

Faxnotes

July 5, 2006

MEDICAL UPDATE

Dysfunctional Voiding

Dysfunctional voiding represents a spectrum of voiding problems that is very common, affecting about 1 in 10 children under 10 years of age. The main symptoms of dysfunctional voiding are urinary tract infections, frequent or infrequent voiding, daytime wetting and night time wetting. Many children with dysfunctional voiding also have constipation, which aggravates the situation and is referred to as dysfunctional elimination syndrome.

To individualize each child's treatment, it is important to understand their specific voiding problems. This is best achieved by taking a careful history including: a voiding diary (noting times of voiding, amount of each void, and time and amount of each urinary accident), history of urinary tract infections, and history of bowel movements. Children who have always been wet or are continuously dribbling are more likely to have anatomical anomalies and require more thorough investigation. On examination, signs of constipation, sacral anomalies and the genitalia need to be examined. Most children only require simple investigations, which include a pre- and post-void ultrasound scan to identify if there is a post-void residual, a urinary flow rate and dipstick urine. Patients with more complex dysfunctional voiding may require more invasive investigations, such as formal urodynamics and spinal cord imaging.

Once the history, physical exam and simple office investigations have been performed, the majority of patients with dysfunctional voiding can be identified. The initial management has three main components. Firstly, start with re-establishing a regular normal voiding routine; children are encouraged to void every 2-3 hours, allow sufficient time to empty the bladder completely, and in girls, to create an environment that the pelvic floor muscles can relax adequately during voiding. Secondly, ensure regular soft bowel movements, initially with dietary methods. Finally, the child and family need to be educated so that they can understand the necessity for regular, complete voiding. These apparently easy steps, however, can be difficult to achieve and enormous patience and repetition is necessary to ensure success. This usually requires a dedicated caregiver with a specific interest in these patients. Improvements can often be seen within 6-8 weeks. In those children who do not show signs of change, laxatives and drugs that increase bladder storage (oxybutinin) or emptying (Alpha blockers) can be introduced. In these children frequent monitoring is necessary.

For more information, contact Duncan Wilcox, M.D. at duncan.wilcox@childrens.com or Charisse Rivers, CFNP at charisse.rivers@childrens.com.

SERVICE UPDATE

Dean Foods LEAN FamiliesProgram

Through the clinical nutrition department, Children's has started the Dean Foods LEAN (Lifestyle Exercise And Nutrition) Families Program. The intensive 12-week session provides children and their families with weight management therapy, developing life-long habits of good nutrition and healthy activities.

The program includes an initial assessment by a multidisciplinary team consisting of a pediatrician, dietitian, physical therapist, social worker and other support staff. Families participate in weekly education classes, covering topics such as behavior modification, physical activity and nutrition education.

Currently, the program is open to 6- through 11-year-old pediatric patients with a BMI greater than or equal to the 95 percentile for the age. A parent or adult must be available to attend the 12-week session. Insurance may not cover the cost of the educational program. The LEAN Families staff will offer payment options at the time of enrollment.

For more information on the Dean Foods LEAN Families Program or to refer a patient, call 214-456-LEAN(5326).

ROUNDS Southwestern office of continuing medical education at 214-648-3705.

July 12 "Evolution of Microbiology and Antimicrobial Management in CF," Lisa Saiman, M.D., M.P.H., Professor of Clinical Pediatrics, Director of Pediatric Infectious Diseases Fellowship, Attending Physician, Columbia University Medical Center; Hospital Epidemiologist, Children's Hospital of New York.

July 19 CPC: "A 15- Month- Old Girl with Vomiting," Linda Margraf, M.D., Professor of Pediatrics, Department of Pathology. Dan Bowers, M.D., Assistant Professor of Pediatrics, Division of Hematology-Oncology. Bradley Barth, B.A., M.P.H., M.D., Assistant Professor of Pediatrics, Division of Gastroenterology, UT Southwestern.

July 26 "Being Keen on the Spleen: A Primer on the Spleen, Splenomegaly, and Splenectomy," George Buchanan, M.D., Director & Professor of Pediatrics, Division of Hematology-Oncology, Distinguished Chair in Pediatric Oncology and Hematology, Director of Barrett Family Center for Pediatric Oncology, UT Southwestern.

Main Number (214) 456-7000	 	Pharmacy Consult (214) 456-6209
Admitting (214) 456-2190	 	Physician Referrals (800) CHILDRX
Emergency Center (214) 456-2100	 	Physician Relations (214) 456-2142
Laboratory (214)456-6300	 	PICU Consult Pager (888) CMC-PICU
Medical Records (214) 456-2505	 	Radiology (214) 456-2305
Medical Staff Services (214) 456-1814	 	Transport Services (800) 262-0988