal Incontinence

- Detailed history of the child
- Stooling diary vital
- Detailed physical examination
- Basic blood tests, x-rays, contrast studies, CT/MRI
- Examination under anesthesia (if required)
- Special tests if required
- Counseling and education of child and family
- Correction of anatomical anomalies if any
- Diet regulation
- Medications
 - Stool bulking agents
 - Laxatives (Stimulant laxative to be avoided)
- Bowel management:
 - Suppository
 - Enemas
 - Bowel Washes
 - MACE



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There is HOPE...

- Incontinence is a major medical and social problem
- At this time, **every child** with incontinence **can be helped**
- **Experienced teams can evaluate** and manage children with **incontinence effectively**
- **These children can be assured normal childhood** and development into well adjusted productive adults



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