Royal United Hospitals Bath
NHS Foundation Trust

Children's Continence

Current Awareness Bulletin

December 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: 22nd January 2026 @ 2pm and 13th February 2026 @ 3pm

- **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.

  Next sessions: 16th January 2026 @ 10am and 2nd February 2026 @ 11am

- **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: 7th January 2026 @ 2pm and 19th February 2026 @ 3pm

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. **Childhood Stress Urinary Incontinence in High-Impact Gymnasts: Does it Affect Their Future Risk of Adult Stress Urinary Incontinence?**

Authors: Buford, Karis;Grajeda, Samuel;Zwaans, Bernadette M. M. and Padmanabhan, Priya

Publication Date: 2025

Journal: International Urogynecology Journal

Abstract: Competing Interests: Declarations. Ethical/Institutional Review Board Approval: This study was reviewed and granted approval (IRB 2023–285) via Corewell Health William Beaumont University Hospital in Royal Oak, MI, USA. Conflicts of Interest: None.; Introduction and Hypothesis: Stress urinary incontinence (SUI) is common among high-impact athletes and can be experienced with high-impact activity during childhood. We sought to identify whether leakage experienced during gymnastics training before age 18 impacts future SUI.; Methods: An observational cohort study was performed. Current and former competitive gymnasts 18 years or older were queried by a survey disseminated via Facebook starting 1 September through November 2024. The survey was composed of a nonvalidated portion that inquired regarding the conditions under which participants experienced incontinence before and after age 18. The validated Urogenital Distress Inventory (UDI-6) assessed current voiding symptoms. Chi-squared evaluated significance between childhood and adult SUI. Univariate and multivariate linear regression identified patient characteristics associated with increasing UDI-6 scores.; Results: A total of 146 people responded to the survey, with 126 complete responses. Participants ranged from 18 to 65 years of age. Among the 64 (50.8%) who experienced SUI with gymnastics under 18 years, 54 (84.4%) experienced SUI as adults. In contrast, 32 (51.6%) of participants who did not experience SUI under 18 years experienced SUI as adults ($p < 0.001$). Multivariate analysis revealed that SUI with gymnastics training under age 18 was associated with increasing weighted UDI-6 scaled score ($p < 0.04$), particularly in the stress domain ($p < 0.001$). BMI was also associated with increasing UDI-6 scaled score ($p = 0.02$).; Conclusions: High-impact athletes who experience SUI with training

under age 18 are more likely to experience SUI as adults. Earlier recognition of SUI during high-impact activities could ultimately improve patients' long-term quality of life. (© 2025. The Author(s), under exclusive license to International Urogynecological Association.)

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2. **What is currently known about female genital mutilation and incontinence: a narrative literature review**

Authors: Kingston, Charlotte;Hassan, Amira;Kaur, Harjinder and Cotterill, Nikki

Publication Date: 2025

Journal: Journal of Obstetrics and Gynaecology : The Journal of the Institute of Obstetrics and Gynaecology 45(1), pp. 2508980

Abstract: Background: An estimated 230 million girls and women are living with female genital mutilation (FGM) which causes ongoing physical and psychological harm. This review aims to explore what is known about FGM and incontinence, including the underexamined implications for women's health, and identify gaps in the literature.; Methods: A comprehensive database search was conducted using MEDLINE, CINAHL Plus, APA Psych Info, AMED, Child Development and Adolescent Studies, and PubMed. To gather all relevant complications of FGM, no restrictions were imposed on date or study type. Themes were identified by organising the 20 eligible articles by symptom type.; Results: The findings indicate that urological symptoms such as dribbling incontinence, slow micturition, urgency, stress incontinence and overactive bladder are prevalent among women who have undergone FGM. Additional complications include fistulas, pelvic organ prolapse, somatic symptoms, and urinary tract infections. The impact of FGM and incontinence on quality of life and daily activities remains under-explored, with the lived experiences of affected women largely unreported.; Conclusions: FGM has multiple urogynaecological consequences, with more severe forms causing increased symptoms and associated complications. This review highlights the need for further research into the biopsychosocial impacts of FGM and incontinence to provide evidence-based support for affected women.

