

Pediatric Dysfunctional Elimination

Dysfunctional Elimination in children occurs when the pelvic floor muscles (PFM) are not working together with the bladder and/or bowel, and the normal voiding or emptying reflexes can be disrupted. This can lead to a chronic abnormal pattern of elimination which does not allow the bladder or bowel to empty completely. Some children experience difficulty urinating or controlling their bladder function, frequent bladder infections, constipation, not urinating enough during the day, or sensing bladder fullness. Children may periodically have leakage during the day or wake up wet in the morning or both. This can be embarrassing and uncomfortable. If your child has experienced any of the above symptoms they may have been seen by a physician or specialist, who is now recommending therapy to relax and retrain the pelvic floor muscles.

HOW CAN THERAPY HELP YOUR CHILD?

Some children do not completely empty their bladders and there is residual urine left in the bladder. This is called a PVR or Post Void Residual. One reason this can happen is if the pelvic floor muscles are not relaxed throughout the entire void. Therapy can provide the tools your family needs to take control of your child's bladder and bowel functions. Optimally, the bladder and pelvic floor muscles work opposite each other to successfully urinate. When the bladder muscle contracts or the bowels need to empty, the pelvic floor muscles relax. Your child will learn exercises to relax and strengthen the pelvic floor muscles at the appropriate time, void and empty completely, as well as to avoid urinary and/or bowel leakage.

Animated surface biofeedback may also be used to teach your child how to relax the pelvic floor muscles while emptying his/her bowel or bladder and strengthen the muscles in between voids. A specific home program will be developed for your child. Using the tools of education and exercise about the basic mechanisms that control the bladder and bowel, your child will be taught the correct way to utilize the pelvic floor muscles, which allows your child to control elimination.

Therapy continues with your child learning correct postures for toileting, foods that may be irritating to the bladder and how to create a regular pattern of filling and emptying the bladder through a toileting schedule. Therapy can help your child achieve dry days and nights.

WHAT SHOULD WE EXPECT WHEN WE GO TO THERAPY?

Expect help. Once you have scheduled your first appointment, I will need to gather important information to ensure I provide you with the best possible care. A patient information packet will need to be completed and provided to our staff when you arrive for your first appointment. The patient information packet will include a description of what to expect, as well as a patient history questionnaire. Your patient information packet can be mailed to your home or downloaded from our website (see Forms & Paperwork). Also, you will be asked to complete a bladder diary with your child for at least 3 days prior to the first appointment. This entails documenting amounts and type of food and fluids your child drinks and well as voiding patterns. This is very important information to have completed before your first visit.

Children usually need to be seen 1 hour the first visit and then 1 time per week for approximately 30-45 minutes. Patients are seen an average of 6-8 visits. At the first visit I will discuss with you and your child the previously completed questionnaires, the bladder log and the medical history. I will discuss the condition directly with your child while a parent or guardian is present. A treatment program is begun the first visit including child/family education.

Pediatric FAQ's

Q: How long do we need to come to therapy?

A: Most children require 6-8 visits in therapy to accomplish daytime dryness. If your child has daytime, as well as night time wetting, this may be longer. Patients are usually seen 1 time per week for 4 weeks then every other week as progress is attained.

Q: How long does each session last?

A: Most sessions last 30 minutes.

Q: Will you do a vaginal or rectal exam on my child?

A: No. Vaginal or rectal exams are NOT done by physical therapists in the pediatric population. Visual inspection of the perineum will be conducted to observe the following:

- Skin irritation or redness from soiled underclothing
- Pelvic floor muscle contraction to see if the child understands how to use the muscles correctly
- Normal sensation and reflexes of the anus with a light touch
-

Q: What is biofeedback?

A: Biofeedback, also called Surface Electromyography (SEMG), is a learning technique that utilizes specialized equipment to assist a person in gaining control of their natural body functions. It involves the monitoring of a life process (bio) and the return of that information to the patient and therapist in a meaningful form (feedback).

Biofeedback training uses sensitive equipment that enables you to see or hear how your muscles are responding to your instructions on a computer. The computer shows animated pictures (dolphin, space shuttle) to encourage proper muscle function. Becoming aware of these responses is the first step in learning to control them. By combining this information with special exercises, you can learn to relax tense muscles or strengthen weak muscles.

Q: Who uses biofeedback?

A: Your health care provider may recommend biofeedback evaluation and treatment for the muscles of your pelvic floor. These muscles are responsible for bladder and bowel control. Anyone interested in learning how to relax tense muscles, strengthen weak ones, or to control and coordinate use of muscles may benefit from biofeedback.

Q: What does biofeedback involve?

A: For the evaluation you will use external stick-on sensors placed near the rectal opening. These sensors are used to monitor the muscle activity of your pelvic floor. This enables you and your therapist to see and evaluate resting muscle activity as well as evaluate your muscle strength and endurance. The results of your evaluation will help your therapist design a specific treatment plan for your needs.

Q: What is required after the evaluation?

A: Your exercise program will depend upon the results of your evaluation. Almost everyone is asked to carry out a home exercise program utilizing the skills and exercises they learn in the clinic. Occasionally people need special home biofeedback equipment to help them monitor their exercise program. If this is necessary for you, the equipment can be either rented or purchased.