ENVIDIUS ENURESIS CLINIC

Complete Folder for Client (T10.V5.0)

SITTA Method: Short and **I**ntensive **T**reatment with one of **T**wo **A**larms

for the treatment of Enuresis in Bon Secours Cavan

Please bring this chart and your alarm with you at each clinic visit unless told otherwise

Name .....
Date of birth .....
Address .....
.....

Folder for Client Information and Progress Documentation

BON SECOURS HEALTH SYSTEM

Body Worn Alarm T10

SITTA

Sitta pygmaea

Acknowledgements

The text in the "Does and Don'ts" table on page 20 has been reproduced from the leaflet "Bedwetting, Helpful Hints", produced by Ferring Ireland Ltd. of Ferring Pharmaceuticals with permission. We would like to thank Ferring Ireland ltd (manufactures of DesmoMelt) for sponsoring the setup of the HSE clinics. The Three Systems diagram and title on page 21-22 are reproduced with permission from Butler, R. (1996) and modified by Nick van der Spek. Overcoming Bedwetting: Information and advice for children aged 7 and above. Ferring Pharmaceuticals. London.

Dairy - Reminders and Actions for the next visit:

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Location
Envidius Private Paediatric Clinic, Bon Secours, Drumalee, Cavan, H12 Y8W5

Contact details
Clinic Reception: 049 433 2697
Mobile for calls: 086 373 0387
Appointments SMS: 086 180 3128 / 087 412 3813
Email: envidiusppclinic@privateclinic.ie
Website: www.envidius.ie

Appointments for Envidius Clinic Cavan				
Day	**Date**	**Time**	**Week**	**Place**
Tuesday / Thursday Friday				F2F Envidius Clinic Video Phone E-mail
Tuesday / Thursday Friday				F2F Envidius Clinic Video Phone E-mail
Tuesday / Thursday Friday				F2F Envidius Clinic Video Phone E-mail
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Notes:

Prof Nick van der Spek
Consultant Paediatrician
Envidius Private Clinic
Bon Secours, Drumalee, Cavan, H12 Y8W5
Clinic Reception: 049 433 2697
Mobile for calls: 086 373 0387
Appointments SMS: 086 180 3128 / 087 412 3813
Referrals: envidiusppclinic@privateclinic.ie
Web: www.envidius.ie

Introduction

This guidance is part of an 8-week clinical treatment program with intensive support using one of two types of bedwetting alarms (**S**hort and **I**ntensive **T**reatment with **T**wo **A**larms, SITTA).

This guidance relates to the use of a body worn system, a Malem M024 alarm.

The instructions of the treatment program and operation of the alarm are based on the modified Ramsey-Coote Operational Manual, the other type of alarm used. A technical manual for the body worn alarm is provided separately.

The treatment programme is provided in a private clinic setting. A parent or guardian is required to sign an agreement for the provision of the Malem alarm and commit to following the intensive treatment programme, which involves two clinic reviews per week. The Malem alarms have been purchased by the clinic and are sold to parents at cost price. The maintenance of the alarm and the replacement of consumable parts, such as sensors and batteries, are the responsibility of the parents.

In this guidance, the gender-neutral term "they" or "them" are also used, to refer to either "she", "he", "her" or "him", as appropriate. In this guidance and the accompanying documentation, the term **"parents"** is used to refer to both the singular **"parent"** and the plural **"parents"**, and includes the child's parents or legal guardian(s). For practical purposes, the term **"parents"** also includes any alternative or accompanying adult (e.g. a family member, foster parent, or other caregiver) who knows the child well, is closely involved in the bedwetting treatment programme, and acts on the instructions of the parents or legal guardian(s) in the child's best interests.

The clinical management programme is supported by an electronic healthcare record system called the **Electronic Enuresis File (EEF)** and Medserv's **Remote Practice Management (RPM)** service. EEF records the child's personal details (including parents' or guardians' names, telephone numbers, address, date of birth, medical record number, GP details, etc.), administrative clinic information (including appointments and attendance records), and clinical information relating to the child's condition and progress, as provided by the parents or legal guardians and interpreted and recorded by clinic staff. EEF data are stored securely on servers operated by **Envidius Database Systems (EDS)**. All data, whether electronic or otherwise, are managed in accordance with the **European General Data Protection Regulation (GDPR)** (May 2018; see https://www.eugdpr.org/) and applicable Irish data protection legislation. Patient data may be used in an anonymised form (see https://www.dataprotection.ie) for service evaluation, quality improvement, research, and publication purposes, with the aim of improving the management of future children with daytime urinary incontinence and/or bedwetting. By signing the borrowing agreement, the parent or legal guardian acknowledges and consents to the use of data as outlined in this paragraph.

Prof Nick van der Spek, Consultant Paediatrician, Envidius Private Clinic

Version: 5.0 June 2026

Contents

GUIDANCE FOR USE OF

BODY WORN BEDWETTING ALARM (T10)

BEFORE YOU START

How the bed wetting alarm works

Introduction: You have been advised by your practitioner to use a bed wetting alarm to cure your child's (or your) bedwetting. Great, a permanently dry bed forever is nearby! This method will require substantial effort from you and your child/parent for the next 8 weeks, but it is well worth it. It is important you understand everything about how it is done and that you follow all instructions. You are required to study the instructions in this booklet, and the accompanying manual related to the type of alarm given in detail before you start using the alarm. We are here to help you to explain this further and to support a successful treatment. The treatment will teach you/your child's brain to "sense" a full bladder during sleep. In the first week the alarm is doing all the "sensing" of your child's full bladder at the beginning of the wetting. With the alarm sounding and vibrating, the brain is reminded of the sensation of a full bladder; the brain is learning. While the brain is learning, it is essential that you / your child wakes up to the alarm. You can show your child a video (from another USA clinic) to explain this visually: https://www.youtube.com/watch?v=b-2loGCKggA

Equipment: The equipment consists of a urine sensitive clip connected to an alarm that is powered by two replaceable non-rechargeable low voltage (1.5V) AAA batteries. When there is a spot of urine on the easy-clip this completes an electric circuit and sets off the alarm. The alarm is a loud - 8 different - high pitched sound, loud enough to wake the child and it also vibrates and has a small LED light flashing. Your practitioner can adjust the preferred combination of sound/vibration, but both are best. Because wakening usually occurs before the bed is flooded with urine, the child is able to complete the emptying of the bladder in the toilet or pot. There is nothing IN this procedure that can physically hurt your child.

Example: Malem Ultimate (M04) body worn bedwetting alarm system

Two ways to have dry beds

There are two ways a child learns to have a dry bed using a bedwetting alarm.

1. The child learns to avoid the alarm going off, by "hanging on" to a full bladder whilst asleep and emptying the bladder in the toilet in the morning.
2. The child learns to wake up when the bladder feels full, before the alarm goes off. The child then goes to the toilet during the night.