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3. **Efficacy of low volume transanal irrigation in children with retentive fecal incontinence: A randomized controlled trial**

Authors: Larsen, Signe Øbo;Axelgaard, Sofie;Jønsson, Iben Møller;Brodersen, Bolette;Kristensen, Simon Bang;Nielsen, Birgitte Ryom;Hagstrøm, Søren and Borch, Luise

Publication Date: 2025

Journal: Journal of Pediatric Gastroenterology and Nutrition

Abstract: Objectives: To assess whether low-volume transanal irrigation (L-TAI) is effective as add-on to oral laxative therapy for children with functional constipation and retentive fecal incontinence.; Methods: Two-arm randomized controlled trial, including children aged 4-14 suffering from retentive fecal incontinence. All included children were refractory to at least 2 months treatment with stool softening oral laxatives. Children were included across three pediatric departments in Denmark and randomized into two treatment groups. Treatment duration was 6 weeks. The control group continued oral laxative therapy. The intervention group received L-TAI as add-on. The primary objective was evaluating reduction in fecal incontinence episodes. Secondary objectives included assessment of constipation symptoms, rectal diameter, and well-being based on the WHO-5 questionnaire. Participants were classified as nonresponders (0%-49% reduction) or responders (partial response = 50%-99% reduction, or full response = 100% reduction).; Results: Fifty children were included. The respective median ages were 7 (interquartile range IQR] = 3) in the intervention group and 6 years (IQR = 1) in the control group. In the intervention group, 75% were responders with 35% experiencing full response, while 33% in the control group were responders, with 4.8% experiencing full response ($p = 0.007$ and $p = 0.020$ for response and full response respectively). At follow-up, 55% of the intervention group and 90.5% of the control group still met ROME-IV criteria for constipation

(p = 0.010).; Conclusions: L-TAI is effective as add-on to oral laxatives in treating fecal incontinence and constipation. Further studies with longer follow-up periods are needed to assess long-term effects. Clinical Trial identification number: NCT05570318 (https://clinicaltrials.gov/study/NCT05570318). (© 2025 The Author(s). Journal of Pediatric Gastroenterology and Nutrition published by Wiley Periodicals LLC on behalf of European Society for Pediatric Gastroenterology, Hepatology, and Nutrition and North American Society for Pediatric Gastroenterology, Hepatology, and Nutrition.)

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4. **Antegrade Continence Enema vs. Botulinum Toxin in Pediatric Chronic Idiopathic Constipation: A 10-Year Retrospective Study at a Single Center**

Authors: Obidike, Prisca C.;Jones, Trevor C.;Moneme, Chioma;Bills, Alexander;Hemmer, Zoë;Jung, Alison;Wu, Lillian and Cheng, Lily S.

Publication Date: 2025

Journal: Children 12(11), pp. 1565

Abstract: Highlights: What are the main findings? • Antegrade continence enemas (ACE) and Botulinum Toxin (BT) both improved oral laxative use and constipation-related symptoms at one year postoperatively from baseline. • ACE recipients had a greater reduction in oral laxative use, while BT was associated with fewer complications and healthcare utilization visits at 1 year postoperatively. What is the implication of the main finding? • Decision-making for surgical interventions in pediatric CIC should be individualized and balanced between effectiveness and healthcare utilization. Introduction: Chronic Idiopathic Constipation (CIC) is a common pediatric gastrointestinal disorder (GI) characterized by persistent difficulty in defecation, with no identifiable underlying cause. Although most patients are successfully treated with medical therapies, surgical intervention is often needed for refractory disease. We evaluated the impact of Antegrade Continence Enemas (ACE) and Botulinum Toxin (BT) injection to the internal anal sphincter on laxative use, symptom resolution, and healthcare utilization. Methods: A retrospective chart review was conducted to identify patients ≤ 18 years old presenting to a pediatric surgery clinic with a chief complaint of CIC between 1 March 2014 and 1 March 2024. Patients meeting the Rome IV criteria for idiopathic constipation and fecal incontinence were included. Surgical procedures were categorized into BT injection or ACE channel creation. The primary outcome was change in daily oral laxative use at 1 year, and secondary outcomes included symptom resolution and CIC-healthcare utilization at 1 year postoperatively. Results: Of the 125 children who presented with CIC, 47 (37.6%) underwent surgery. Mean age was 6 years at the time of surgery. 17 (36.2%) had ACE channel creation, while 30 (63.8%) received BT injections. At 1 year, daily oral laxative polypharmacy decreased from 60.2% to 41.0%, $p < 0.001$, with a greater reduction in ACE than BT (adjusted mean difference: −1.05, 95% CI: −1.75 to 0.34, $p = 0.004$) after adjusting for demographics and baseline clinical factors. Overall, symptom resolution of encopresis (79.1% to 39.5%, $p = 0.001$), abdominal pain (88.4% to 27.9%, $p < 0.001$), and abdominal distension (67.4% to 27.9%, $p < 0.001$) was observed with no significant difference between groups at 1 year. ACE patients had significantly more postoperative outpatient CIC-related visits and no change in ED visits compared to fewer visits in BT patients. Conclusions: Both ACE and BT recipients had improvements in constipation-related symptoms and laxative use. However, ACE resulted in a significantly greater reduction in daily laxative use and more postoperative CIC-healthcare visits than BT alone.

Sources Used:

A number of different databases and websites are used in the creation of this bulletin.

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