Royal United Hospitals Bath
NHS Foundation Trust

Children's Continence

Current Awareness Bulletin

May 2025

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- **Bitesize searching databases for evidence: a quick guide to help you develop your literature searching skills**
  45 minutes. Learn how to transform a question into a search strategy, and how to find the best evidence in a database.

  Next sessions: 9th May @ 2pm, 9th June @ 3pm & 22nd July @ 4pm

- **Simple and painless evidence into practice (BMJ Best Practice and the LKS Hub)**
  30 minutes. Learn about quick and hassle-free ways to seamlessly incorporate evidence into your daily work.

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- **Quickfire health literacy: communicating with patients more effectively**
  30 minutes. Learn about the communication barriers patients may encounter, and ways to ensure they get the most from their care.

  Next sessions: 15th May @ 2pm, 13th June @ 3pm & 7th July @ 4pm

Book a session today at https://forms.office.com/e/HyiSXfDaYV (these sessions will be held on a monthly basis)

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1. **Innovative, Technology-Driven, Digital Tools for Managing Pediatric Urinary Incontinence: Scoping Review**

Authors: Bladt, Lola;Vermeulen, Jiri;Vermandel, Alexandra;De Win, Gunter and Van Campenhout, Lukas

Publication Date: 2025

Journal: Interactive Journal of Medical Research 14, pp. e66336

Abstract: Background: Urinary incontinence affects approximately 7% to 10% of children during the day and 9% to 12% of children during the night. Treatment mainly involves lifestyle advice and behavioral methods, but motivation and adherence are low. Traditional tools such as pen-and-paper solutions may feel outdated and no longer meet the needs of today's "digital native" children. Meanwhile, digital interventions have already shown effectiveness in other pediatric health care areas.; Objective: This scoping review aimed to identify and map innovative, technology-driven, digital tools for managing pediatric urinary incontinence.; Methods: PubMed, Web of Science, and the Cochrane Library were searched in March 2022 without date restrictions, complemented by cross-referencing. Studies were eligible if they focused on pediatric patients (aged ≤18 years) with bladder and bowel dysfunctions and explored noninvasive, technology-based interventions such as digital health, remote monitoring, and gamification. Studies on adults, invasive treatments, and conventional methods without tangible tools were excluded. Gray literature was considered, but non-English-language, inaccessible, or result-lacking articles were excluded. A formal critical appraisal was not conducted as the focus was on mapping existing tools rather than evaluating effectiveness. Data analysis combined descriptive statistics and qualitative content analysis, categorizing tools through iterative coding and team discussions.; Results: In total, 66 articles were included, with nearly one-third (21/66, 32%) focusing on nocturnal enuresis. Our analysis led to the identification of six main categories of tools: (1) digital self-management (7/66, 11%); (2) serious games (7/66, 11%); (3) reminder technology (6/66, 9%); (4) educational media (12/66, 18%), further divided into video (5/12, 42%) and other media (7/12, 58%); (5) telehealth and remote patient monitoring (13/66, 20%), with subcategories of communication (5/13, 38%) and technological advances (8/13, 62%); and (6) enuresis alarm innovations (21/66, 32%),

further divided into novel configurations (8/21, 38%) and prevoid alarms (13/21, 62%).; Conclusions: The field of pediatric urinary incontinence demonstrates a considerable level of innovation, as evidenced by the inclusion of 66 studies. Many tools identified in this review were described as promising and feasible alternatives to traditional methods. These tools were reported to enhance engagement, improve compliance, and increase patient satisfaction and preference while also having the potential to save time for health care providers. However, this review also identified gaps in research, highlighting the need for more rigorous research to better assess the tools' effectiveness and address the complex, multifaceted challenges of pediatric urinary incontinence management. Limitations of this review include restricting the search to 3 databases, excluding non-English-language articles, the broad scope, and single-reviewer screening, although frequent team discussions ensured rigor. We propose that future tools should integrate connected, adaptive, and personalized approaches that align with stakeholder needs, guided by a multidisciplinary, human-centered framework combining both qualitative and quantitative insights. (©Lola Bladt, Jiri Vermeulen, Alexandra Vermandel, Gunter De Win, Lukas Van Campenhout. Originally published in the Interactive Journal of Medical Research (https://www.i-jmr.org/), 05.05.2025.)

