

Control of incontinence in children

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Abstract

Control in children could be fecal as well as urinary and could be congenital or acquired. Thorough evaluation of the cause of incontinence is of prime importance so that appropriate management of these conditions can be effectively delivered. Children with incontinence suffer with high incidence of behavioral, emotional, social, physical as well as parental disdain and most of the times these issues are co-existent leading to a massive impact on the quality of life of the affected child. Surprisingly, literature describes techniques of providing a state of pseudo-incontinence to these children either by conservative methods or surgically. But is that good enough? Can anything better be done for these children who keep suffering silently throughout their lives? Innovative methods have been devised for the management of such children by the author following which 75-80% of the children can achieve normal continence which is TRUE continence. Thorough evaluation by clinical parameters, by application of scoring systems, by electromyography and urodynamic studies is followed by Perineal Re-education Therapy (PRT) as per the specific but customized program and protocol. For fecal incontinence, assessment is done while the child is on treatment at monthly intervals and based on the response; the duration of therapy is planned. If no response is noticed within 3 months, further evaluation by MRI of the pelvis decides further treatment. Surgical correction of incontinence is done in 20- 25% of cases by Gracilis Sling surgery which is enhanced by vigorous PRT. Different protocols are utilized for urinary incontinence based on etiology of incontinence. Intravesical injections of Botulinum Toxoid play a major role in correcting incontinence in overactive bladders.

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Biography

Sushmita Bhatnagar is a Professor and Head of the Department, Pediatric Surgery at Bai Jerbai Wadia Hospital, and Institute of Child Health. She is also associated with

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