

## Royal Manchester Children's Hospital

## Information for Patients

# Lower Urinary Dysfunction Service (LUDS)

In the UK an estimated 1 in 12 5-19 year olds suffer from bowel and bladder conditions. These include bedwetting, daytime wetting, constipation and soiling.

We are a bladder assessment and treatment clinic set up and run by a team of urology nurses. We help children who suffer from day and night wetting, which can sometimes be symptoms of an overactive bladder (OAB).

You will receive lots of advice to help you/your child improve their bladder function (this is often called **Urotherapy Advice**) and sometimes we will start medicines to use alongside this. It is very important to understand that the treatment and management options we offer are not a "quick fix" and can take a little while to work but can often make a big difference to your symptoms.

## Where is the Lower Urinary Dysfunction Service (LUDS) clinic?

The clinic is based at **Trafford General Hospital** within the Royal Manchester Children's Hospital Satellite Unit also known as the Children's Resource Centre. Please use Entrance 5 and you will find the Unit on your left. The Unit is within the Green Zone of the Hospital.

## What should I expect when I come to the LUDS clinic?

The clinic is set up and run by urology nurse specialists, with the support of an administration assistant. On the first visit, you will often have an "Initial Assessment". This is a 2-3 hour appointment, whereby the nurses will talk to you to understand the reason you have been referred, your symptoms and what your usual daily toileting regime is. You will be asked to complete a "bladder diary" before your appointment; this is one of the best ways for us to understand exactly what everyday life is like for you and your bladder!

Part of the Initial Assessment includes some basic investigations which help us see how your bladder behaves. Most commonly, we will perform a "Uroflow" which involves sitting on a special toilet which measures how quickly you wee, and how much your bladder is able to hold. We will often then perform a "Bladder Scan" after you have used the Uroflow toilet, to see if you managed to squeeze all your wee out. You may be asked to do several Uroflow's whilst you are at your Initial Assessment so it is important you follow the drinking instructions the nurses give you.

## What other things happen at the LUDS clinic?

There are a few other things the nurses can do at the clinic to help children and young people with bladder problems. Your nurse or Dr will decide what investigations and treatments are right for you.

### Review Clinic

Once you have had your Initial Assessment, you will receive a follow up appointment (usually within 2-3 months) to see the nurse specialist at LUDS. She will ask you lots of questions to see if the Urotherapy Advice we have given you has made things better and decide if anything else needs to be done.

### Electromyography (EMG)

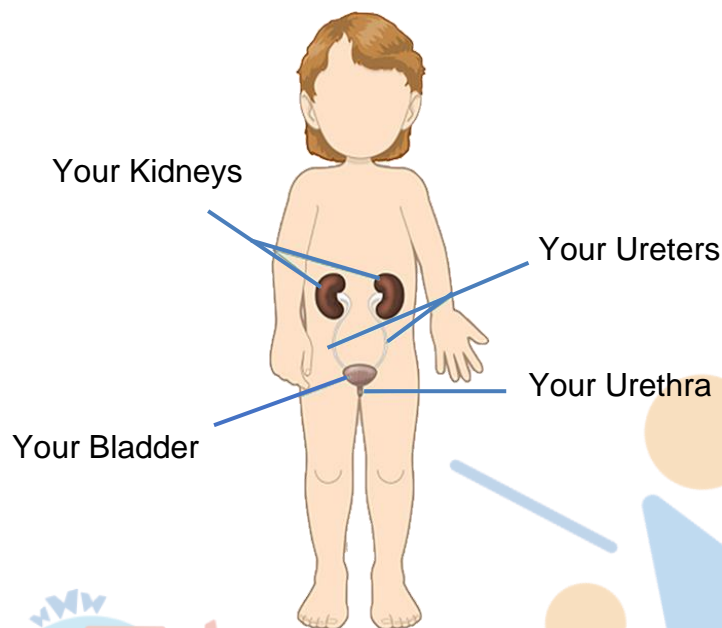
We've already talked a little about Uroflow's, how they work and why we do them. Sometimes, if we need a little bit more information on how your muscles work when you wee, we can do what's called an Electromyography (EMG). The process is exactly the same as a Uroflow, only we will put some small stickers (electrodes) on your tummy and near your bottom before you use the Uroflow toilet. The stickers tell us how your muscles behave before, after and during your wee.

