ENVIDIUS ENURESIS CLINIC

Complete Folder (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

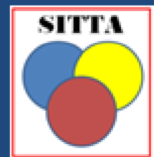
Please bring this chart and your alarm with you at each clinic visit unless told otherwise

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

Folder for Client

Information and Progress Documentation

Mat 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 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.

Diary – Reminders and Actions for the next visit:

1. ____
2. ____
3. ____
4. ____
5. ____
6. ____
7. ____
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16. ____
17. ____
18. ____

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
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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 "bell and pad" system, using the Ramsey-Coote Alarm. The instructions of the treatment program and operation of the alarm are based on the **modified Ramsey-Coote Operational Manual**, which is provided separately with the equipment.

The treatment programme is provided in a private clinic setting. A parent or guardian is required to sign a hiring agreement for the alarm equipment and commit to following the intensive treatment programme, which involves two clinic reviews per week. The SITTA bedwetting mat alarm service cannot be provided without this costly equipment (approximately €2,000). There is no deposit; however, a weekly rental fee of €10 applies. It is important that you take great care of this expensive equipment and return it in good condition so that it can be used by the next child.

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

GUIDANCE FOR USE OF RAMSEY-COOTE 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 guidance, 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 two weeks the alarm is doing all the "sensing" of your child's full bladder at the beginning of the wetting. With the bell ringing, the brain is reminded of the sensation of a full bladder; the brain is learning. While the brain is learning, it is essential that the child wakes up to the alarm. You can show your child a video (from an American clinic) to explain this visually: https://www.youtube.com/watch?v=b-2loGCKggA

Equipment: The equipment consists of a urine sensitive mat (the pad) connected to an alarm that is powered by an internal rechargeable battery. When there is a spot of urine on the mat this completes a circuit and sets of the alarm. The alarm is a loud bell sound, loud enough to wake the child. 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.

Ramsey-Coote 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.

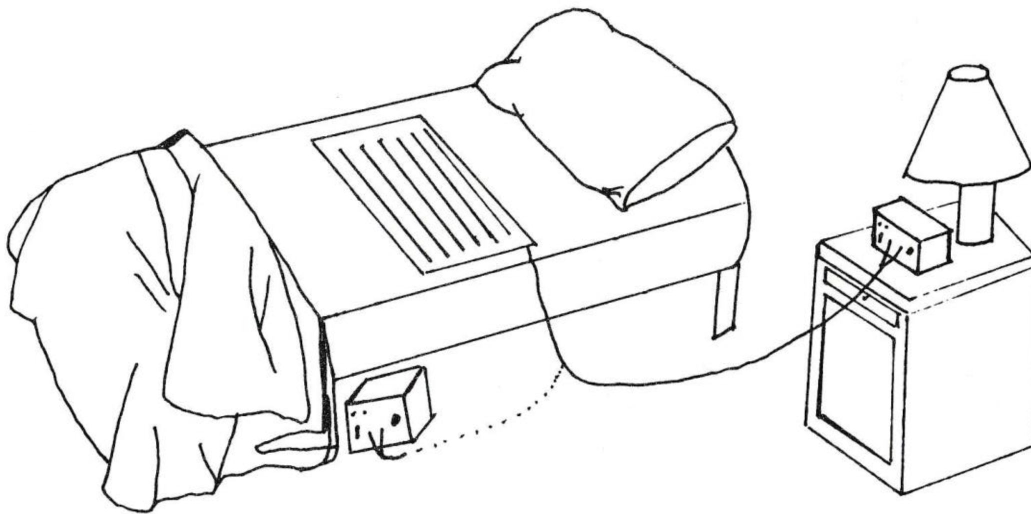
Your child may learn to be dry at night by one or both methods. Research supports that both methods improve the quality of the sleep as well as all the other benefits of having a dry bed and improved self-confidence. Based on sound medical evidence, the bedwetting alarm is by far the most effective way 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 bed (see also video www.youtube.com/watch?v=93OvW6Orm28)

Make the bed up in the following way: (See picture below)

1. Waterproof sheet or thick under-blanket on top of mattress then a bottom fitted sheet.
2. Place the rubber mat on top of this **across** the bed. Position the mat approximately where the child's bottom will rest. Place the mat across rather than down the bed because the child is more likely to roll from side to side whilst a sleep than wriggle up and down. When the widest part of the mat is across the width of the bed, it is more likely that the child will wet somewhere on the mat.