Your child may learn to be dry at night by one or both methods. Research supports that both methods improve the quality of the sleep as well as all the other benefits of having a dry bed and improved self-confidence. Based on sound medical evidence, the bedwetting alarm is by far the most effective way to treat mono-symptomatic enuresis, i.e. children who wet the bed without any daytime symptoms.

How to use the alarm

Putting the equipment on the child (see also: https://www.youtube.com/watch?v=QTgNdkGhtW8)

1. Make the bed up in the usual manner, with waterproof mattress protection and ensuring the child isn't kept too warm. Adjust bed clothing to have the child cool but comfortable.
2. The child wears a pyjama top or short nighty.
3. The child wears closely fitted underwear (pants) to attach the easy clip to. The child can wear pyjama bottoms over it if they wish.
4. The alarm is attached to the pyjama top with the safety pin or clip. See picture below.
5. Another secure option would be to put the alarm in the chest pocket of the pyjama top, if it has one, and close it with a safety pin or button. Maybe you can make a pocket?
6. The Easy Clip sensor, is attached to the underpants, close to where it is expected to get wet.

See video for connecting clip: https://www.youtube.com/watch?v=WlYpctDLVrs

7. Put the wire under the top clothes so it doesn't get caught somewhere.
   See picture below:

8. You can cover-up the easy clip sensor, by wearing a second pair of under pants or pyjama bottoms over the sensor to ensure it stays on.
9. Now you are set to go.
10. When you go to bed to sleep, have the alarm set up as above, ready to sound/vibrate.

IMPORTANT: MAKE SURE THE WIRE IS PUT SAFELY TO PREVENT INJURY OR SUFFICATION

Training your child

What to tell your child

It is very important to explain to your child what the body worn alarm does and why you are using it. Tell them that children usually wet the bed when they are asleep and they do not know that it is happening. It is therefore not their fault. The alarm will wake them when this happens and allows them to finish wetting in the toilet. Let them watch the video link on page 1.

The equipment will be needed only for a short while because your child will soon learn to recognise when they need to go to the toilet without the assistance of the alarm. Children vary in the speed of learning; some learn to be dry in a few weeks, other take a few months.

Three Stages

Stage One: Teaches your child what is going to happen during the night and to learn to wake to the alarm. This occurs during the first few days and two weeks before Stage Two, the starting of the real program to get dry. The main aim of Stage One is learning about wakening to the alarm and following the procedure of toileting and re-making the bed.

Stage Two: This is the night time program using the body worn Malem Ultimate (M024) body worn alarm and getting dry nights. The first big achievement is the first Initial Success; this is the date your child has achieved 14 dry nights in a row in this treatment stage. Please take note of this.

Stage Three: this is an extra learning period aimed at preventing a relapse (that is, preventing a return to bedwetting later on); the overlearning. The second Initial Success is when there are 14 dry nights in a row again.

Stage One: Dry runs

Read through this section a few times till you are confident that you know the procedure.

1. Practice, **on the first day of training**, a few hours before bedtime:
    1. Write the date of this first day on the Dry Nights Record, after: "Period Starting:" (see for example page 5 below). Let your child help you to set the alarm equipment. For this first single "wet" run, for demonstration purposes, clip the easy clip sensor on a handkerchief or piece of cloth, rather than underwear.
    2. The alarm is always switched on and will **sound and vibrate** if the electric circuit is completed when the metal contacts of the sensor meet. Using a table spoon of the **warm water**, show how the patch of "urine" on the piece of cloth sets off the alarm. Release the easy clip and switch the alarm off. Wipe the easy clip sensor dry.
    3. Now sound the alarm by just closing the clip without any cloth between the metal contacts and the alarm will sound again. Open metal contacts, turn it off and you have it "set" again.
    4. Now pretend it is time to go to bed. Tell your child to have the alarm "set" with the easy clip OPEN and NOT attached to the underwear, while parent is holding the sensor in their hand. The child hops into the bed and pretends to be asleep, lights turned off.
    5. The parent holds the sensor and sets off the alarm by closing the easy clip sensor.
    6. As quickly as possible, your child then "wakes" up and gets up immediately and only when feet are on the floor, switches the alarm off by opening the easy clip sensor and then pushes the button on the side of the alarm, turns on the light and then goes to the toilet. The quickness of arousal will increase the treatment progress.
    7. The child pretends to urinate in the toilet and return to the bedroom.
    8. Repeat steps 4, 5, 6 and 7 another two times, to have completed the first set of "Magic Three" dry runs.

On this first night steps 4 to 7 are done three times in total. This completes the first day of the detailed "Magic Three" rehearsals.

2. **After the practicing the first night,** you can choose not to use the alarm while asleep and start the following day.
3. **On the second night and every subsequent night**, use the alarm at night while sleeping and do the "**Three T's**" once and the "**Magic Three**" three times every night:
    1. Do the **Three T's**:
        i. Brush your **T**eeth
        ii. Go to the **T**oilet
        iii. **T**alk to yourself in the mirror and say out loud: "I am going to beat the alarm!"
    2. Then get the alarm equipment and nightclothes ready as explained in "Putting the equipment on the child.
    3. Then do the "**Magic Three**": three dry runs every night (step 4-7) – same as outlined earlier:
    4. Now pretend it is time to go to bed. Tell your child to have the alarm "set" with the easy clip OPEN and NOT attached to the underwear, while parent is holding the sensor in their hand. The child hops into the bed and pretends to be asleep, lights turned off.
    5. The parent holds the sensor and sets off the alarm by closing the easy clip sensor.
    6. As quickly as possible, your child then "wakes" up and gets up immediately and only when feet are on the floor, switches the alarm off by opening the easy clip sensor and then pushes the button on the side of the alarm, turns on the light and then goes to the toilet. The quickness of arousal will increase the treatment progress.
    7. The child pretends to urinate in the toilet and return to the bedroom.
    8. Remember, do the 3T's and the Magic Three every night.
    9. After completing the above rehearsal (steps 4 to 7) three times you connect the Easy Clip to the underwear, have the alarm "set" and you are ready to go to sleep.

Stage Two: Getting dry

1. At bedtime remind your child to set the alarm. Check if they have done it right.
2. Do the Three T's and "Magic Three" practice runs as above every night.
3. During the night, when the alarm goes off you must get up and make sure that the child goes through the following steps:
    1. **The CHILD**: Wakes up, opens the easy clip and switches off the alarm.
    2. **The CHILD**: Goes to the toilet to finish weeing. Then returns to the bedroom.
    3. **The CHILD**: Records in Dry Nights record the size of the wet patch and time the alarm rang.
    4. **The CHILD**: Replaces wet clothing.
    5. **The CHILD**: Removes wet bedding, and wipes the Easy Clip dry.
    6. **The CHILD**: Remakes the bed (parent may have to help).
    7. **The CHILD**: Switches the alarm on.
    8. **The CHILD**: Goes back to sleep.

