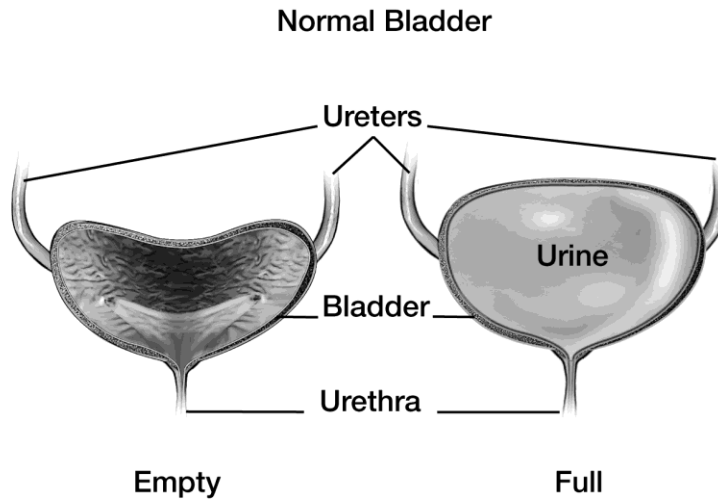
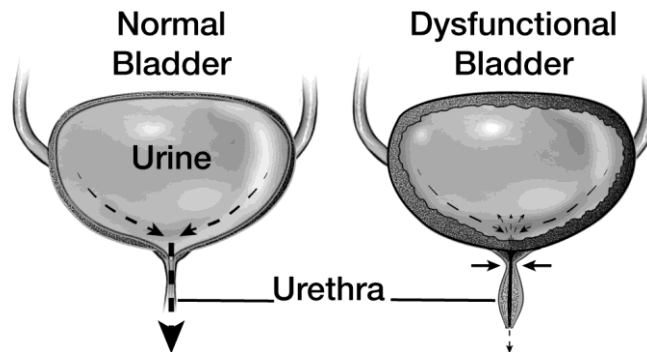


## What is voiding dysfunction?

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

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## 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 1 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

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- 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 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 kidney doctor (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.**