3. Cover the mat with a very thin cotton "draw" sheet across the bed. Tuck this in, leaving the lead dangling. NB. A new or thick flannelette sheet might soak up the urine and prevent it from making contact with the mat.
4. Put the alarm box on a bedside table, chair or the floor at the front of the bed out of reach of the child, making sure that the lead is tucked out of the away, so they won't trip over it.
5. Plug the lead in. It doesn't matter which jack goes in which hole.
6. Make up the bed as usual: top sheet, blanket and/or quilt.

IMPORTANT: DO NOT PUT AN ELECTRIC BLANKET ON THE BED.

Training your child

What to tell your child

It is very important to explain to your child what the bell and mat does and why you are using it. Tell them that many children 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.

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 bell and mat on the bed and getting dry nights. The first big achievement is the Initial Success; this is the date your child has achieved 14 dry nights in a row. Please take note of this.

Stage Three: This is an extra learning period ("*Getting you wet again!*") aimed at preventing a relapse (that is, preventing a return to bedwetting later on); the overlearning.

Stage One: Magic Threes – the Dry runs

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

1. Salt solution: Make a salt solution by putting two table spoons of house hold salt in a large cup (about 200-300 mL or 7-10 fl. oz.). Add enough hot water so the salt has dissolved fully. Then add cold water to make the solution lukewarm. A table spoon of this solution is sufficient to trigger the alarm. Let the child help.
2. Practice, **on the first day of training**, a **few hours before bedtime:**
    1. Let your child help you put the equipment on the bed. For demonstration purpose use a large handkerchief or piece of cloth over the mat rather than the bed sheets.
    2. Switch the alarm on, and using a table spoon of the warm salty water, show how the patch of "urine" sets off the alarm. Switch the alarm off. Check the time that elapsed between the alarm going off and you turning the alarm off.
    3. Wipe the mat and put on a dry handkerchief or cloth. Now do the first of the **M3 "Magic Three"** dry runs:
    4. Pretend it is time to go to bed. Tell your child to switch their alarm on, turn off the light and hop into bed, pretending to be asleep.
    5. You trigger the alarm using the salty water or test button.
    6. Your child then "wakes", **jumps out of bed**, switches the alarm off, turn on the light and goes to the toilet. The quickness of arousal will increase the treatment progress.
    7. They then pretend to urinate in the toilet and return to the bedroom, check the relapsed time and (pretend to) complete the Dry Nights Record.
    8. They wipe the mat dry. If light underpants are worn, the child pretends to change this. It is best not to wear pyjama bottoms as this might absorb too much urine preventing the alarm going off.
    9. They re-make the bed with a dry sheet (cloth) covering the mat.
    10. The child switches the alarm on and pretends to go back to sleep.

On this first night repeat steps 4 to 10 two more times.
This completes the first day of detailed "Magic Three" rehearsals.

3. **After the practicing the first night,** you can choose not to use the alarm while asleep and start the following day.
4. **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 let your child help you put the equipment on the bed and put on the covers and sheets as explained in "Putting the equipment on the bed"
    3. Then do the "**Magic Three**": three dry runs every night (step 4-10 below):
    4. Pretend it is time to go to bed. Tell your child to switch their alarm on, turn off the light and hop into bed, pretending to be asleep.
    5. You trigger the alarm using the test button.
    6. Your child then "wakes", **jumps out of bed**, switches the alarm off, turn on the light and goes to the toilet. The quickness of arousal will increase the treatment progress.
    7. They then pretend to urinate in the toilet and return to the bedroom, check the relapsed time and (pretend to) complete the Dry Nights Record.
    8. They wipe the mat dry. If light underpants are worn, the child pretends to change this. It is best not to wear pyjama bottoms as this might absorb too much urine preventing the alarm going off.
    9. They re-make the bed with a dry sheet (cloth) covering the mat.
    10. The child switches the alarm on and pretends to go back to sleep.
5. **Continue** with above and we will check it at the next clinic visit (Week 2), if the child has learned to wake up to the alarm.