NB:

- It is also very important to make sure that the child is awake when urinating in the toilet. We do not want to teach them to wet in his sleep. Ensure the alarm doesn't fall into the toilet!
- You may initially need to help your child to wake, but the CHILD turns off the alarm.
- It is important for you to praise your child for doing all these things correctly. Give praise immediately after they complete each step correctly.
  Examples of appropriate praise:
  "Good Sean, you woke up as soon as the alarm sounded. That's excellent"
  "I heard you are doing a wee in the toilet. That's great. You will soon learn not to wet in your bed."
  (If you child cannot manage to pass urine in the toilet, say nothing.)
  "You have changed your wet pyjamas and put a dry sheet on the bed. That's good Siobhan, you have remembered what you have to do."

Remember that the child is told why they are being praised

- Your child should go to bed with pyjama bottoms or pants, which fit closely to ensure the sensor remains at the correct location.
- If your child has not wet in the bed during the night, praise them in the morning for having a dry bed.

Things to avoid in stage two

DO NOT: Restrict fluids (the child can drink as much as they want or need)

DO NOT Wake them to go to the toilet at any time other than when the body alarm rings. Your child must learn to wake when they need to go.

DO NOT Mention a wet bed at the time of wetting or in the morning. It is important that you give the child encouragement rather than criticism. Be matter of fact about the "accidents". If your child seems upset about wetting the bed reassure them, saying that it will take a little time for them to learn to be dry, but you are pleased that they are trying so hard.

DO NOT Allow brothers and sister to tease the bedwetter. It is important that you encourage them to cooperate and make helpful rather than critical remarks.

DO NOT Put the bedwetter in a top bunk. Change the sleeping arrangements whilst the program is running.

Keeping records

You already have a record of bedwetting for two weeks before training started. During training, using the **Dry Night Record**, you are asked to take note of:

1. The times the alarm went off.
2. The sizes of wet patches. This is very important. The alarm might be going off as the many times as it did in the early days of training but the patch size might be shrinking, showing that the child is developing control.
3. Times the child woke without the alarm, to go to the toilet during the night.
4. See for an example of Dry Nights record page 27

When is the child "cured"?

Continue normal procedure until the child has 14 completely dry nights IN A ROW. Record the date of the 14th day dry on the Dry Nights Record; this is the **INITIAL SUCCESS.** Your practitioner will ask you about this important achievement. If they have had 13 dry nights and wets, start counting from one again on the next dry night.

When your child has achieved 14 dry nights IN A ROW, STAGE 3 begins, unless instructed differently e.g. in children with a very small bladder.

Stage Three: Overlearning

In a small percentage of cases, relapses occur after dryness has been achieved (that is, the child begins to wet again and has more than 1 wet night per month). Research into the treatment of bedwetting using the alarm system has suggested an overlearning procedure to prevent relapse.

Overlearning can be explained in the following way. Having achieved 14 dry nights in a row it is obvious that the child has already learned, during sleep, to recognise the need to urinate. To prevent relapse, an opportunity for further learning (overlearning) is required. To provide this opportunity, encourage your child to drink an excessive amount of fluid before going to bed. This usually results in a few more instances of bedwetting, setting off the alarm once again but giving your child more learning experiences.

Procedure:

1. Give your child extra fluid before bedtime. Examples of appropriate fluids are water, milk or fruit juice. At least 600mL should be drunk. This amount can be drunk over a couple of hours.
2. Record the amount of extra fluid that the child has managed to drink (in fluid ounces or millilitres) in the "Note" column on the Dry Nights Record. (See above)
3. Mark on the Dry Nights Record with a coloured marker when the overlearning started.
4. Continue writing down the dry/wet nights and wakening on the Dry Nights Record form.
5. Continue the procedure as outlined in Stage Two. The body worn alarm stays on the child.
6. When your child has 14 dry nights IN A ROW again, remove the equipment.
7. This is the **SECOND INITIAL SUCCESS**. Record the date that this second success has been achieved.
8. After removing the alarm, continue the Magic Three rehearsals for another 7 days.
9. Return to the clinic with the Dry Night Records and the Equipment to inform the practitioner of the progress made and return the body worn alarm to the clinic.
10. If applicable, collect your deposit upon return of the Alarm in exchange for the receipt provided when the alarm was given to you at the start of the treatment.

Follow up

We will follow you up with a phone call or email about 6 months and 2 years after you started using the alarm to see how your child is doing. If your child has a wet bed during this period, please record it on a Follow up sheet.

If they are still dry at 6 months they have achieved **Continued Success**.
If they are dry at 2 year follow up, they have achieved **Complete Success**.

If your child starts to wet frequently again, say once per two weeks, for 4 weeks, or more frequent, contact the clinic ASAP. The sooner you restart using the alarm again, the faster the child will become dry again.

Malem DeLuxe M024:

SUMMARY OVERVIEW

Setting up the bed

1. Place a waterproof protective sheet on top of mattress.
2. Cover the waterproof sheet with a normal cotton bottom sheet.
3. Make up bed as usual with top sheet, blanket or quilt, but ensure the child is not too hot.
4. Connect the sensor to the underpants and the alarm with full battery to the top of the night wear, with the wire connected to the alarm and run under the top.
5. See video to clarify the set up further: https://www.youtube.com/watch?v=QTgNdkGhtW8

Important

1. **Do not cause child to sweat excessively.**
2. **Place the sensor at the right position.**
3. **Have a fully charged battery in the alarm for optimum results.**
4. **Ensure the wire is not causing any harm.**

Stage one

See detailed instructions on how to practice with the Easy Clip in the hand before starting Stage Two.

10 Rehearsal steps before going to sleep during stage two

1. Follow the child's usual bedtime routine including his snack, bedtime story, reading a book in bed etc. None of these are required but are allowed if that's what you and your child usually do. Let the child drink as much as they want before going to bed.
2. When the child is ready to go to sleep (i.e. finished reading etc, which differs from some from going to bed!), go to the bathroom for the **3T's**:
   a. Brush **T**eeth
   b. Go to the **T**oilet
   c. **T**alk to self, saying: "I am going to be dry tonight" and "I will get up before the alarm wakes me"
3. Now pretend it is time to go to bed. Tell your child to have the alarm "set" with the easy clip OPEN and NOT attached to the underwear, while parent is holding the sensor in their hand. The child hops into the bed and pretends to be asleep, lights turned off.
4. The parent holds the sensor and sets off the alarm by closing the easy clip sensor.
5. As quickly as possible, your child then "wakes" up and gets up immediately and only when feet are on the floor, switches the alarm off by opening the easy clip sensor and then pushes the button on the side of the alarm, turns on the light and then goes to the toilet. The quickness of arousal will increase the treatment progress.
6. The child pretends to urinate in the toilet and return to the bedroom.
7. **Redo from step 3 to 6** two more times. The "**Magic Three**".
8. Complete these Magic Three rehearsals EVERY night, until the child has 14 dry nights in a row and for the seven subsequent dry nights.

