

BRIDGE

FREE

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Ask your pharmacist



Children's bladder and bowel health

Good habits start early!

It doesn't stop at toilet training: talking to kids about good bladder and bowel habits is a lifetime investment in their health and wellbeing



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Bridge is the official magazine of the National Office of the Continenence Foundation of Australia (CFA). Its aim is to improve the understanding of incontinence (poor bladder or bowel control) for Australians from all age groups and all walks of life. Incontinence is a significant quality of life issue. The Foundation, as an Australian peak body, represents the interests of nearly one in five Australians affected by this health condition, their carers, family and clinicians.

Who are the Continenence Foundation?

The Continenence Foundation of Australia was established in 1989 to represent the interests of Australians affected by incontinence or working in this field. A not-for-profit organisation, it is dedicated to 'promoting continence and managing incontinence'.

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Letter from the Editor



This issue of *Bridge* provides practical advice for parents, grandparents, carers and teachers about an important aspect of children's health and awareness: bladder and bowel function. As well as providing a starting point for a discussion with a child, this issue may help alert parents and carers to bladder and bowel problems in children which are beyond the normal range – and which might require expert medical attention. It doesn't stop at toilet training: talking to kids about good bladder and bowel habits is a lifetime investment in their health and wellbeing.

Anne R
ANNE RAMUS, Editor

Feedback

We'd like to receive your thoughts and suggestions about *Bridge* – as well as your personal experiences of incontinence. Email: A.Ramus@continenence.org.au. We'd love to hear from you!



View from the Bridge

Modern parents have a good handle on so many aspects of parenting, yet often bladder and bowel function plus diet and exercise remain stand-out problems. In too many cases, management of these important issues falls short of what our bodies need to stay healthy, now and in the long term.

Affecting the Australian community's total health picture are nutritionally inadequate, over-processed foods, low dietary fibre, fruit and vegetable intake, poor drink choices and insufficient daily fluid intake.

These factors, coupled with low levels of exercise, may affect bladder and bowel function. It's a huge issue for all Australians, not only our children.

Many strong habits form when we're young. They're formed by parental teaching or simply absorbed from the behaviours and attitudes of peers and adult carers around us.

The early setting of positive attitudes and good practices to bladders, bowels and toileting becomes a lifetime investment in children's health and wellbeing.

The information in *Bridge* is built around general health guidelines and sensible approaches to diet and exercise tips that could help improve bladder and bowel function. This cannot replace the expert and individual advice of a doctor, continence nurse or continence physiotherapist. Because guidelines cannot apply equally to everyone, if you are concerned about changes to your health or symptoms or have existing health challenges, speak to your doctor sooner rather than later. Don't overlook or underestimate the effects of changing your diet, exercise levels or medicines. Never alter medicines or dosages without consulting your doctor.

Talking to kids



Kids like to find out how things work inside their own bodies.

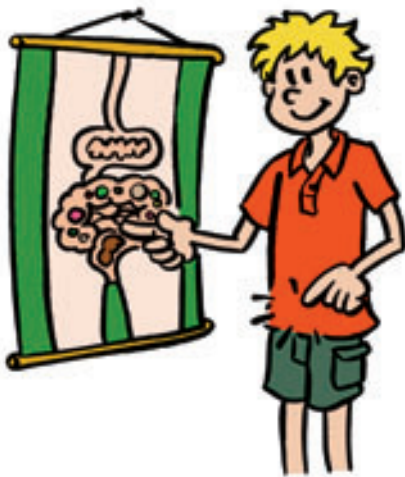
We can miss explaining some interesting processes that adults take for granted, such as digestion and how this relates to bladder and bowel function.

The digestive system starts in the mouth where food is mashed up and mixed with saliva.

It continues through the stomach and intestines to the bowel and bladder toward the end of the process.