Stage Two: Getting dry

1. Do the Three T's and "Magic Three" practice runs as above every night.
2. At bedtime remind your child to set the alarm. Check if they have done it right.
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 and switches the alarm off.
    2. **The CHILD**: Goes to the toilet to finish weeing. Then returns to the bedroom.
    3. **The CHILD**: Records in the Dry Nights record the size of the wet patch, the time the alarm rang and the time elapsed on the counter.
    4. **The CHILD**: Replaces wet clothing.
    5. **The CHILD**: Removes wet bedding, and wipes the mat 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 their sleep.
- 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 without pyjama bottoms or pants. If this is not acceptable to them, they may wear very thin and wide underpants, like boxer shorts. Thick pyjama bottoms or nighties can soak up urine and prevent the alarm form going off.
- 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 bell 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 who wets the bed. It is important that you encourage them to cooperate and make helpful rather than critical remarks.
DO NOT	Put the child on the treatment program 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, the doctor or nurse will discuss if the child will go into Stage Three.

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 an hour.
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 bell and mat stays on the bed.
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 mat, 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 bell and mat to the clinic.
10. Collect your deposit upon return of the Alarm in exchange for the receipt provide when the alarm was given to you.

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.

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. Place rubber mat across bed where child's bottom will be, with the grooved wires up. If you wish, you can put another waterproof protective sheet under the mat to reduce the amount of sheet changing.
4. Cover rubber mat with a very thin cotton sheet ("draw sheet") across bed.
5. To prevent the thin sheet moving, you could buy a pillow slip large enough to put the mat into or make a cover yourself from an old sheet.
6. Put the alarm out of reach of child, e.g., at foot of bed making sure lead is tucked out of way so the child or you won't trip over it.
7. Make up bed as usual with top sheet, blanket or quilt.
8. See video to clarify the set up further: www.youtube.com/watch?v=93OvW6Orm28
9. Also watch the testing video: www.youtube.com/watch?v=HzoVE2uhp8E
10. For cleaning see video: www.youtube.com/watch?v=0eMBJwI1GEc

Important

1. **Do not cause child to sweat excessively.**
2. **It is better the child goes to bed without any pyjama pants (very thin under pants may be an alternative).**

Stage one

See detailed instructions on how to practice with the salty water 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.
2. Let the child drink as much as they want before going to bed.
3. When the child is ready to go to sleep (which differs for 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"
4. Then go to bed in the bedclothes they will be wearing. Lie down with eyes closed in a dark room.
5. Let parent ring the alarm by pressing the test button.
6. The child jumps out of the bed immediately and turns off the alarm.
7. Walk to the toilet and pretend doing a wee.
8. Return to bedroom and check the time it took to turn off the alarm.
9. Complete Dry Nights Record and go back to sleep again.
10. **Redo step 4 to 9** for two more times. The "**Magic Three**".
11. 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 alarm on.
2. When the child wets, the alarm rings, and the child wakes and gets out of bed immediately.
3. The child switches the alarm off.
4. They then go immediately to the toilet and empty the bladder.
5. On return check the time on the alarm. Record this on the chart. Are you getting faster?
6. Also record the time the wetting occurred.
7. Replace any wet night clothing.
8. Remove any wet bedding and wipe the rubber mat dry.
9. Remake the bed and the sheet covering the rubber mat with a spare thin dry sheet/pillow slip.
10. Re-switch the alarm on and go back to sleep.