Using the alarm

1. As child goes to bed to sleep, they switch the alarm on by connecting the sensor correctly to the underwear.
2. When the child wets, the alarm rings, and the child wakes and gets out of bed immediately.
3. The child opens the sensor and then switches the alarm off.
4. The child then turns on the light and goes immediately to the toilet and empties the bladder.
5. On return check the time and record the time the wetting occurred.
6. Replace any wet night clothing.
7. Remove any wet bedding and wipes the sensor dry.
8. Remake the bed and the sheets covering the waterproofs.
9. Re-set the alarm on and go back to sleep.

Cleaning

1. Before using the body-worn bedwetting alarm for the first time, clean the sensor with a mildly soapy disinfectant or detergent cleaner, old tooth brush and water. Rinse well afterwards and dry for several hours.
2. Use Flash multi surface detergent, Dettol Liquid or similar product:
3. Do a Flash/Dettol clean of the sensor once a week and before bringing the equipment back to the clinic.
4. For video see: https://www.youtube.com/watch?v=FuhQPKzx8HY

Battery changing

1. The two non-rechargeable 1.5V AAA (triple A) batteries needs to be replaced once every two week if it sounds every night or earlier if the sound or vibration is fading.
2. Open the cover for the battery at the back of the alarm gently by first pushing and then sliding it to the right. No sharp equipment is required otherwise it breaks. The button to record is under the lid when removed.
3. Replace the battery with the correct + and - signs (see video below)
4. Replace cover by slight push and slide up until soft click is heard. Check if alarm is working.
5. See for more details: https://www.youtube.com/watch?v=4keVGWCEua4

Process and terms of condition of using the alarm

1. You have been given this top of the range European body worn alarm for a period of only 8 weeks.
2. It cures nearly all children who use it but all instructions outlined above have to be followed.
3. You have agreed to:
   - A loan period of maximum 8 weeks and return it afterwards;
   - To look after this piece of equipment so other children can use it after you.
   - To commit to coming to the clinic EVERY TWO WEEKS.
4. You record on the Dry-Nights sheet:
   - Every wet/dry night,
   - The times the wetting occurs
5. The child has mastered their bed wetting when they are dry for 14 dry nights in a row. It is very important you tell the doctor/nurse the date this has happened. This is the **Initial Success**.
6. When the First Initial Success of 14 dry nights has been achieved, it is best to give your child 600mls of extra fluid before bed and see whether they can wake up and empty their bladder successfully. This is called "**Overlearning**". When they has achieved another 14 nights in a row, they has achieved a Second Initial Success and you can remove the alarm from the child.
7. After the overlearning and removing the alarm, continue the Magic Three for seven more nights.

Relapse

1. If your child starts to regularly wet the bed again after finishing the alarm treatment course please contact the clinic.
2. A further use of the alarm for a short time should prevent any further bed wetting.
3. If the alarm is unsuccessful in curing your child's bed wetting the first time, the options available will be discussed in the clinic. It often is worth trying it again 6-12 months later.

Please take care of the equipment

1. Don't remove the wire from the alarm repetitively as the "telephone" connecting is easy to break.
2. Only when storing or returning the alarm remove the wire and batteries from the alarm.
3. Be aware the flip switch at the back of the alarm moves upwards to close the gripper.
4. Parents to be responsible for replacing the batteries.
5. Clean as instructed.

The **S**hort and **I**ntensive **T**reatment regime with **T**wo different **A**larms in mono-symptomatic enuresis, treatment program **Malem DeLux MO24**

Body Worn Bedwetting Alarm

ALARM PROVISION AGREEMENT (T10)

This is an agreement between the Prof Nick van der Spek at the Envidius Enuresis Clinic and _____, parent of:

Name …….
Date of birth …….
Address ……
……..

The parent as identified above agrees:

1. You may purchase your own alarm. We recommend the Malem M024.
2. You may purchase at cost price* (€175) a Malem MO24 Bedwetting alarm system from Prof Nick van der Spek for the Short and Intensive Treatment with one of Two Alarms (SITTA), consisting of:
   - Malem DeLuxe MO24 Bedwetting alarm (*the alarm*)
   - Malem Easy Clip sensor with wires (*the clip*)
   - Two generic non-rechargeable AAA batteries (*the batteries*)
   - Malem Ultimate MO4/MO24 Bedwetting alarm Operational Manual (*the manual*)
   - The equipment carrier bag (*the bag*)
3. To study the manual provided and watch the instruction video on YouTube on how to safely use and maintain the equipment.
4. We advise you to look after the alarm system equipment with care as it has a few vulnerable parts especially the battery cover, the pyjama top clip and the "telephone connection". Dropping the alarm in the toilet or submerging it otherwise causes the inside parts of the alarm to malfunction. Please supervise your child operating the equipment.
5. Our SITTA study shows that 86% of children with bedwetting are dry (= initial success) after 7-8 weeks. We therefore advise to use the alarm for up to 8 weeks, and depending on progress, we may recommend extending the period for an additional 4 weeks or add additional treatment modalities. Using the alarm for more than 12 weeks is unlikely to be beneficial.
6. To be available for clinical review every two weeks and to inform us accurately of the progress of the child by keeping daily ("Dry Night") records of progress.
7. The outcome of the treatment programme is the achievement of **14 consecutive dry nights** (the "Initial Success"). Achievement of Initial Success cannot be guaranteed. Initial Success is achieved in approximately 86% of children and depends on the motivation of both the child and the parents, their ability to comply with the treatment instructions, and, occasionally, factors that are not fully understood. A small proportion of children may experience a relapse after achieving Initial Success.
8. That if the child relapses or hasn't responded after completing the 8-12 weeks treatment period, a review of treatment plan is required.

9. The parent acknowledges to have read the explanation of the use of EEF as outlined in the introduction on page 4 of this hand out.
10. To update us 6 and 24 months after the completion of the 8-12 weeks treatment period on the child's treatment response.

The Envidius Enuresis Clinic agrees:

1. To provide clinical guidance on the use of the equipment and the clinical management of the child's bedwetting for the 8 to 12 week period the alarm system is used for the SITTA method.
2. To provide a frequent follow up appointment face-to-face or by video/phone.
3. To advice on the use of the equipment so it remains in good working order.

The parent receives the following items, which need not be returned:
Enuresis Parent and Child Folder with:
- Bedwetting Guidance
- Photocopy of agreement
- General parent information and Three Systems diagram
- Dry-nights chart(s)

Signed:

_____ (Signature child)

_____ _____ (Signature parent)

Prof Nick van der Spek _____ (Parent name)

Date: …. / …. / 202…

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*) **Cost price** Malem M024 bedwetting alarm: Envidius Private Clinic purchases this alarm from the Malem website in the UK: https://malemmedical.com/collections/bedwetting-alarms/products/malem-deluxe-alarm-mo24. The cost price includes the bulk purchase cost of the alarm with the Easy-Clip sensor, currency conversion from UK pounds sterling to euro, shipping costs, Irish VAT, and any applicable import duties and taxes. As of June 2026, the cost price was **€175 per alarm**. Any replacement parts, including sensors, batteries, or cables, must be purchased by the patient's parents or legal guardians directly from the Malem website.

