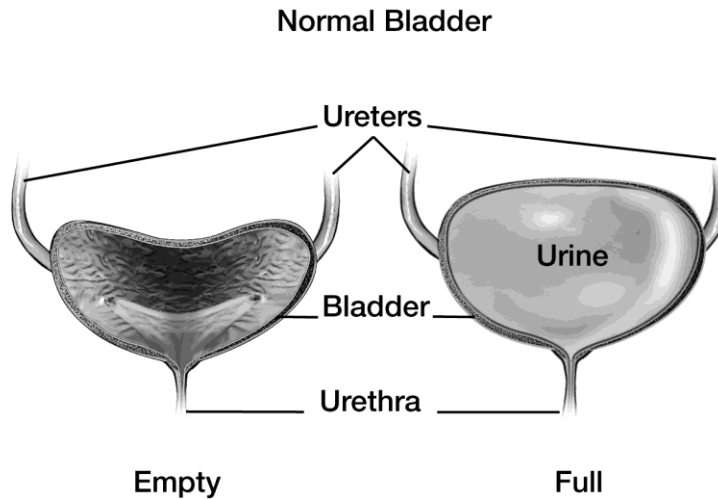
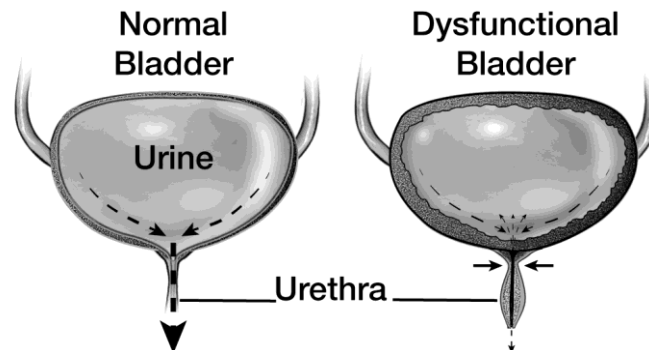


What is voiding dysfunction?

The **bladder** is where urine (pee) collects.



Voiding dysfunction happens when there is urine left in the bladder after urinating (peeing).



If the bladder does not empty all the way it can cause:

- Urinary tract infections (UTIs), which are infections in the bladder or kidneys.
- Enuresis or urine coming out at the wrong time.
 - Urine that comes out while your child is asleep at night is called bedwetting or nocturnal enuresis.
 - Urine that comes out at the wrong time during the day is called daytime enuresis or incontinence.

In case of an urgent concern or emergency, call 911 or go to the nearest emergency department right away.

Voiding dysfunction, continued

What causes it?

Some causes include:

- Urine holding or delayed urination. This happens when children are too busy playing to stop and urinate. This is the most common cause.
- UTIs that cause pain when urinating. Children hold their urine because they are scared it will hurt.
- Constipation. This can cause bladder irritation or block the bladder from emptying all the way.
- A problem with the brain or the spinal cord. This is the least common cause.



What are the possible symptoms?

Your child may:

- Urinate more times than normal.
- Have enuresis during the day or night.
- Dribble or leak urine.
- Not be able to hold their urine. This is called urgency.
- Be constipated.
- Have blood in their urine.
- Have pain when urinating.
- Have back pain.
- Have UTIs.

What tests could my child have?

Your child could have one or more of these:

- **Urinalysis** to check the parts of the urine.
- **Kidney bladder ultrasound** to show pictures of the kidneys and bladder using sound waves.
- **Voiding cystourethrogram (VCUG)** to check for blockages or backwards movement of urine (reflux) from the bladder to the kidneys. A VCUG uses X-rays to take pictures.

What is the treatment?

Treatment may include behavioral modification therapy. Making changes to their behavior may help children with urine holding and constipation. Therapy may include:

- Having your child urinate every 2 to 3 hours while awake even if they do not feel like they have to go. Some children use a watch with an alarm while at school. The “potty watch” reminds them to go to the bathroom.
- Helping your child relax and take their time when urinating.

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Voiding dysfunction, continued

- Double voiding. Have your child urinate. Then count to 10 and have them try again.
- Drinking more water.
- Treating constipation with more fiber in their diet. Some children need medicines for constipation.
- Using a stepstool to allow your child to rest their feet while they are sitting on the toilet.
- Limiting drinks for 2 hours before bedtime.
- Limiting drinks and foods that irritate the bladder like:
 - Carbonated drinks or sodas
 - Acidic fruits and juices
 - Spicy foods
 - Chocolate
- Wiping the right way and washing their hands and after going to the bathroom.



Less common treatments include:

- Medicine
- Physical therapy (PT)
- Biofeedback therapy

Bed alarms help some children who have nocturnal enuresis. The alarms teach them to wake up before they have an accident.

When should I call the doctor?

Call the pediatrician or go to an urgent care if your child has symptoms of a UTI. These may include

- Fever (temperature of 100.4°F or higher)
- Urinating more than normal
- Pain or burning when urinating
- Blood in the urine
- Back pain

Ask the pediatrician to check your child's urine for infection. Let your nephrologist know if your child was diagnosed with a UTI.

This teaching sheet contains general information only. Talk with your child's doctor or a member of your child's healthcare team about specific care of your child.

In case of an urgent concern or emergency, call 911 or go to the nearest emergency department right away.