Important

1. **Do not restrict fluids.**
2. **Always make sure the child is awake when they turn the alarm off.**
3. **Make sure child is awake when urinating in the toilet.**

Cleaning

1. Before using the mat for the first time, thoroughly clean the mat with a mildly soapy detergent or disinfectant cleaner, brush and water. Rinse well afterwards and dry. Make sure the bed-mat is dry before it goes on the bed at night. See for instructions the video www.youtube.com/watch?v=0eMBJwI1GEc
2. The detergent mentioned in the video is 2.8% benzalkonium Chloride, which isn't available in Ireland. Use diluted Flash detergent or diluted Dettol Liquid or similar product instead:
3. If rubber mat is wet the following morning, wipe the mat over with clean warm water, wipe it dry and leave it to air before the bed is made. DO NOT USE DISINFECTANT then.
4. Do a Flash (or Dettol) clean if there has been a week of heavy wetting and just before bringing the equipment back to the clinic.

Battery charging

1. Battery needs to be charged one full day per week.
2. The battery charging indicator light will be shining red when charging.
3. Make sure On/Off switch with the red lever is in the up (OFF) position when charging.
4. Don't try to charge the alarm when in use, as it won't work.
5. See for more details: www.youtube.com/watch?v=jzCOYXLC0ak

Process and terms of condition of using the alarm

1. You have been given this expensive Australian Super alarm for a period of only 8 weeks.
2. It cures 80% of children who use it <u>but all instructions outlined above have to be followed</u>.
3. You have agreed to:
   - A hiring period of maximum 8 weeks, or until you have achieved 14 dry nights in a row with overlearning and return it afterwards (If the child is progressing to dryness then continue up to a maximum 12 weeks in discussion with clinical staff);
   - 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 and bring the alarm.
4. You record on the Dry-Nights Record:
   - Every wet/dry night, and the times the wetting occurs, and
   - How fast (in seconds) the child turns off the alarm.
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 and record it on the Dry-Nights Record. This is the **<u>Initial Success</u>**.
6. When the <u>First Initial Success</u> of 14 dry nights has been achieved, it is best to give your child 600mL 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 <u>Second Initial Success</u> and you can remove the mat from the bed.
7. After the overlearning and removing the mat, continue the Magic Three for seven more nights.

Relapse

1. If they start to regularly wet the bed again after returning the alarm, 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. No trampolining on bed when rubber mat is in position.
2. If storing the mat, please roll up as instructed with the grooved wires visible on the **<u>OUTSIDE</u>**.
3. Parents to be responsible for charging the battery and tracker and to clean as instructed.

Ramsey-Coote Bedwetting Alarm (RCA)

HIRING AGREEMENT (T10)

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

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

The parent as identified above agrees:

1. To hire a Ramsey-Coote Bedwetting alarm system consisting of:
   - Ramsey-Coote Bedwetting alarm PB control unit with Serial No: ______ (*the bell*)
   - Ramsey-Coote Bedwetting alarm Rubber bed-mat with wires (*the mat*)
   - Ramsey-Coote Bedwetting alarm Charger (*the charger*)
   - Ramsey-Coote Bedwetting alarm Storage Box (*the box*)
   - Ramsey-Coote Bedwetting alarm Operational Manual (*the manual*)
   - A soft nailbrush and detergent for cleaning the alarm mat.
   - Invoxia GPS Tracker – attached to the control unit.

   The alarm system equipment is robust and normally lasts up to 30 years.
2. To borrow and return the equipment carrier bag - 50x33x22cm (*the bag*)
3. To study the manual provided and watch the four instruction videos on YouTube on how to safely use and maintain - including cleaning - the equipment.
4. Not to pay any deposit. The whole alarm system costs approximately €2,000. The bag is a separate item of €40. A rental fee of €10 per week is charged.
5. To treat the expensive equipment with the utmost care and follow the provided instructions in this hand out and videos closely. To charge the Tracker every two weeks using a Micro-USB (Micro-B) connector.
6. To return the equipment to Envidius Enuresis Clinic when the treatment period is over.
7. That the rental period is usually 8 weeks and starts on the date stated at the end of this contract. This period can be shortened at the request of the parent.
8. That, depending on progress, a maximum of 4 more weeks of hire can be agreed on.
9. To be available for clinical review every two weeks and to inform the Enuresis Clinician accurately of the progress of the child.
10. 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.
11. 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.