QUICK Quiz

1. When a child has a wet bed they should be reprimanded. TRUE or FALSE
2. Drug treatment is likely to be more effective than the bedwetting alarm. TRUE or FALSE
3. The bedwetting alarm should always be used at the same time as drug treatment. TRUE or FALSE
4. The body worn alarm is powered by a high voltage battery. TRUE or FALSE
5. With a bedwetting alarm an alarm sounds when the child wets the bed. TRUE or FALSE
6. A goal of Stage One of the treatment is to learn to wake to the alarm. TRUE or FALSE
7. The 3T's and Magic Three are rehearsals to be used only for the first three nights of using the alarm. TRUE or FALSE
8. The main goal of Stage Two treatment is 14 days dry in row. TRUE or FALSE
9. Stage Three (Overlearning) is intended to prevent relapse. TRUE or FALSE
10. The parent switches the alarm on before going to bed. TRUE or FALSE
11. The child switches the alarm off when it sounds during the night. TRUE or FALSE
12. It is not necessary for the child to go to the toilet when the alarm sounds during the night. TRUE or FALSE
13. The child should help re-make the bed if wetting occurs during the night. TRUE or FALSE
14. If the child does not wake to the alarm, the parent turns it off so the rest of the house doesn't wake and then wakes the child. TRUE or FALSE
15. If the alarm sounds faint or the light flickers, the battery is probably almost flat. TRUE or FALSE
16. It is important for the parents to supervise every step of the procedure when the alarm sounds during the night. TRUE or FALSE
17. There is no medical evidence that the bedwetting alarm is the best method to cure bedwetting. TRUE or FALSE

ANSWERS: ----------

1. FALSE
2. FALSE
3. FALSE
4. FALSE
5. TRUE
6. TRUE
7. FALSE
8. TRUE
9. TRUE
10. FALSE
11. TRUE
12. FALSE
13. TRUE
14. FALSE
15. TRUE
16. TRUE
17. FALSE

GENERAL INFORMATION ABOUT BEDWETTING

Introduction

Bedwetting (nocturnal enuresis) is a common childhood problem which can create enormous stress and embarrassment for children and their families. However, something **can** be done to speed up getting dry. This booklet describes ways in which parents and professionals can help children to improve bladder control and become free of bedwetting.

The extent of the problem

It has been estimated that in Ireland 46,000 children between the ages of 5 and 16 years regularly wet the bed. Up to the age of 12 years, more of these are boys than girls, but the older group (12-16 years) has proportionally girls. It is very easy for children to feel that they are the only ones with the problems, as it is not something that is easy to reveal and share with friends. Only one in every 6 children looks for help. It may be of some comfort to an affected child to know that in a school class of 30 children, aged 7-9 years, there likely to be at least one other who also wets the bed.

"Tuning in" to the bladder

Children gradually learn to recognise the sensation of a full bladder and begin to "hold-on" until a toilet or potty is found (see "how the system works"). Most children have gained day-time control by the age of 3 years; night-time control takes a little longer – girls often achieve this earlier than boys. It is quite normal for children as old as 4 years to be still wetting the bed and accidents may occur from time to time for a number of years.

What might cause bedwetting?

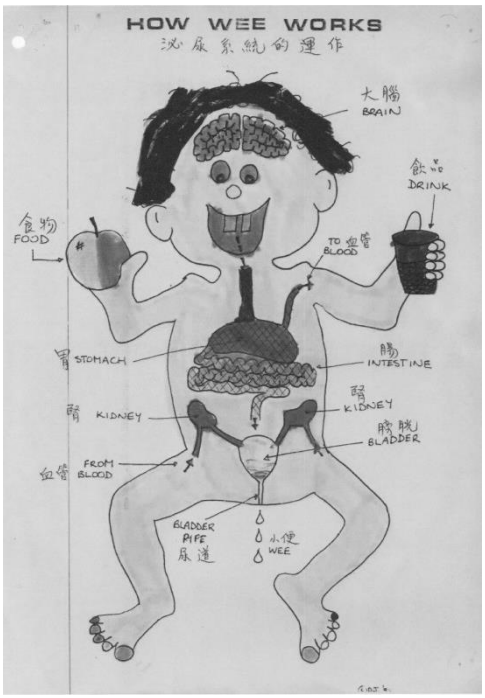
It is not always easy to pinpoint the reason why some children acquire night-time control later than others, but it **not due** to laziness, lack of willpower or "sleeping too deep". We now believe that bedwetting may be the result of a number of factors (**The Three System**s):

- The body's system to slowdown urine production at night is not yet working well enough (this is controlled by a hormone from the brain, or chemical messenger called vasopressin – which acts on the kidney's). The children concerned therefore have to cope with day-time levels of urine at night. (**System C**)
- The bladder holds lower than average amounts of urine before giving a signal that it is full (these children often pass small amounts frequently during the day). The bladder may also be "overactive" (sometimes called "an irritable" or "unstable" bladder or "detrusor instability") and gives an urgent signal to empty before it is full. Usually this is evident during the day by wetting, frequency or urgency, LUTS. (**System B**)
- The signal from bladder to brain to "wake up" or 'hold on' at night isn't getting through via the "bypass" in **System A**; something that is not under conscious control. Anxieties in the child's life, such as the birth of a new baby, the death of a close friend or relative, or starting a new school, can also delay learning bladder control, or "trigger" bedwetting incidents in children who were once dry at night.
- The risk of bedwetting will increase by 40 to 70% for a child if one or both parents wet the bed after the age of 5 years. This genetic effect may be linked to chromosome 12q and 13q. Small bladder capacity and increased urine production runs in families too.
- The sleep pattern in children with or without bedwetting is exactly the same and the common thought that children who wet the bed sleep too deep is not true. Deep sleeper might find it difficult to wake to an alarm.

How the system works

Look at Wee, he is a little boy in the picture below. He eats and drinks which goes into the stomach, then into the blood and then the kidneys remove out of the blood what is not needed and turn it into urine "wee", like a washing machine. The kidneys drop the wee into the bladder. The bladder is like a "stretchy

bag". Its muscle walls relax, allowing it to gradually fill with urine from the kidneys (and therefore become larger), and to contract and squeeze out its contents. Everyone's bladder has a maximum level of filling before its contractions starts and this varies between children.



When the maximum level is reached the bladder sends messages ("*I am full!!*") to the brain via the nervous system, resulting in feelings of discomfort or fullness. It is this that tells the child that he needs to go to the toilet (both at day and night). When the toilet is reached (or wetting occurs!), then the brain instructs the bladder ("Go!") and contractions squeeze the urine out, emptying the bladder.

> Can your child get to the toilet easily?

- If the toilet is downstairs or some distances away, a potty near the bed is helpful;
- Use a bottom rather than a top bunk bed;
- If your child is afraid of the dark, keep the light on or the switch nearby

> Food and Drink

Encourage your child to drink a reasonable amount during the whole day (about 6-8 glasses, with 2-3 during the school day). Cutting back on drinks does not help – the bladder tends to "adjust" to less fluid and therefore holds less before feelings of fullness occur (see page 2: how the system works"). However, be careful about fizzy drinks, black-currant (contains tartrazine) and tea or coffee, particularly last thing at night, as these stimulate the kidneys to produce more than average amounts of urine. Do make sure that your child uses the toilet before going to bed.