Food is broken down all the way, to be used as fuel by the body. Nutrients (proteins, carbohydrates, 'good' fats, vitamins and minerals, etc) are taken out as it passes through the small and large intestines, which are like very long, flexible tubes.

The body needs a lot of fluid to work properly. Water is taken out of what we eat and drink in the large intestine.



The colon (or large bowel) stores, mixes, and slowly moves contents along. This allows any nourishment and water the body needs to be absorbed back into the bloodstream. What's left is faeces or poo that is pushed towards the back passage to be passed out of the body.

This movement is happening while there is food and fluid inside you, but it really gets moving quickly when you begin to eat. This is called the gastrocolic reflex. This is why you might want to go to the toilet to poo about half an hour after you eat a meal. Eating switches on your 'digestion machinery'.

Toward the end of the body's process of breaking down the food we eat, the body gets rid of two types of unwanted material:

- waste fluid becomes urine or wee
- solid waste becomes faeces or poo.

Wee is filtered through the kidneys, which get rid of what the body doesn't need. It is stored in the bladder (it's like a bag wrapped in a layer of muscle) until we're ready to empty it out into the toilet.

Poo is made up of things like undigested fibre and dietary fats. If this solid waste doesn't have enough water mixed into it, it becomes hard (in fact, about a third of faeces is water). If it hurts to do a poo, or it's slow to come out, or stops for a time you might be constipated and this is not good for you. When you push it out of the body into the toilet, this is called having a bowel motion.

Talking about digestion

It can be helpful to explain digestion to a child – so that the whole toilet experience makes sense. You could use a car as an example...

Our body's digestive process is like an engine that takes in food (as fuel) and gets rid of unwanted material – including gas – at the end of the whole process (the exhaust system). Our 'high performance machine' needs to be working properly. It needs to be well-oiled with plenty of fluids (water is best) and it needs to burn lots of healthy food as fuel. Fibres in vegetables, fruit and grains are like little brooms, sweeping the tunnels and pipes inside us, keeping our engine clean, powerful and operating at its best.



Toilet tactics: getting into good habits early

'Let's start at the very beginning – it's a very good place to start', sang Julie Andrews in *The Sound of Music*.

Important health habits and attitudes start with toilet training. It's a really big step in a child's development.

Generally, start toilet training when you're able to commit time and energy to it. Your child must be ready too.

Some signs that a child is ready to start training are when they:

- can signal that their nappy is wet or soiled – and it's uncomfortable
- seem interested in the potty or toilet
- can understand basic instructions
- stay dry for around two or more hours during the day
- have a dry nappy when they've woken up from their daytime sleep, and
- can pull their pants up and down.

At what age should toilet training begin?

Many children are ready around two-and-a-half years of age but all children are different and some take longer to toilet train than others.

Attempt toilet training for a little while but give it away if there's no progress. Try again later, rather than persisting if you or your child is becoming frustrated.

Toilet training made easier



Getting comfortable in the toilet and bathroom is a great start.

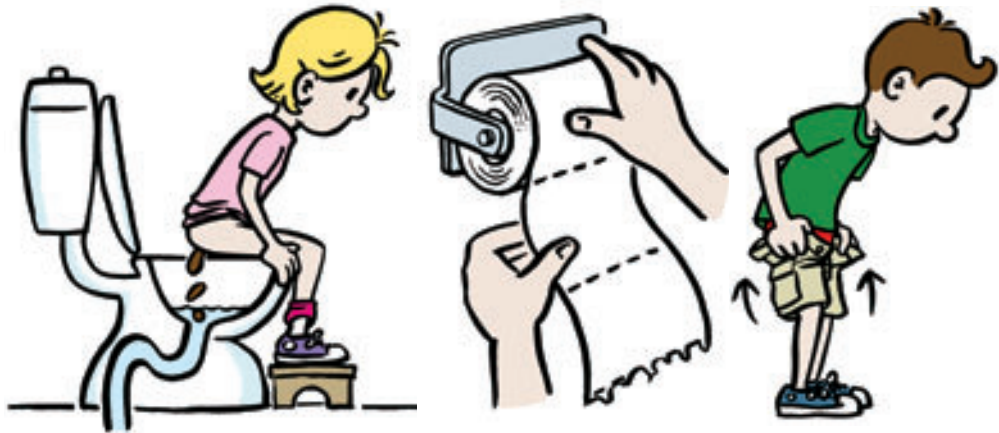
It may be helpful to have an open door policy where the child can see that weeing and pooing in the toilet is a normal part of life.