### Biofeedback

Sometimes we can help you control your wee better by using a special set of muscles called "pelvic floor muscles". Biofeedback is when we teach you how to exercise your pelvic floor muscles to either make them stronger or to relax them so you can empty your bladder more effectively. If the nurses decide you need Biofeedback, we will give you a leaflet telling you all about it!

## How does my bladder work?

This is what you look like on the inside!



You have 2 kidneys whose job it is to take all the bad stuff out of your blood and turn it into wee. The ureters (two long thin tubes) then take your wee from your kidneys to your bladder. The bladder is where your wee is stored until it's time to go to the toilet and empty it.

The bladder is made up of two muscles;

**The bladder** is a big stretchy muscle (like a balloon) that holds your wee, getting bigger and stretching as your bladder fills. When your bladder is full, the bladder muscle squeezes until all the wee is pushed out.

A “**Sphincter**” (ring of muscle) at the bottom acts like a tap to help keep the wee in as your bladder fills, and then opens when you go to the toilet, at the same time as your bladder squeezes to get all of the wee out. Once your bladder is empty, the sphincter closes again to stop you leaking wee as your bladder fills up again.

It is important to keep the bladder fit and healthy. Just like all the muscles in our body, sometimes we need to exercise them to make the stronger!

## What is over active bladder (OAB)?

An overactive bladder (OAB) is when the muscle of your bladder squeezes when it shouldn't. It is one of the common causes of urinary incontinence and can result in day and night time wetting.

An over active bladder can cause urinary frequency and urgency, where the bladder can make you feel like you need go for a wee very often or very quickly and can empty before it is full, giving you little warning that you need to go for a wee. This can lead to wetting.

## What is night-time wetting?

Night-time wetting, or “nocturnal enuresis”, is when you intermittently pass wee whilst you are asleep. Sometimes you may also wake up frequently in the night to go to toilet (nocturia).

Some children who wet the bed have a problem waking up, this is known as “lack of arousal”.

Some children wet the bed at night because their body produces so much urine that their bladder cannot hold on to it, so it empties while they are asleep. This is called *Nocturnal Polyuria* and is caused by not having enough of the chemical messenger *vasopressin*. This chemical's job is to tell the kidneys to reduce the amount of wee produced overnight while we sleep.

Some children can wet the bed at night because the bladder is small or twitchy (*overactive bladder*). These children tend to have urgency, frequency & wetting in the day.

The amount you drink, when and what you drink leading up to bedtime can cause bed wetting.

## What can cause wetting or problems with the bladder?

This can vary in children, some of the most common causes include:

### Constipation

Constipation is if you are not going for a poo most days and/or your poo is hard to push out. This causes your poo to build up and the bowel to press up against the bladder, meaning it cannot hold as much wee.

### **Toileting routine**

Sometimes your bladder can get into bad habits, meaning you don't always go to the toilet at the right times. Sometimes you can use the toilet too late or too soon, meaning your bladder isn't able to hold wee properly.

### **Infection**

When you have an infection in your wee, it can make your bladder sore and "irritable". This means your bladder is more likely to squeeze more often, causing wee to leak out.

### **Drinking routine**

Drinking too much or not enough can mean your bladder doesn't stretch and empty in a routine. Certain drinks (such as caffeinated, fizzy or drinking high in citric acid) can also irritate the bladder, making you want to wee more often or become wet.

### **Anxiety**

Situations that cause fear or anxiety for a child can trigger wetting. Often, overcoming the reason for the anxiety will improve the wetting symptoms.

### **Bladder structure**

If the bladder itself is abnormally small or there are some abnormalities in the bladder or connected systems, it can cause it to not work properly.

### **Bladder wall irritation**

The bladder may respond to an infection or irritation by voiding frequently, causing the symptoms of overactive bladder. Some of the causes of bladder wall irritation have already been mentioned including infection, certain drinks and constipation.

## **Gobbledygook Dictionary**

We know that sometimes Doctors and nurses can use lots of complicated medical words that are hard to remember and understand, so we thought that you might find some definitions handy!