Try to prevent your child becoming **constipated**, as this may irritate the bladder at night and result in more frequent urination. A diet with plenty of roughage may help, e.g. wholemeal bread, bran cereal, frozen or tinned peas and baked beans.

> Praise

Praise your child for dry nights, or if they wakes by himself to use the toilet during the night. Try not to show your frustration at wet beds, even though you may be feeling this way!

> Waking up (or "lifting")

You may be lucky and reduce the number and extent of wet patches in the bed, but this method does not in itself help your child to react to the sensation that the bladder is full- and wake up or "hold on".

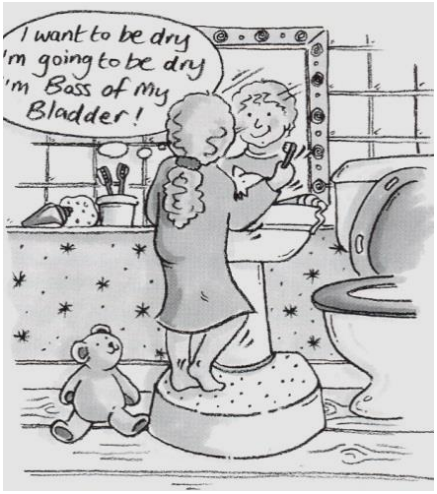
What Parents can do for Children Seven Years and Older

Talking to your child calmly about the problem can sometimes uncover fears or anxieties. It may also be reassuring for your child to know that all children find their bodies are good at some things and poor at others, e.g. some are good swimmers or footballers, while others are less good at these things. It is also important to reassure your child that there will be others with this difficulty in the school class.

You could find out whether your child really wants to become dry at night. Gently asking your child what They thinks are the good things about being dry can give some idea of the extent of your child's wish to be free of bedwetting. Wanting to be dry helps your child make sense of the methods you might be trying. If your child appears to be disinterested or not bothered, although it is understandably very frustrating for you as a parent, it is perhaps best not to pressurise them at this stage, but to encourage them to think about what the good things about being dry might be for the future.

Boss of my bladder' exercises

Helping your child to feel in charge of the plan to become dry is very important. Asking your child to repeat the following statements at least three times a day can help:



I want to be dry and I am going to be dry" or "I am going to wake up to the alarm"

>How Professionals can help

It is very common for parents and children to reach a state of "deadlock" with feelings of frustration and anger reaching boiling point. Talking it over with a professional can be reassuring and can providing a "fresh start" in tackling the problem. This will enable the most suitable treatment method – or combination of methods – to be chosen to help your child to move towards becoming dry at night. Contact your Public Health Nurse for help.

Alarms

These are not generally tried before the age of 7 or 8 years, but for children of this age group onwards they can be a successful form of treatment.

However, you will need to be prepared for many disrupted night's sleep until your child gets into a routine with the alarm. Treatment time can take up to 4-6 months.
There are two types of enuresis alarms or "buzzers". The bedside type (pad and bell, like the Ramsey Coote Alarm or MO6) has a "noise box" placed next to the bed and one or two detector mats placed underneath the bed sheet.

The Mini or body alarm has the "noise box" and detector plate or clip which are smaller and closer to the child (see diagram to left). The detector plate/clip can also be placed between two pairs of underpants.

In both types the noise box rings when urination begins, causing the child to wake up and "hold on" or wake up and go to the toilet before an accident happens. Gradually, the child learns to wake up and "hold on" to the sensation of a full bladder without the alarm. Alarms are likely to be more successful if set up with professional help. After an assessment an alarm can be provided by the Enuresis Clinic. Both the body-worn and bedside mat alarms can also be bought from other organisations, but professional support when using is important to be successful.

Medicine

> Desmopressin:

This is the most widely prescribed medicine for bedwetting, from the age of five. Desmopressin (DesmoMelt®, formerly Desmotabs®) works on the kidneys in a similar way as the naturally occurring vasopressin – by reducing and concentration the amount of urine produced overnight. Taken just before bedtime, about 7 out of 10 children show rapid improvement while on medication. Desmopressin may be prescribed in the short term when a child needs to go away on holiday, visit friends, or go on camp, but depending upon the individual assessment, it can be used for six months or more. It is usual to stop the medicine for a week after three months of treatment to see whether the bedwetting has naturally resolved. If not, further three months course may be prescribed by your doctor.
Depending on your child's individual problem, after about 6 months on treatment your doctor or nurse may advise you about helping your child to become dry without medication. Most people taking desmopressin encounter no problems and some use it for a number of years. Occasionally some people suffer from headaches, nausea or stomach pain, especially if the tablet is swallowed instead of melted under the tongue. It is important not to drink large amounts of fluids for an hour and a half prior to bedtime, and until the next morning, while on this medicine.

> Oxybutynin, solifenacin, mirabegron and other anticholinergics

Oxybutynin (Cystrin®, Ditropan®) is an anticholinergic, which comes as a tablet or liquid that can be prescribed for young people who have daytime urgency, sometimes in conjunction with desmopressin or an alarm. It works by helping the bladder to relax – "Grow ears on your bladder". Some children react with side effects like a dry mouth, facial flushing, itch, sleep changes, nausea, constipation and / or abdominal discomfort. Other anticholinergic medication have less side effects like solifenacin or mirabegron, which only come in tablet format.

Daytime accidents

If your child also has accidents during the day, it may be best to seek professional help for this before trying to tackle the night time wetting. It is vital that children have easy access to good quality drinking and toilet facilities at all times during the day, at home and at school – a confidential word with the teachers can help to enlist his or their support.

Holidays

Nights away from home, although understandably a source of anxiety, do not have to be avoided. Most school trip organisers are familiar with this problem and can deal with it discreetly. To help holiday management, there are waterproof washable, sleeping bag liners and special hygiene packs available.
Parents can sometimes discover that their child stays dry when away from home. Why this is so is not really known. It may be that in an unfamiliar environment the body is in greater state of "alertness", thus making it easier for children to be aware of the sensation of a full bladder and respond by waking up and "holding on".