Nappies are like portable toilets and don't allow a child to feel wet. Training pants make toilet training easier: there's quicker access, movements and signals are more obvious, and the child is more aware of weeing and pooing.

Build a positive attitude

It's easy to give a child a bad impression of toileting. You can help by:

- allowing the child to have a toy or book when they're on the toilet or potty-chair
- having a footstool and toilet insert in the toilet – make sure your child is well supported on the toilet and not holding onto the toilet seat
- giving praise when they use the toilet – don't punish or get angry about soiling or wetting as your child is learning and developing a new skill



- making sure at each stage of kinder and school that they know where the toilets are and that it is okay to ask to go to the toilet, and
- understanding that there will be accidents and being prepared for these with cleaning products and plenty of clean underpants.

Getting into a routine

At first, you may need to prompt your child to go to the toilet. With time your

child will take over the process and instigate toileting by themselves. A lot of children will need help to wipe their bottom and to wash and dry their hands.

When starting it may be good to sit your child on the toilet at regular intervals. This could be sitting them on the toilet for a few minutes, 20 minutes after a meal; before and after a sleep; before their bath or when they show signs of wanting to wee or poo. Help them to understand this needs to happen wherever they are – at home, kinder, friends' places and school.

Never force your child to sit on the toilet. Stay calm and relaxed when toilet training as toilet training should not be a power struggle. Remember it's okay to take a break and try again later if you don't feel you are making progress.

Soiling and constipation

When children who are toilet trained accidentally leak faeces, this is called faecal soiling. Constipation (straining, difficulty or pain in passing a bowel motion) is often the cause of soiling. Constipation can be painful and a child may try to hold in the faeces, making this even worse.

Soiling happens when liquid faeces passes around very hard faeces blocking the bowel (called an impaction). (See *What happens when you put off doing a poo* on page 5)

Symptoms of constipation in children:

- severe straining during a bowel movement
- pain in the tummy
- bloating
- crankiness
- tiredness
- loss of appetite
- wetting during the day or night, or
- not wanting to use the toilet.

Soiling every day, or several times during the day, can mean that a child is constipated, or they may:

- need more toilet training
- be afraid of using the toilet
- not be eating enough high-fibre foods (fruit, vegetables and whole grains)
- not be drinking enough fluid
- not be getting enough exercise
- have had painful bowel movements, so they 'hold on', or
- not want to stop playing.



Healthy bowels



Healthy bowels for children (and adults)

Good bladder and bowel function is an important part of our sense of well-being and quality of life. Yet it can be an invisible health issue and is often ignored until something goes wrong.

Even more than urinary incontinence, poor bowel control is under-reported and misunderstood. Bowel problems may be worsened by poor diet, lack of exercise and insufficient daily fluid intake.

What is healthy bowel function?

Healthy bowel function means that you can:

- hold on for a short time after you feel the first urge to go to the toilet, allowing time to get to the toilet and remove clothing
- pass a bowel motion (faeces or poo) quite soon after sitting down on the toilet
- pass a bowel motion easily so that you're not straining on the toilet – you shouldn't need to struggle to pass a motion which is hard, dry and painful
- totally empty your bowel when you pass a motion – you shouldn't have to go back to the toilet soon after to pass more.

What does 'being regular' mean?