### **Biofeedback**

Biofeedback is a technique used to retrain the pelvic floor muscles. Regular exercise of these muscles helps to improve their strength, and, by teaching contraction and relaxation of these muscles, improved bladder control may be achieved.

### **Bladder Assessment**

This involves asking and answering detailed questions about bladder habits and control, drinking habits along with your bowel movements. This appointment often takes around 2-3 hours and you might need to wee in a special toilet called a Uroflow. You will often be asked to complete a bladder diary to bring with you to your appointment, as this helps us understand how things are with your bladder at home.

### **Bladder diary**

This is a very useful tool used by health care professionals to gain information about your bladder habits. It helps track the amount of urine you pass, how often, the urgency and wetting, along with how much fluid you drink and how often.

### **Bladder scan**

When we assess your bladder, we sometimes need to perform a small quick scan immediately before and after you have been to the toilet. This provides information regarding how effective the bladder is at holding and emptying urine. The scan does not hurt and only takes a minute to do.

## Electromyography (EMG)

Sometimes, if we need a little bit more information on how your muscles work when you wee, we can do what's called an Electromyography (EMG). The process is exactly the same as a Uroflow, only we will put some small stickers (electrodes) on your tummy and near your bottom before you use the Uroflow toilet. The stickers tell us how your muscles behave before, after and during your wee.

## Enuresis

Enuresis is a word used to describe when you involuntarily pass urine and cannot control it. Enuresis can happen during the day or night and have many different causes.

## Giggle Incontinence

Giggle incontinence is a rare condition, whereby you completely empty your bladder during or immediately after laughing. When you aren't laughing, your bladder functions normally. Giggle incontinence is not the same as overactive bladder, which is much more common.

## Nocturia

This is when you frequently wake up at night to go to the toilet to wee. There are lots of causes of Nocturia and treatment and management are important to make sure you are getting enough sleep.

## Nocturnal Enuresis

This is when you involuntarily pass urine (wee) whilst you are asleep. For most children, this gets better on its own as they grow older and learn to control their bladder during the day. However, for some children, this continues to be a problem.

## Uroflowmetry (or Uroflow)

As part of the bladder assessment your child may be asked to pass urine into a special toilet which measures the amount of wee passed and provides detailed information about the speed that the wee comes out (flow).

## Residual Urine

When a bladder works properly, you should only have 10% or less urine left in your bladder after you've had a wee (for example, if you had 100mls in your bladder, you should have 10mls or less left behind once you've emptied). Some people leave larger amounts of wee behind which can lead to wetting and infections.

## Review appointment

This is an appointment which is carried out by the urology nurse following your initial or bladder assessment (usually 2-3 months later). We will discuss your bladder symptoms and the Urotherapy advice, and any medication or interventions will be reviewed.

## Stress Incontinence

This is when you leak small amounts of wee, often when you are exercising or tensing your tummy (coughing for example). There are lots of different causes, and stress incontinence should not be confused with incontinence from waiting too long to go to the toilet or overactive bladder.

## Urine

This is the scientific term for your wee and is what lots of Drs and nurses will call your wee!

## Urotherapy Advice

This is advice given out by the urology nurses and helps you understand how often you should go for a wee and how much and how often you should drink. It is important you try your best to follow the advice at home as, without this, your symptoms may not improve.

## Voiding/Void

This is the technical name for having a wee!

## Useful links

### Bladder & Bowel UK

Offers advice and information on all bladder and bowel issues in children and young people including those with additional needs. They have a range of resources that will help parents, carers, professionals and schools cope with incontinence in children and young people.

Helpline: 0161 607 8219

Website: <https://www.bbuk.org.uk/>

### ERIC

Bowels and bladder charity offering education, advice, support, resources for improving childhood continence.

Helpline: 0808 1699 949

Website: <https://www.eric.org.uk/>

## Contacts

Please do not hesitate to contact us if you have any questions about your appointment or any of the information in this leaflet. Remember, if you can't make your appointment, please let us know with plenty of notice.

In case of problems or advice please call:

Children's Resource Centre, Trafford General Hospital  
(Monday-Thursday 07:00-16:00)

(0161) 746 2366

General queries (Urology Secretaries)

(0161) 701 1635

