

Toileting Workshop Summary

Workshop delivered by Fiona Boorman; Paediatric Bladder & Bowel Specialist Nurse with ERIC (Children's Bowel and Bladder Charity).

There are lots of resources to be found at <https://www.eric.org.uk/>

The workshop was divided into two halves. The first section was on common toileting related issues – the most common of these being constipation. The second section was on toilet training. A summary is given below.

Warning: lots of reference to poo included!

TOILETING RELATED ISSUES: TIPS AND TRICKS

- Constipation impacts urinary continence. If a child is wetting or urinating very frequently it can indicate an issue with constipation.
- If a child is bed wetting, consider whether they might be constipated.
- Poo frequency – every child is different. Anything from 3 times per day to 4 times per week is normal.
- Rome III Criteria were developed to classify functional gastrointestinal disorders, including constipation.
- Night pooing – not usual
- If a child has very loose and rancid poos, it can indicate that they are impacted. The longer a poo stays in the bowel, the more water it absorbs and the more impacted it becomes. More poo above it gathers and this can leak around the impacted poo resulting in what might seem like diarrhoea. This is called overflow poo and is a sign of constipation.
- If a child is resistant to using a toilet, consider their previous experiences. Think about the facilities. Have they had a bad experience previously? Some children don't like the feel of a toilet as it is cold. You can use a toilet seat cover or make your own!
- If a child is constipated this has to be corrected before toilet training. Consider Movacol. Lactulose is also an option but only works if the child drinks lots of fluids.

TOILET TRAINING

- If a child can stretch their arm over their head and touch their opposite ear, they can wipe their own bum! Increase their ability to do this by moving a ball around their waist.
- Consideration to be given to how to communicate with the child regarding toileting – Lámh, PECS, photo story.
- Take the child to the toilet (or potty) 20 – 30 minutes after each meal. Leave them on the toilet for one minute of every year of their age (i.e. 2 minutes for a 2 year old).
- Use a seat reducer to minimise any fears that the child has. A seat reducer is also good if the child has low muscle tone and can't support themselves on the toilet.
- Use a step (toileting is helped by having knees higher than the bellybutton).

- Teach a child that if they have a pain in their belly they probably need the toilet!
- Learn to read your child's toileting signs. Consider keeping a diary for a couple of weeks as to when they pee or poo. Are there signs that indicate when they are peeing or pooing?
- If a child is pooing every day and is dry for at least an hour, consider toilet training them.
- A child does not need to be able to walk or talk to toilet train.
- When kids can stand start changing their nappy standing up rather than lying down.
- Does a child know where they need to wipe? Put a sticker on their pants and get them to take it off. Practice wiping techniques by putting Nutella on a large orange and asking them to clean it.
- When teaching a child how to wipe, use hand over hand techniques to guide them.
- If a child is straining, it is not helpful. If they are holding onto the toilet seat, they might be trying to hold their bum shut. Use "blowing" technique to relax muscles.
- Some children resist pooing in a toilet but will go no problem in a nappy. It is better for a child to poo in a nappy than not at all. You can progress to the toilet. If a child gets constipated, they will not be able to toilet properly. You can progress from nappy to toilet.
 - Put nappy on in bathroom. After poo, remove nappy.
 - Put nappy on in bathroom, on the toilet, with the lid closed
 - Put nappy on in bathroom, on the toilet, with the lid open
 - Cut a hole in the nappy so that the poo falls through to the toilet
 - Progress to no nappy

OTHER TIPS AND TRICKS

- Double void technique – after peeing, get the child to come off the toilet, dance or twirl around and then back on again to make sure the bladder is fully empty. Or count to 10 after going to the toilet.
- Use timed toileting techniques. Set an alarm for every hour or use a vibrating watch.
- Vasopressin is produced by the pituitary gland and is involved in telling the kidneys to sleep at night time. The use of screens (phones, tablets) is known to interrupt the production of vasopressin. Consider this if a child is bed wetting at night.
- If a child is frequently urinating small amounts, look at the colour. If the urine is dark they need to drink more. Contrary to what might be expected, the less you drink, the more you need to go to the toilet as the concentrated urine sends a signal to the brain to indicate it's time to go to the toilet.
- Reduce the intake of dark fruit drinks, coffee, fizzy drinks or tomato juice as they are known as "bladder irritants".
- Recommended fluid intake is 6 – 8 decent water-based drinks per day. This needs to increase with increased activity.
- If a child is taking an interest in touching or playing with their poo, consider increasing the amount of sensory play that the child is having during the day (sand, water, play doh, putty, gardening etc). Link in with the child's OT for strategies.

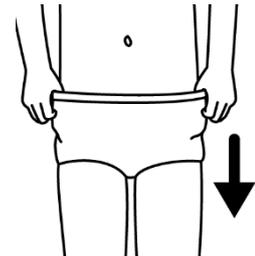
EXAMPLE OF TOILETING PICTURE STORY



Close Bathroom Door



Pull down pants



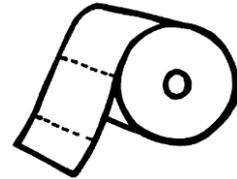
Pull down underwear



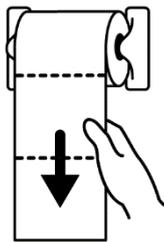
Sit on toilet



Sitting on toilet



Toilet paper



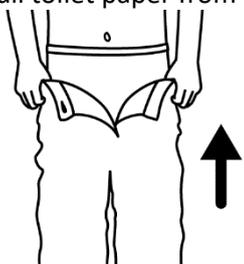
Pull toilet paper from roll



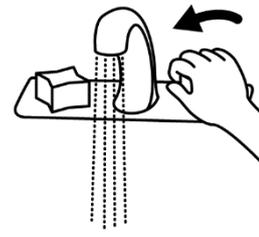
Put used toilet paper in toilet



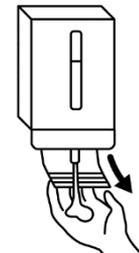
Flush toilet once



Pull up pants



Turn on tap



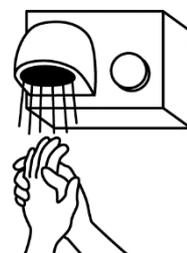
Pump soap



Turn off tap



Dry hands



Blow dry hands