The Envidius Enuresis Clinic agrees:

1. To provide clinical guidance on the use of the equipment and the management of the child's bedwetting during the 8–12-week period for which the alarm system is hired as part of the SITTA method.
2. Not to charge a deposit for the equipment. A consultation fee is payable while participating in the SITTA (Short and Intensive Treatment of Bedwetting) programme.
3. To provide regular follow-up appointments, either face-to-face or by video/telephone consultation.
4. To ensure that the equipment is in good working order when supplied.

The parent will receive the following items, which do not need to be returned: An Enuresis Parent and Child Folder containing:

- Bedwetting Guidance
- A copy of this Agreement
- General parent information and the Three Systems Diagram
- Ramsey-Coote Dry Nights Chart(s)

Signed:

_____________________ (Signature child)

___________________ _____________________ (Signature parent)

Prof Nick van der Spek _____________________ (Parent name)

Date: …. / …. / 202…

The parent is provided with a copy of this contract for their own records

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?

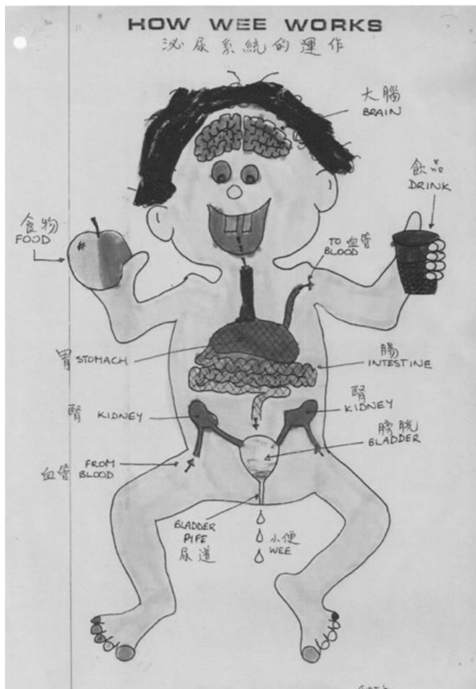
It is not always easy to pinpoint the reason why some children acquire night-time control later than others, but it **not due** to laziness, lack of willpower or "sleeping too deep". We now believe that bedwetting may be the result of a number of factors (**The Three System**s):

- 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 wake 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 in the Enuresis Clinic. Both the body-worn and bedside mat alarms can also be bought from ERIC, 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.