The term 'being regular' is a way of describing normal bowel function. It's common for children and adults to empty their bowel once a day, although it's still okay to do it more or less often. 'Normal' means that soft, yet well formed bowel motions are easily passed into the toilet, anywhere from 1–3 times a day to around 3 times a week.

What makes us want to empty our bowels after a meal?

Eating causes the digestive tract to move like a wave (the gastrocolic reflex), propelling food along it. This movement is called peristalsis and it makes room for more food. It's why the bowel usually wants to empty soon after eating or about 20–30 minutes after a meal.

What happens when you put off doing a poo?

When you feel your bowel telling you it needs to empty, you shouldn't delay going to the toilet. Putting off going to the toilet when you feel the urge is bad for the bowel. You might not get the sensation to open your bowels for another 24 hours which makes the bowel motion drier and harder to pass.

What's constipation – why is it bad?

When faeces stops moving through the colon and more is on the way, the bowel becomes over-full and stretches. The waste material sits there, allowing the body to take out even more water, leaving the faeces hard and dry. Because it's now difficult and sometimes painful to pass, you have to strain on the toilet. This is constipation.

If you often put off going to the toilet your bowel can become sluggish and 'lazy' – a habit that's hard for the body to break. Chronic (long-term) constipation may eventually cause an impaction – a serious blockage that will need special treatment to get moving. Sometimes, liquid faeces will pass right around this blockage and this is called **overflow diarrhoea**. It can leak out, causing unwanted soiling.

THE BRISTOL STOOL FORM SCALE (for children)

Choose your Poo!

type 1		looks like: rabbit droppings Separate hard lumps, like nuts (hard to pass)
type 2		looks like: bunch of grapes Sausage-shaped but lumpy
type 3		looks like: corn on the cob Like a sausage, but with cracks on the surface
type 4		looks like: sausage Like a sausage or snake, smooth and soft
type 5		looks like: chicken nuggets Soft blobs with clear-cut edges (passed easily)
type 6		looks like: porridge Soft blobs with clear-cut edges (passed easily)
type 7		looks like: gravy Watery, no solid pieces ENTIRELY LIQUID

The concept by Professor DCA Candy and Emma Davey, based on the Bristol Stool Form Scale produced by Dr KW Heaton, Reader in Medicine at the University of Bristol. © 2005 Norgine Limited manufacturer of MOVICOL®-Half.

Need some help?

Do you need professional help with a child's bladder or bowel function?

Is it just a phase?

If the child doesn't have a bowel movement for 3–4 days in a row, or if a soiling problem is ongoing, talk to your doctor or phone the National Continence Helpline (1800 33 00 66) for advice.

Consider if your child has been unwell – sickness can mean poor food and fluid intake, not enough exercise, and/or constipation and soiling. However, a bowel problem might persist after the child's recovery and you should seek advice from a health professional.

Why is my child behind other children in toilet training?

It's easy to think you're the only parent whose child is still wetting or soiling, but it's normal for children to have occasional accidents during the day until school-age. Most children are not reliably dry during the day until they're 3–4 years old, and not dry on most nights until they're about 4 years old. It is different for every individual, depending on developmental pace and personality. A toddler who is dry at night is a matter of luck and fortunate genes. Heredity does make a difference: if both parents were bedwetters, then there's a 3 in 4 chance that their child will be too.

Do I need expert help for my child's bedwetting?

Generally, if wetting distresses the child and they want to be dry, it's best to get professional advice. If your child is around 7 years old and still regularly wetting the bed, it's no longer appropriate to say the child 'will grow out of it'. They may, but some expert help is recommended at this point.

Sometimes it is worth giving your child a practice go without a night nappy for a week or two to see if they can be dry. Make sure you have adequate bedding protection.

Could my child's bladder control problem relate to a medical problem?

It's rare for a medical problem to be the cause of bedwetting. But sometimes a child who's been dry during the day for some months or even years can start wetting again. A doctor's check for infection or another physical or emotional problem is needed.