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2. **Emotional problems and urinary incontinence in children from a UK cohort**

Authors: Joinson, Carol;Grzeda, Mariusz T. and Heron, Jon

Publication Date: 2025

Journal: Journal of Affective Disorders 381, pp. 55–60

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3. **Critical Appraisal of Guidelines for Daytime Urinary Incontinence in Children: Evaluation of Quality and Recommendations on Diagnostics**

Authors: Linde, J. M.;Hofmeester, Ilse;Steffens, Martijn G.;Kloosterman-Eijgenraam, Francis;Nijman, Rien J. M. and Blanker, Marco H.

Publication Date: 2025

Journal: Neurourology and Urodynamics

Abstract: Aims: This study aimed to evaluate the quality of currently available guidelines on non-neurogenic daytime urinary incontinence (DUI) in children and compare their content regarding the assessment of a child with DUI.; Methods: We conducted a systematic search for guidelines on non-neurogenic DUI in children. A multidisciplinary team assessed the quality using the Appraisal of Guidelines for Research and Evaluation II (AGREE) instrument, which contains 23 items organized into six domains. Besides, each member evaluated if they would recommend using the guidelines. We extracted diagnostic recommendations from all guidelines for a descriptive comparison.; Results: Eight guidelines were included. Overall quality scores ranged from 2.6 to 5.8 on a 7-point scale, (1 for lowest and 7 for highest quality). Three guidelines were rated as good, four as moderate, and one as low quality. The AGREE-II domain Clarity and Presentation received high scores across all guidelines, while Rigour of Development and Applicability received the lowest scores. Recommendations for diagnostics were generally similar, with variations observed in guidelines targeting primary and secondary healthcare.; Conclusions: This study is the first to assess the quality of guidelines on non-neurogenic DUI in children. The quality varies, only two out of eight guidelines were recommended by the review team without adjustments. Guideline developers could improve the quality of their guidelines by using tools like AGREE II. Clinicians should consider the findings of our study when selecting a guideline to use in their daily practice.; Clinical Trial Registration: As this is a review, no clinical trial registration was conducted. The review protocol has been registered in PROSPERO (CRD42021149059). (© 2025 The Author(s). Neurourology and Urodynamics published by Wiley Periodicals LLC.)

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4. **Significance of retrograde flow with antegrade continence enemas in children with fecal incontinence and constipation**

Authors: Pearlstein, Haley;Wang, Lyon;Thompson, Benjamin P.;Wood, Richard J.;Levitt, Marc A.;Bali, Neetu;Vaz, Karla;Yacob, Desale;Di Lorenzo, Carlo and Lu, Peter L.

Publication Date: 2025

Journal: Journal of Pediatric Gastroenterology and Nutrition

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5. **Incontinent Enterovesicostomy in the Pediatric Population: A Feasible Option for Surgical Management of Neurogenic Bladder**

Authors: Press, Benjamin;Chu, Elizabeth;Orak, Nahal;Weinstein, Corey;Smith, Edwin;Kirsch, Andrew;De, Shuvro and Garcia-Roig, Michael

Publication Date: 2025

Journal: Urology

Abstract: Competing Interests: Declaration of Competing Interest The authors have no conflict of interest to declare.; Objective: To report outcomes of a series of pediatric patients undergoing incontinent enterovesicostomy. Incontinent enterovesicostomy is a viable procedure for bladder reconstruction in pediatric patients with neurogenic bladder, but clinical outcomes data in this age group are scarce.; Materials and Methods: A retrospective chart review was conducted on pediatric patients (<18 years old) who underwent incontinent enterovesicostomy at a single institution between 2011 and 2024. Data were collected from electronic medical records and analyzed using descriptive statistics.; Results: A total of 26 pediatric patients (14 female, 12 male) with neurogenic bladder underwent incontinent enterovesicostomy at a median age of 12.4years (IQR: 6.4-14.0years). The median follow-up duration was 18.99months (IQR: 11.2-44.7months), and most patients (76.9%) had a primary diagnosis of myelomeningocele. Indications for surgery included recurrent urinary infections, urethral incontinence, and bladder hostility. The median operative time was 241.5 minutes (IQR: 192-273 minutes), and the median hospital stay was 5days. Within 30days postsurgery, 76.9% of patients experienced no complications. Renal function remained stable in all patients, and hydronephrosis status worsened in only 1 patient.; Conclusion: Enterovesicostomy is a safe, feasible, and effective surgical option for managing neurogenic bladder in pediatric patients. It reliably treats bladder hostility and protects upper urinary tract function with a low complication rate. Future research should focus on prospective, multicenter studies comparing long-term outcomes of incontinent enterovesicostomy with augmentation cystoplasty. (Copyright © 2025 Elsevier Inc. All rights reserved.

Sources Used:

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