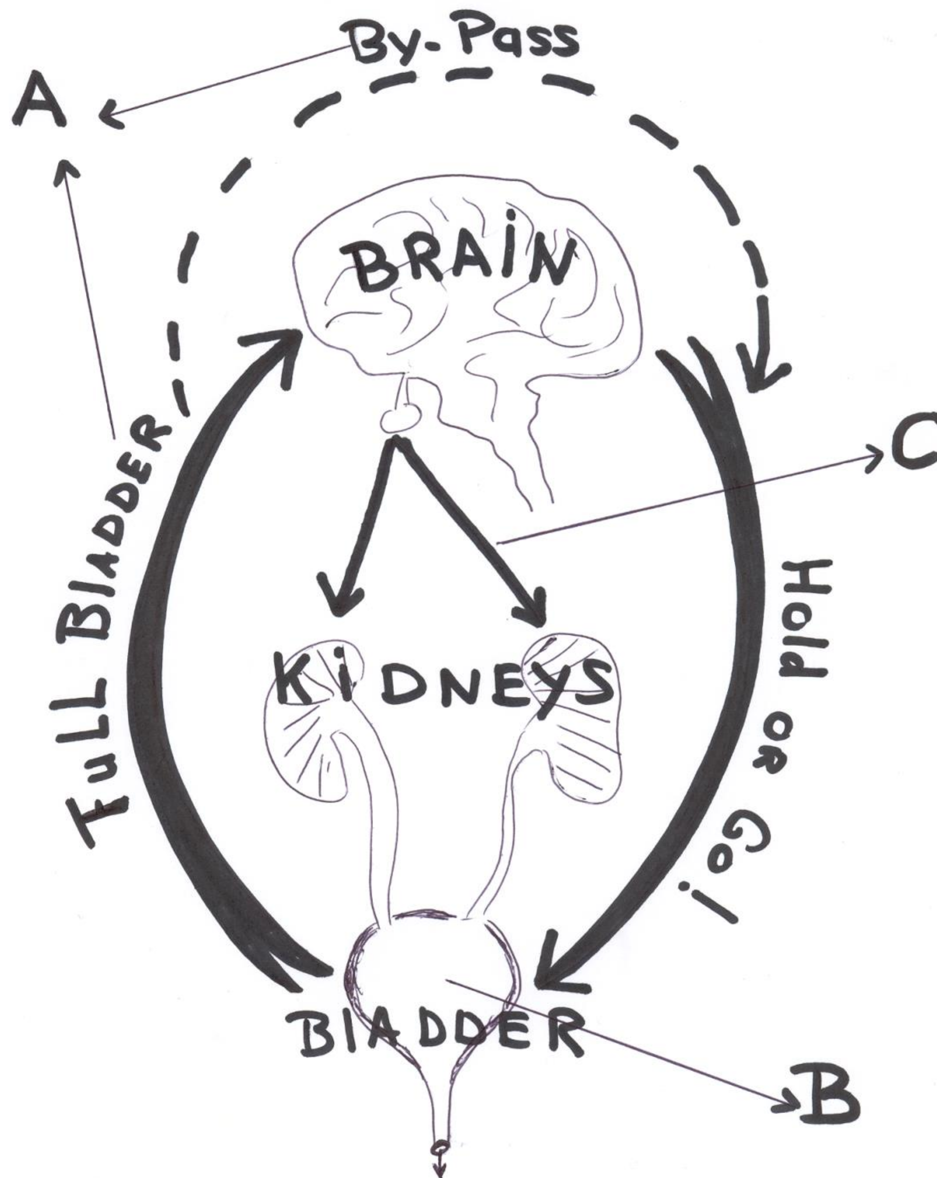
Holidays

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.

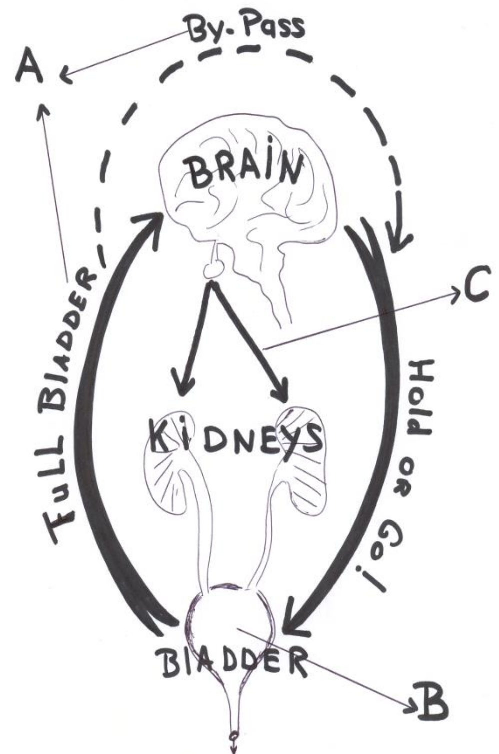


"Three Systems"

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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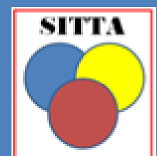
Sitta pygmaea

SITTA METHOD PROGRESS

Documentation to monitor progress of a child with enuresis using the SITTA method of getting dry using a Ramsey-Coote Mat Alarm

Mat Alarm



Envidius Enuresis Clinic

Child's Dry Nights Record Ramsey-Coote Alarm Wk 1-4

Patient sticker

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

Current treatment: None / Ramsey-Coote / Other alarm
Period starting: … / … / 20 …
Period ending: … / … / 20 …

