

ENVIDIUS ENURESIS CLINIC



Information Folder (T10.V5.0)

SITTA Method: Short and Intensive Treatment
with one of **Two Alarms**

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	
	
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Folder for
Client

Information &
Instructions



Body Worn Alarm T10





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:

1. _____
2. _____
3. _____
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6. _____
7. _____
8. _____
9. _____
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14. _____
15. _____
16. _____
17. _____

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:



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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

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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 waking 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 child that wets the bed. It is important that you encourage them to cooperate and make helpful rather than critical remarks.
- DO NOT: Put the child that is using the alarm 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 in the Progress folder.

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 waking 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 need to be replaced once every two weeks 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:
 - o A loan period of maximum 8 weeks and return it afterwards;
 - o To look after this piece of equipment so other children can use it after you.
 - o To commit to coming to the clinic EVERY TWO WEEKS.
4. You record on the Dry-Nights sheet:
 - o Every wet/dry night,
 - o 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 have achieved another 14 nights in a row, they have 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 **Short and Intensive Treatment** regime with **Two different Alarms** 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 DeLux 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...

*) **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.

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