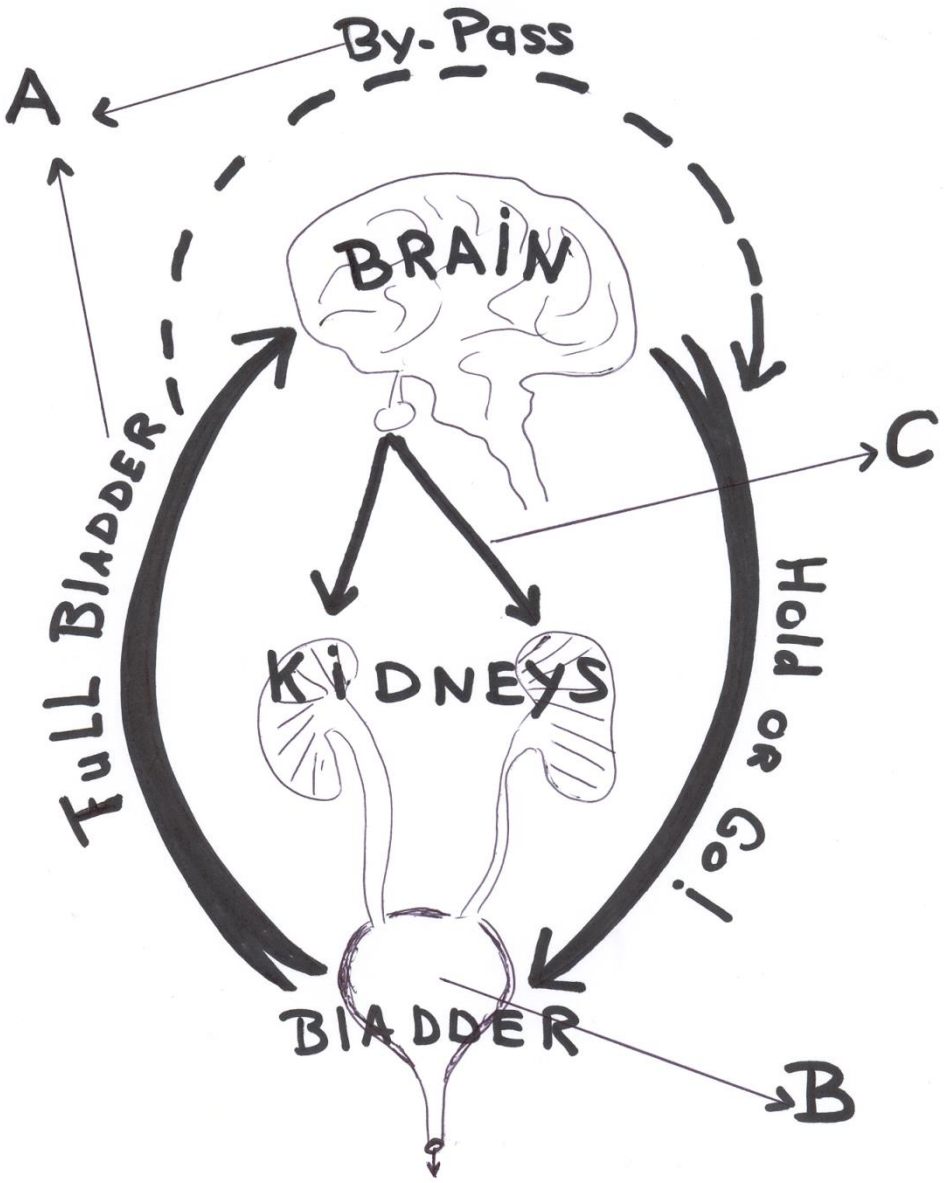
SOME DOs AND DON'Ts FOR PARENTS

DO

Do	encourage the child to drink throughout the day. It is important that they recognise the feeling of a full bladder.
Do	avoid fizzy drinks at bedtime and drinks, which contain caffeine or tartrazine, such as blackcurrant, tea, coffee, coke and chocolate. These can cause more urine to be produced or irritate the bladder.
Do	ensure that the child has plenty of fruit, vegetables, cereal and fluids. This will help to avoid constipation, which can contribute to bedwetting.
Do	ensure that the child goes to the toilet before going to bed.
Do	leave the light on at night to ensure that the child has easy access to the toilet.
Do	make sure that the mattress and bed are adequately protected.
Do	allow the child to help with changing the bed & nightclothes. It does help if they are actively involved in overcoming the problem.
Do	make sure that the child has a bath or shower each morning. This removes the smell of stale urine and avoids the child being teased and tormented at school.
Do	stay calm, be prepared and try not to worry.
Do	remember, bedwetting is neither the child's fault nor the parents. Patience, love and encouragement will go a long way to resolving the problem for everyone in the family.
Do	take your child out of nappies, but do make sure that the mattress and bedding are protected. While attending the enuresis clinic, we advise NOT to wear nappies/pull-ups as it hinders getting your child dry.

DON'T

Do not	get cross with your child; it's not their fault.
Do not	use waking the child as a long-term strategy to overcome bedwetting.
Do not	use nappies or restrict fluids at night as a way to cure the bedwetting.

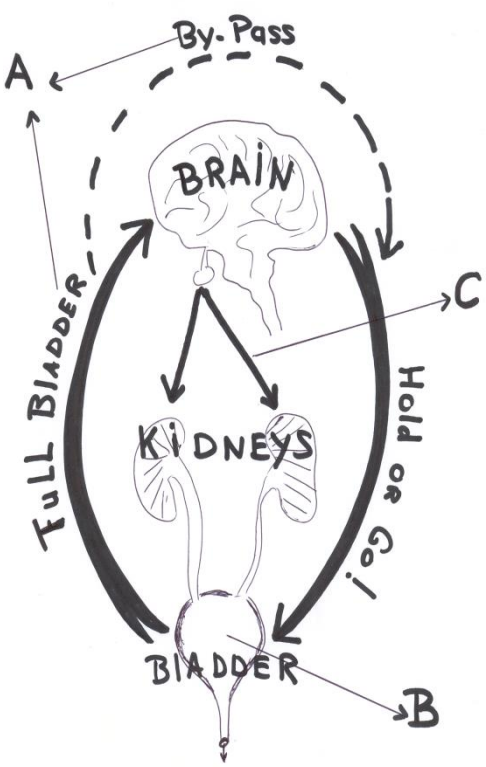


“Three Systems”

THE THREE SYSTEMS APPROACH

Cause and Treatment Principles

System A: (most children)
Cause: Lack of arousal
Result: Full bladder doesn't alert the brain or "by-pass" slow
Treat: Alarm in over sevens



System B: (often also daytime wetting)
Cause: Irritable bladder
Result: Too easily emptying bladder
Treat: Antibiotics, bladder relaxants

System C:
Cause: Lack of vasopressin
Result: Too much urine
Treat: DesmoMelt (was Desmotab)

Or

Combination of the above

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Sitta pygmaea

SITTA METHOD PROGRESS

Documentation to monitor progress of a child with enuresis using the SITTA method of getting dry using a body worn alarm (MO24)

Body worn Alarm

Envidius Enuresis Clinic

Child's Dry Nights Record Body Worn Alarm Wk 1-4

Name ……
Date of birth …….
Address ……
…….

Current treatment: None / Malem 24 / Other Alarm
Period starting: …. / …. / 20…
Period ending: …. / …. / 20…

Date First Initial Success: …. / …. / 20…
Date Second Initial Success: …. / …. / 20…

If your bed was dry in the morning, write DRY in the box and note if you slept through or woke up (by yourself) to wee. If the bed wasn't dry, please mark the following:

- The size of the wet patch with large/medium/small; If bed is dry but just a drop in pants write: **drop**
- If you woke up yourself; either before or after hearing the alarm (= you parent didn't have to wake you);
- If you are using an alarm, please mark the time(s) the alarm was triggered and you got up;
- If you wet a second time, write this down too and record this under "More wets";
- Mark when you have achieved 14 dry nights in a row (First Initial Success) and when you started the Overlearning. Record the date when you have a Second Initial Success and stop using the alarm.

