

WETTING BOOTCAMP

Frustrated by Bed Wetting?

The 5 Ways to Speed Up Dry Nights,
Starting Tonight!



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About the Author

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Hi! My name is Dawn and I am a physical therapist and board-certified biofeedback specialist for pelvic muscle dysfunction. I've been a physical therapist for over 42 years. My specialty and more importantly my *life's passion* is working with children with bowel and bladder issues which I've been doing for the past 28 years. I teach post-graduate courses both nationally as well as internationally on these topics to other health care specialists in the field.

I know you have been around the block and that's why you ended up on my website to get more information. I'm here to tell you that the buck stops here. Let me help you tie up the loose ends and fill in the missing pieces of the puzzle to let your child become dry again and return your quality of life.

My passionate goal is to provide information, effective tools and strategies, and educational support to help parents and children that have been diagnosed with bedwetting to take their lives back and restore a normal childhood.

There are too many children (and parents!) who suffer. I have helped thousands of families overcome bedwetting, urinary continence, fecal incontinence and chronic constipation so they can return to doing things without being concerned about a sleepover, a vacation, a play date or other meaningful special events.

My goal is to give you some simple steps and fill in the missing blanks of things that may put the whole picture together for you so you and your family can go back to doing the things that you care about the most!

Mini-Bio

Dawn is a faculty instructor at the Herman & Wallace Pelvic Rehab Institute. In 2017, Dawn was invited to speak at the World Physical Therapy Conference in South Africa about pediatric pelvic floor dysfunction and incontinence. She has been published in the Journals of Urologic Nursing and Section of Women's Health. In 2018 Dawn was awarded the Elizabeth Noble Award by the American Physical Therapy Association Section on Women's Health for providing Extraordinary and Exemplary Service to the Field of Physical Therapy for Children.

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5 Ways to Speed Up Dry Nights

Has your family become frustrated waiting for your child to outgrow bed wetting while missing sleepovers and summer camps?

Research tells us 15% of kids per year will outgrow it, and every year you wait to see if your child is in that 15%. In the meantime, your child may be feeling ashamed and embarrassed, having difficulty with their self-esteem, or even acting out. The International Children's Continence Society (ICCS) states that "not only is treatment (for bed wetting) justified, but it is mandatory." DON'T WAIT!!!

Did you know
there are several
things that can
lead to
bedwetting?



~ Genetics- if a child has 1 parent that had a history of bedwetting, their child has a 40% chance of being a bedwetter and if both parents were bedwetters the chance increases to 77%. This is the condition is what is typically grown out of at a rate of 15% of children per year. Remember it is NOT recommended to wait to outgrow bedwetting according to the ICCS.

~ Obstructive airway - Upper airway obstruction in children has a prevalence of 27% enuresis is a condition related to upper airway obstruction 8%- 47% of children studied, (Murillo B. Netto, 2021). Have your primary care provider assess for your child for any mouth breathing or snoring that could be a sign of upper airway obstruction.

~ Constipation- by far the most common cause of bedwetting I see in my practice! Sadly, often not recognized. Did you know that 64% of constipated children had "normal" stool frequencies and 49% of constipated children had normal consistencies that were diagnosed with constipation? (Timmerman 2019). The pressure from the bowel presses against the bladder and night when the child is relaxed causing bladder leakage in the night.

~ There are other causes of bedwetting that you should discuss with your health care provider

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Let me help you get started with these easy tips!

1. Avoid things that can irritate the bladder

There are some foods and beverages that can cause the bladder to get irritated and have to empty more frequently.

Some of these things include foods that are acidic in nature such as oranges, grapefruits, tomatoes, or spicy foods, carbonated beverages (even carbonated water), caffeine and chocolate.

Did you know that milk is also a bladder irritant? We want our children to drink milk, but dinnertime and bedtime may not be the best options.



2. Avoid drinking anything just before bed

It's a good idea not to drink right before bedtime. Many children love having time with a parent before going to sleep and use a glass of water as a reason to spend more time with you. It's best to sit together and read before bed instead of offering a drink.



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3. Drink throughout the day

A child should drink about half of their body weight per day—water being the best option, especially in the evening. If your child's urine is dark yellow and has an odor to it, they are not getting enough to drink. This can also lead to constipation!



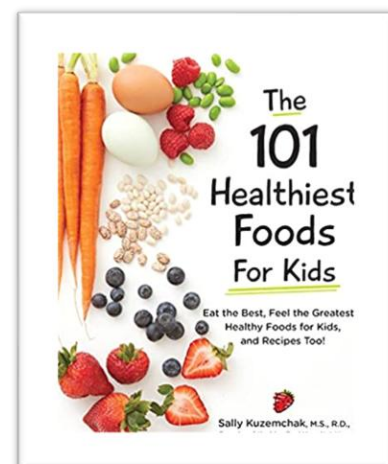
4. Empty your bladder throughout the day

The bladder stays most healthy when it fills and empties on a regular basis. Many children hold their urine—then have bladder leaks on the playground at school. Have your therapist help design a restroom schedule that accommodates your school schedule and activities.








5. Avoid constipation and straining

Constipation is very common in our culture with our SAD—Standard American Diet. If the bowel is full, it presses on the bladder causing irritation. Increasing fiber slowly is helpful. We should have 7-9 servings of fruits/veggies per day. Remember a serving size is what fits in the palm of your child's hand.



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Use this chart to see if your child's stool is a normal consistency. The type 4 that looks like a ripe banana is the best and be sure your child is not straining to have a BM.

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 cob Like a sausage but with cracks on its 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

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MOVICOL®-Half
macrogol 3350 with electrolytes

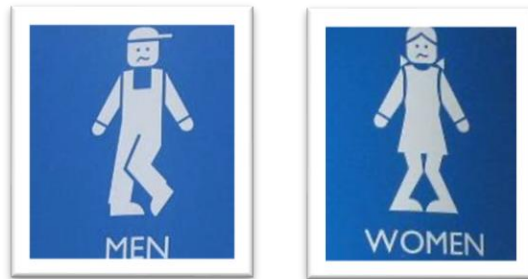
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Don't hold back urine

When your body is telling you to go during the day and you ignore that signal, you are teaching your body to ignore signals at night as well. Let's teach your bladder to be healthy!

Avoid the "Potty Dance"

Many children cross their legs, kneel on a foot, or come up on their toes to hold back their urine during the day. This doesn't allow the correct muscles to work to stay dry.



Do your exercises every day to create habits

Once you begin therapy, you will have exercises to stay dry. Make time to do them every day after school or before bedtime and be consistent with the time and event to make it a habit!

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Conclusion

I have given you 5 tips and 3 BONUS tips to help your child get started on the road to Dry Mornings! My goal is to assist in identifying things your child may be doing in their daily routine that are contributing to their symptoms and give you a few simple ideas of how to work towards correcting them.

Dedicated to Restoring Your Health and Happiness,

Dawn Sandalici

Dawn Sandalici, PT, RCMT, BDB-PMD