Disorders of bladder and bowel control are very common disorders of childhood. Of 7-year-olds, 10 per cent wet at night, 2 to 3 per cent wet during the daytime, and 1 to 3 per cent soil. Often, these disorders coexist. Despite a high remission rate, 1 to 2 per cent of all adolescents are still affected by nocturnal enuresis and less than 1 per cent by either daytime wetting or functional faecal incontinence (encopresis). The vast majority of voiding disorders are functional, i.e. not due to neurological, structural or medical causes.

In all cultures, there has always been a minority of children who have shown problems with gaining bladder and bowel control at the age that their caregivers expect them to do so. This has elicited a wide range of responses in the past – some supportive and understanding, others punitive (Glicklich 1951). Even though some misconceptions of the past prevail, the latter part of the twentieth century finally brought about a scientific approach. Voiding disorders are viewed as medical conditions, which can be assessed and treated quite effectively.

According to current classification schemes such as ICD-10 (WHO 1993), enuresis is defined as wetting from the age of 5 years onwards (encopresis, from the age of 4 years) – after organic causes have been ruled out. In the past two decades, several distinct subtypes of voiding disorders have been identified, which differ regarding aetiology, clinical symptoms and treatment. While some disorders (such as nocturnal enuresis) are primarily genetically determined, in others (such as voiding postponement) environmental factors predominate. Also, the rate of comorbid behavioural disturbances differs greatly from one syndrome to another: in some (such as encopresis) the rate of concomitant behavioural disorders is high, while in others (such as primary monosymptomatic nocturnal enuresis) the rate is no different from that among controls. Because of this variety and heterogeneity, each voiding disorder requires a specific approach in assessment and treatment. Unfortunately, the traditional classification schemes (such as ICD-10) lag behind these new developments. Therefore, this book will closely follow more recent attempts at classification and terminology as laid down by the International Children’s Continence Society (Nevéus et al 2006).

The aim of this book is to provide an evidence-based state-of-the-art overview of the different voiding disorders. Approaches and perspectives of the three main medical disciplines dealing with children with voiding disorders – i.e. paediatric urology, paediatric nephrology and child psychiatry – are integrated. As approaches and practices can differ from one country to another, we present different options as long as they are equally effective.
In addition to providing a theoretical overview, the book is intended as a practical handbook, useful to all those involved in primary care. Therefore, short case vignettes are provided. Each chapter is followed by a short summary, and guidelines are provided in the form of easy-to-follow charts and diagrams. Important points are illustrated by relevant photos and line drawings. The appendices include questionnaires, calendars and charts which can be copied and used directly in clinical practice.

Specifically, the book deals first with general principles and basic approaches applicable to voiding disorders in general. Individual syndromes and disorders are discussed in the second part of the book.

Chapter 2 deals with issues of classification and definition and provides an up-to-date summary regarding terminology. Basic information regarding embryology, anatomy and physiology follows in Chapter 3. An understanding of ‘normal’ development will provide a sound basis for comprehending and integrating pathological processes. Chapters 4 and 5 give an overview of general principles in assessment and treatment, which will, again, provide a basis for understanding the individual syndromes and disorders.

As the most common voiding disorder, nocturnal enuresis is dealt with first in the second part of the book. This is followed by an overview of daytime wetting, which encompasses different syndromes of functional urinary incontinence. Each of the daytime wetting syndromes is dealt with separately, including urge incontinence, voiding postponement, dysfunctional voiding, stress and giggle incontinence, detrusor decompensation and other forms of urinary incontinence. Finally, a short – and in no way comprehensive – overview of organic causes of urinary incontinence is provided. For more detailed information, readers are referred to textbooks of paediatric urology.

The final chapters concentrate on syndromes of functional faecal incontinence (encopresis). The two main subtypes are faecal incontinence with and without constipation. Rarer disorders include toilet refusal syndrome and toilet phobia. Finally, a short, non-comprehensive overview of organic faecal incontinence points to signs and symptoms in those rare cases in which organic non-functional causes predominate.

We hope that this book will be of interest to all professionals working in the field, including paediatric surgeons, urologists, general paediatricians, paediatric nephrologists, general practitioners, child psychiatrists, psychologists, psychotherapists, nurses and social workers, as well as interested parents.