		MON	TUES	WED	THU	FRI	SAT	SUN	Note
Week 1	*Size:*								
	Woke self:								
	Time up:								
	More wets:								
Week 2	*Size:*								
	Woke self:								
	Time up:								
	More wets:								
Week 3	*Size:*								
	Woke self:								
	Time up:								
	More wets:								
Week 4	*Size:*								
	Woke self:								
	Time up:								
	More wets:								
Total number of dry nights (Please add):									

Envidius Enuresis Clinic

Child's Dry Nights Record Body Worn Alarm Wk 5-8

Name ……
Date of birth ……
Address ……
……

Current treatment: None / Malem 24 / Other Alarm
Period starting: …. / …. / 20…
Period ending: …. / …. / 20…

Date First Initial Success: …. / …. / 20…
Date Second Initial Success: …. / …. / 20…

If your bed was dry in the morning, write DRY in the box and note if you slept through or woke up (by yourself) to wee. If the bed wasn't dry, please mark the following:

- The size of the wet patch with large/medium/small; If bed is dry but just a drop in pants write: **drop**
- If you woke up yourself; either before or after hearing the alarm (= you parent didn't have to wake you);
- If you are using an alarm, please mark the time(s) the alarm was triggered and you got up;
- If you wet a second time, write this down too and record this under "More wets";
- Mark when you have achieved 14 dry nights in a row (First Initial Success) and when you started the Overlearning. Record the date when you have a Second Initial Success and stop using the alarm.

		MON	TUES	WED	THU	FRI	SAT	SUN	Note
Week 5	*Size:*								
	Woke self:								
	Time up:								
	More wets:								
Week 6	*Size:*								
	Woke self:								
	Time up:								
	More wets:								
Week 7	*Size:*								
	Woke self:								
	Time up:								
	More wets:								
Week 8	*Size:*								
	Woke self:								
	Time up:								
	More wets:								
Total number of dry nights (Please add):									

Envidius Enuresis Clinic

Child's Dry Nights Record Body Worn Alarm Wk 9-12 (Xtra)

Name ……
Date of birth ……
Address ……
……

Current treatment: None / Malem 24 / Other Alarm
Period starting: …. / …. / 20…
Period ending: …. / …. / 20…

Date First Initial Success: …. / …. / 20…
Date Second Initial Success: …. / …. / 20…

If your bed was dry in the morning, write DRY in the box and note if you slept through or woke up (by yourself) to wee. If the bed wasn't dry, please mark the following:

- The size of the wet patch with large/medium/small; If bed is dry but just a drop in pants write: **drop**
- If you woke up yourself; either before or after hearing the alarm (= you parent didn't have to wake you);
- If you are using an alarm, please mark the time(s) the alarm was triggered and you got up;
- If you wet a second time, write this down too and record this under "More wets";
- Mark when you have achieved 14 dry nights in a row (First Initial Success) and when you started the Overlearning. Record the date when you have a Second Initial Success and stop using the alarm.

		MON	TUES	WED	THU	FRI	SAT	SUN	Note
Week 9	*Size:*								
	Woke self:								
	Time up:								
	More wets:								
Week 10	*Size:*								
	Woke self:								
	Time up:								
	More wets:								
Week 11	*Size:*								
	Woke self:								
	Time up:								
	More wets:								
Week 12	*Size:*								
	Woke self:								
	Time up:								
	More wets:								
Total number of dry nights (Please add):									

Envidius Enuresis Clinic

Child's Dry Nights Record Body Worn Alarm Wk 1-4 (Example)

Name ……Enda Xample …..
Date of birth ……02/02/2013……
Address …Cavan/Monaghan……
……

Current treatment: ~~None~~ / Malem 024 / ~~Other Alarm~~
Period starting: 30 / 01 / 2021
Period ending: 27 / 02 / 2021

Date First Initial Success: …. / …. / 2021
Date Second Initial Success: …. / …. / 2021

If your bed was dry in the morning, write DRY in the box and note if you slept through or woke up (by yourself) to wee. If the bed wasn't dry, please mark the following:

- The size of the wet patch with large/medium/small; If bed is dry but just a drop in pants write: **drop**
- If you woke up yourself; either before or after hearing the alarm (= you parent didn't have to wake you);
- If you are using an alarm, please mark the time(s) the alarm was triggered and you got up;
- If you wet a second time, write this down too and record this under "More wets";
- Mark when you have achieved 14 dry nights in a row (First Initial Success) and when you started the Overlearning. Record the date when you have a Second Initial Success and stop using the alarm.

		MON	TUES	WED	THU	FRI	SAT	SUN	Note
Week 1	*Size:*	L	L	L	M	L	S ¦ S	M	Praised for efforts; Sean made up bed himself
	Woke self:	- MUM woke Sean	- MUM woke Sean	- DAD woke Sean	✓	- DAD woke Sean	✓ ¦ ✓	✓	
	Time up:	05:00	04:15	04:45	03:00	04:00	3:15 ¦ 6:00	04:00	
	More wets:	-	-	-	-	-	Yes: 2	-	
Week 2	*Size:*	M	M	Dry	Dry	drop	M	Dry	3/14
	Woke self:	✓	✓	✓	✓	✓	✓	✓	
	Time up:	04:15	05:00	03:00	05:00	06:00	05:15	06:00	
	More wets:	-	-	-	-	-	-	-	
Week 3	*Size:*	Dry	Dry	Dry	Small	Dry	Large *	Dry	*Party on Saturday
	Woke self:	-	-	✓	✓	-	✓	✓	
	Time up:	-	-	06:30	03:00	-	06:30	06:30	
	More wets:	-	-	-	-	-	-	-	
Week 4	*Size:*	Dry	Dry	drop	Dry *	Dry	Dry	Dry	*Forgot to turn on alarm
	Woke self:	-	-	-	✓	-	-	-	
	Time up:	-	-	-	05:00	-	-	-	
	More wets:	-	-	-	-	-	-	-	
Total number of dry nights (Please add):		3	2	3	2	2	1	3	16/28

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Sitta pygmaea

Envidius Enuresis Clinic

Follow-Up Child's Dry Nights Record Body Worn Alarm

Name ……..
Date of birth ……
Address ……
……..

Current treatment: None

Period starting: …. / …. / ……
Period ending: …. / …. / ……

Number of wet nights per month (on average):__ / ___

This chart is for recording any bedwetting accidents after you have stopped using the alarm. Record the date and details of the wetting episode and any comments and we will ask you about it in 6 months after you started to use the alarm.

Date of wet Nights	Details of the wetting episode	Comments

Sitta pygmaea