



Case study 2

Dr Janet Chase

Jane. 7-years old



- Presented with PNMNE and day wetting
- Wet every night –difficult to rouse
- Day wetting several times per day –damp undies mainly
- Previously prescribed oxybutynin by GP – worked for 2 weeks only
- On questioning
 - Difficulty toilet training. Posturing
 - BA 2nd daily. BSS2. ? defective rectal perception
 - Wetting –preceded by urge, but not always
 - Problems with changing, school toilets, family frustration
 - Several UTI' s

Objective assessment



- US -mildly >ed detrusor thickness. Kidneys OK. PVR = 52 mls
- Uroflowmetry – staccato flow. PVR=30 mls
- Bladder diary – Max and Mean voided volumes < age expected (120 and 90 mls) (EBC=270mls)
- Fluid intake – 750mls
- Voiding frequency – x8
- Nocturnal urine output (Pad weigh + 1st AM void) = 220 mls
- Moderate faecal loading LIF, RD 3.75cm

Diagnosis/treatment



- OAB + voiding dysfunction
- Confounders – constipation, UTI, hygiene issues



Diagnosis/treatment



- OAB + voiding dysfunction
- Confounders – constipation, UTI, hygiene issues
- Education
- Treat constipation
- Toileting regime –regular “sits”
- Fluid regime
- Address hygiene issues
- Implement outcome measures and incentives.
- Review 2-3 weeks



Review 1



- Compliance good
- Daily BA BSS 3-4
- Rectum empty
- Day wetting little change
- NE no change
- Repeat flow/scan-staccato,
PVR=25 mls

Review 1



- Compliance good
- Daily BA BSS 3-4
- Rectum empty
- Day wetting little change
- NE no change
- Repeat flow/scan-staccato, PVR=25 mls
- Maintain “sits”
- Institute regular voiding, regular fluids.
- Teach toilet position, relaxed voiding, PFM
- Maintain outcome measures
- Review 4 weeks

Review 2



- NE unchanged
- Day wetting x3-4/week
- Bowels daily BSS 4 (several spontaneous)
- Flow/scan – less peaks and troughs. PVR=0 mls
- Still posturing

Review 2



- NE unchanged
- Day wetting x3-4/week
- Bowels daily BSS 4 (several spontaneous)
- Flow/scan – less peaks and troughs. PVR=0 mls
- Still posturing
- Maintain bowel regime
- Maintain regular voids and fluids
- Maintain toilet posture etc
- Maintain outcome measures
- Start oxybutynin 2.5 mg b.d.
- Review 4 weeks

Review 3



- 7 weeks later (–family had flu!)
- NE unchanged except for 1 dry night
- Day wetting as before
- Flow/scan –PVR=60 mls
- Bowels – 2nd daily BSS3

Review 3



- 7 weeks later (–family had flu!)
- NE unchanged except for 1 dry night
- Day wetting as before
- Flow/scan –PVR=60 mls
- Bowels – 2nd daily BSS3
- STOP oxybutynin
- Back to basics
- Repeat bladder diary
- Review 4-6 weeks

Review 4



- NE unchanged
- Day wetting –several times per week, damp only, still reporting urgency
- Flow/scan 2 peaks, PVR= 5 mls
- Bowels ✓
- Regular voiding/fluids (apart from holidays!)
- Voided volumes 180 and 110 mls

Review 4



- NE unchanged
 - Day wetting –several times per week, damp only, still reporting urgency
 - Flow/scan 2 peaks, PVR= 5 mls
 - Bowels ✓
 - Regular voiding/fluids (apart from holidays!)
 - Voided volumes 180 and 110 mls
- Start TENS 8Hz, S3, 2 hours daily
 - Continue as before
 - Review 4 weeks

Review 5



- NE unchanged
- Day wetting none, but still leaving class at times
- Flow/scan- I curve, PVR=0 mls
- Bowels ✓
- Toileting regime ✓

Review 5



- NE unchanged
- Day wetting none, but still leaving class at times
- Flow/scan- I curve, PVR=0 mls
- Bowels ✓
- Toileting regime ✓
- Continue TENS
- Repeat bladder diary
- Review 4-6 weeks

Review 6



- No day wetting
- Little if any reported urgency, no observed posturing
- Flow scan – bell curve, PVR=0 mls
- Bowels \checkmark (apart from 1 relapse of several days)
- Voided volumes 220 mls and 155 mls)

Review 6



- No day wetting
- Little if any reported urgency, no observed posturing
- Flow scan – bell curve, PVR=0 mls
- Bowels \checkmark (apart from 1 relapse of several days)
- Voided volumes 220 mls and 155 mls)
- Stop TENS
- To start bed wetting alarm at beginning of next school holidays
- Review then
- Treatment to date 7 months—no UTI's, compliant parents

Lessons learned



- Bowels first, day wetting second, night wetting third
- The importance of treating bowel dysfunction first
- If anticholinergics are prescribed both bowel function and bladder emptying should be monitored