

What is a Voiding Dysfunction?

Voiding dysfunctions comes in all shapes, sizes and symptoms. With so many presentations, sometimes the common feels uncommon, but you are not alone!

Mary Langston, RN, MSN, CPN, PPCNP-BC discusses voiding dysfunctions and what strategies primary care providers and families can use to help a child before referral to a specialist.

Featured Speaker:

Mary Langston, RN

Mary Langston, RN, MSN, CPN, PPCNP-BC, is a Urology Surgery Pediatric Nurse Practitioner at Children's Mercy Kansas City. She received her BSN from Missouri Western State University and her MSN as a Pediatric Nurse Practitioner from the University of Missouri-Kansas City.

Transcription:

Dr. Michael Smith (Host): Our topic today is, "What is a Voiding Dysfunction?" My guest is Mary Langston. Mary is a Urology Surgery and Pediatric Nurse Practitioner. Mary, welcome to the show.

Mary Langston (Guest): Thank you.

Dr. Smith: Let's just start out real simple. What is a voiding dysfunction and what are some of the symptoms that we should be looking for?

Mary: A voiding dysfunction is a very common problem that we see in a lot of children, and usually, parents have a first sign that there's a problem when kids have difficulties with urinary incontinence. This can occur during the day or at night, and there can be a lot of things that prompt that type of incontinence – things like giggling, laughing, jumping, coughing. Sometimes, parents will also notice that their child has a significant increase in urgency to get to the restroom or frequency in urination. Children will also sometimes have a very difficult time emptying their bladders once they're in the bathroom. They may have dribbling, hesitancy, a very interrupted urinary stream, and children can sometimes also have recurrent infections with that.

Dr. Smith: Okay, and so when you say children what age group are we looking at here? Is it boys versus girls? Is there a distinction there?

Mary: Well, it does happen more commonly in girls than in boys, though we see it for both males and females. Obviously, it has to be something that you're noticing after potty-training. Several good studies have looked at what is the age that you can say it's an abnormal voiding pattern, and most references will agree that four and up is common, but we see children younger than that as long as they have had a normal, stable voiding pattern that then seems to go away. That may happen before the age of four.

Dr. Smith: And how common is it?

Mary: It's very common. Actually, as much as 40% of visits to any pediatric urology office are centered

around voiding dysfunction. The main challenge is to really be able to differentiate -- is this something that's related to a pathological pattern or some other underlying urologic abnormality?

Dr. Smith: What's the approach, then, especially when a patient comes to Children's Mercy? What's the current treatment? Is there anything new on the horizon that looks promising?

Mary: One of the first things that we always want to do is an ultrasound just to look at the kidneys and bladder to be sure that there's not some type of anatomical anomaly that we're overlooking. That's one of the things that helps us to believe that this is more about bladder behavior rather than an anatomical condition. After that, we have a long history and physical that we go through to try and decide is there any other risk factor or any other anomaly that we may be overlooking?

Dr. Smith: When you look at the community physicians, you look at the nurse practitioners -- you obviously said this is very common. They probably see this a lot. What advice do you have for them? What can they do before maybe referring to a center like Children's Mercy?

Mary: As a primary care physician, one of the things we ask for them to look at is actually stooling. Constipation is a huge player in actual bladder behavior. Many times, children will have these voiding dysfunction symptoms just because of underlying constipation. We also ask that primary care physicians lay the groundwork for behavioral modification -- things like timed-voiding, discussing the elimination of dietary bladder stimulants.

Dr. Smith: It's interesting when you were describing the symptoms and stuff, I was imagining a young child trying to void, giggling, maybe having some issues there -- there's the mom or the dad watching this, so obviously, it's the parent that probably recognizes something first and brings the child into a primary care physician -- the pediatrician, a nurse practitioner. What advice do you have for the parents? When should they definitely take their child in for something like this? What can they expect when they first go to their primary care physician?

Mary: Well, for parents, it's also important to understand when there is some degree of normalcy in urgency and incontinence in very young children, but if you notice that your child is consistently having an abnormal voiding pattern -- often when they laugh, often when they giggle, or when they were historically very dry, and now your child is having frequent episodes of incontinence -- those are things that one, you want to rule out a urinary tract infection, and two, see if there is something else that parents can adjust. I think it's also really important that parents understand that very infrequently do children do this for attention seeking, so it's really important not to have punishment for urinary incontinence or anything like that.

Dr. Smith: And do you see that happening a lot -- maybe the parents just think they're acting out?

Mary: Often times, yes. I won't say that that never happens, but it is not most common, and it can actually be detrimental in changing bladder behaviors long-term.

Dr. Smith: We're talking about voiding dysfunction with Mary Langston. Mary, are there any last words that you have on the topic for our audience -- both for the family and both for the primary care physician?

Mary: I would say that it's very important for children to feel support and that they aren't chastised. Sometimes, it's hard to ask them to change their behaviors in a way that's healthy for their voiding. Using positive incentives is always very encouraging. Even before you get to the specialty center, it's really important to give them your support.

Dr. Smith: Okay, well, Mary, I want to thank you for the work that you're doing at Children's Mercy, and thank you, for coming on the show today. You're listening to Transformational Pediatrics with Children's Mercy, Kansas City. For more information, you can go to ChildrensMercy.org, that's ChildrensMercy.org. I'm Dr. Mike Smith. Thanks for listening.

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