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

Number of dry nights per week (on average): … / …

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 or measure in cm;
- If you woke up yourself 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 are using a Ramsey-Coote alarm, record the time elapsed until turning off the alarm;
- If you wet a second time, write this down too in same column (see example)
- 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:								
	Time Elapsed:								
Week 2	**Size:**								
	Woke self:								
	Time up:								
	Time Elapsed:								
Week 3	**Size:**								
	Woke self:								
	Time up:								
	Time Elapsed:								
Week 4	**Size:**								
	Woke self:								
	Time up:								
	Time Elapsed:								
Total number of dry nights (Please add):									

Envidius Enuresis Clinic

Child's Dry Nights Record Ramsey-Coote Alarm Wk 5-8

Patient sticker

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

Current treatment: None / Ramsey-Coote / Other alarm
Period starting: … / … / 20 …
Period ending: … / … / 20 …

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

Number of dry nights per week (on average): … / …

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 or measure in cm;
- If you woke up yourself 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 are using a Ramsey-Coote alarm, record the time elapsed until turning off the alarm;
- If you wet a second time, write this down too in same column (see example)
- 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:								
	Time Elapsed:								
Week 6	**Size:**								
	Woke self:								
	Time up:								
	Time Elapsed:								
Week 7	**Size:**								
	Woke self:								
	Time up:								
	Time Elapsed:								
Week 8	**Size:**								
	Woke self:								
	Time up:								
	Time Elapsed:								
Total number of dry nights (Please add):									

Envidius Enuresis Clinic

Child's Dry Nights Record Ramsey-Coote Alarm Wk 9-12 (Xtra)

Patient sticker

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

Current treatment: None / Ramsey-Coote / Other alarm
Period starting: … / … / 20 …
Period ending: … / … / 20 …

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

Number of dry nights per week (on average): … / …

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 or measure in cm;
- If you woke up yourself 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 are using a Ramsey-Coote alarm, record the time elapsed until turning off the alarm;
- If you wet a second time, write this down too in same column (see example)
- 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:								
	Time Elapsed:								
Week 10	**Size:**								
	Woke self:								
	Time up:								
	Time Elapsed:								
Week 11	**Size:**								
	Woke self:								
	Time up:								
	Time Elapsed:								
Week 12	**Size:**								
	Woke self:								
	Time up:								
	Time Elapsed:								
Total number of dry nights (Please add):									

Envidius Enuresis Clinic

Child's Dry Nights Record Ramsey-Coote Alarm Wk 1-4 (Example)

Patient sticker

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

Current treatment: None / Ramsey-Coote / Other alarm
Period starting: … / … / 20 …
Period ending: … / … / 20 …

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

Number of dry nights per week (on average): … / …

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 or measure in cm;
- If you woke up yourself 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 are using a Ramsey-Coote alarm, record the time elapsed until turning off the alarm;
- If you wet a second time, write this down too in same column (see example)
- 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; Johnny made up bed himself
	Woke self:	MUM woke John	MUM woke John	DAD woke John	✓	DAD woke John	✓ ¦ ✓	✓	
	Time up:	05:00	04:15	04:45	03:00	04:00	3:15 ¦ 6:00	04:00	
	Elapsed:	50 sec	45	35	20	25	10 ¦ 12	12	
Week 2	**Size:**	M	M	Dry	Dry	M	M	Dry	3/14
	Woke self:	✓	✓	✓	✓	✓	✓	✓	
	Time up:	04:15	05:00	03:00	05:00	06:00	05:15	06:00	
	Elapsed:	15	10	-	-	12	10	-	
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	
	Elapsed:	-	-	-	8	-	15	-	
Week 4	**Size:**	Dry	Dry	Dry	Dry *	Dry	Dry	Dry	*Forgot to turn on alarm
	Woke self:	-	-	-	✓	-	-	-	
	Time up:	-	-	-	05:00	-	-	-	
	Elapsed:	-	-	-	-	-	-	-	
Total number of dry nights (Please add):		3	2	3	2	2	1	3	15/28

Envidius Enuresis Clinic

Follow-Up Child's Dry Nights Record Ramsey-Coote Alarm

Patient sticker

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

Current treatment: None

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

Number wet nights per month (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