

Ending Bed-Wetting Takes Time and Commitment

About 15 percent of 5-year-olds experience some type of bed-wetting at night. Nocturnal enuresis, or bed-wetting, affects 6 to 8 million American kids ages 5 to 15. That's a lot of wet pajamas and sheets and a lot of concerned, often frustrated, parents. Fortunately, the majority of children will become dry at night as they become older. By 15-years-of-age, just 1 to 2 percent will still be wetting the bed at night.



Elias Wehbi, M.D., pediatric urologist,
Miller Children's & Women's

"Most children get better on their own, in time. Our job as doctors is to help them get better quicker and identify and treat rare conditions that require medical or surgical intervention."

Most parents, however, want to help their child stay dry at night long before the teen years to prevent potential self-esteem issues and to allow their child to enjoy sleepovers, camp and similar events.

"That's where behavioral changes on the part of parents and child can have excellent results," says Elias Wehbi, M.D., pediatric urologist, MemorialCare Miller Children's & Women's Hospital Long Beach.

"One commonsense approach to preventing accidents at night is to remember that the bladder will not leak if it's empty," Dr. Wehbi says. Of course, making sure your child urinates when preparing for bed is the first step. But having them go again just before going to sleep can make a substantial difference.

It's also important to limit your child's fluids for up to three hours before sleep. As long as urine production overnight doesn't exceed the bladder's capacity, your child will awaken to dry pajamas and bedclothes. Dr. Wehbi also recommends "small sips" of water before if your child is thirsty and limiting after-dinner snacks that have a lot of water in them.

At Miller Children's & Women's, Dr. Wehbi and other pediatric urologists are able to learn a lot about why a child wets their bed.

"We have the most sophisticated machinery that can help us assess patients," he says. Some of his machines can track velocity and volume of urine. For more complicated

patients, he can measure pressures in the urethra and bladder, as well as the muscle activity on the pelvic floor to pinpoint causes of enuresis.

"Miller Children's & Women's has one of the few centers in Southern California that can treat medical, surgical and other aspects of bed-wetting," he says. The hospital has invested in research and clinical trials, and the urology team is board-certified and fellowship-trained for best results.

Barring any medical condition that might need surgical correction or even medication, another element that affects bed-wetting is how much stool a child has in their rectum when they go to bed.

"When you have a significant amount of constipation, it pushes on the bladder and determines the ability of the bladder to fill at an appropriate rate," Dr. Wehbi explains.

Dehydration can cause constipation. In an effort to make up for the dehydration, water is absorbed from the intestinal tract, so the stool gets harder. Treating constipation without increasing how much fluid your child consumes can be difficult.

"We sometimes ask patients to keep a voiding diary. How much they pee, the volume, and tracking accidents," Dr. Wehbi says. "Equally important is a stool diary for about a week. The goal is to have one to two soft movements that are formed every day

without straining." Another factor that can contribute to nocturnal enuresis is a family history.

"If both parents have a history of wetting, then 70 percent of their kids will have prolonged bed-wetting," he says. "We can't change biology, but we can change what you do, which can often compensate for the increased risk."

"This includes a high-fiber diet, plenty of liquids during the day, limited fluid before bedtime and a child who wants to stay dry. If children do all these things, along with treating constipation, they will be successful," Dr. Wehbi says.

The good news is that "most children get better on their own, in time. Our job as doctors is to help them get better quicker and identify and treat rare conditions that require medical or surgical intervention. I always tell patients, 'I'll never abandon you.' Success never happens overnight. It takes some time to retrain the body and to condition the muscles of control. The most important factor is commitment."

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