There are a small number of school age children who wet during the day and at night. This problem will need expert professional advice.

Focus on fluids

It's important that you are aware of what type of drinks make up your child's daily fluid intake, as well as ensuring that the amount is sufficient. Water is best.

As a general rule, children should be drinking about 6–8 glasses of fluid a day, but they should certainly drink whenever they feel thirsty. The fluid intake should be spread evenly over the day. If you increase the fibre in the diet it is important that you also increase the fluid intake.



Talk about it!

It's a shame that the body's process for dealing with waste material has so much secrecy around it.

Many people don't like to talk about this part of health – yet it's such an important part of our life and how our body operates. We take a lot of interest in food, vitamins and minerals (input) but urinary and faecal issues (output) are largely undiscussed. It doesn't make much sense when you think about it.

Talking to kids about good bladder and bowel habits is important. If going to the toilet at school seems to be a problem, discuss this with your child and talk about ways they can get used to going at school.

Sometimes children need to be reminded to take time out of play and lunchtime to go to the toilet. Once they develop a routine at school it will work just as well as the one at home.

One Step at a Time: a parent's guide to toilet skills for children with special needs

This booklet and set of tip sheets is a must for parents of a child with special needs. It guides parents through the process of developing toileting skills and toilet training. Available through the Victorian Continence Resource Centre: www.continencevictoria.org.au



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¹CAPS refers to the Australian Government Continence Aids Payment Scheme,
* Terms and Conditions apply: visit www.brightsky.com.au or call 1 300 88 66 01
BrightSky Australia is the healthcare product division of a leading Australian disability NGO, ParaQuad NSW.

Help & information



For FREE copies of these resources about childhood bladder and bowel function, phone the National Continenence Helpline or visit us online at: www.continenence.org.au

- How your bladder (wee) works
- How your bowel (poo) works
- Sleepover (a story for children about wetting the bed)
- The Dry Night (8-step guide for parents and carers)
- Watertight (for carers and adolescents about bedwetting)
- Childhood bedwetting
- Bedwetting in young adults
- Healthy bladder and bowel habits
- Soiling (faecal incontinence) in children
- Day-wetting (daytime incontinence) in children
- Tips for supervising someone else's child with a bedwetting problem



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SA T (08) 8266 5260
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For local continence services nationwide, please call the National Continenence Helpline on freecall **1800 33 00 66**.

National Public Toilet Map: www.toiletmap.gov.au

National Public Toilet Map can help you take a short or long trip by knowing the location of a public toilet nearest you. The toilet map can also be accessed via mobile phones with web browser functions so you can access information on public toilets while you are out and about.

Funded under the National Continenence Management Strategy, the National Public Toilet Map is used by a wide variety of Australians to plan short and long journeys across all states and territories.

An improved diet can help bladder and bowel function

How much fruit and vegetables do children need to eat? It's important to eat a variety of fruit and vegetables every day. Include raw and cooked, and many different colours. The recommended amounts depend on age, appetite and activity levels. For helpful tips on healthy eating and how to include more fruit and vegetables into your child's diet visit: www.gofor2and5.com.au

Recommended daily intake of fruit and vegetables for children and adolescents:

Age of child (years)	Fruit (serves)	Vegetables (serves)
4-7	1-2	2-4
8-11	1-2	3-5
12-18	3-4	4-9

Source: The Australian Guide to Healthy Eating
One serve of fruit is 150 grams, one serve of vegetables is 75 grams



This copy supplied with the compliments of:

National Continenence Helpline FREECALL™ **1800 33 00 66**

The Helpline is staffed by Continenence Nurse Advisors who are always sensitive to the confidentiality and anonymity of callers. They provide confidential information and free brochures about bladder and bowel control problems.

The Helpline is an Australian Government initiative managed by the Continenence Foundation of Australia.