Scottish SPINA BIFIDA Association

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Toilet Training and Spina Bifida

One of a series of fact sheets produced by the Family Support Service

Potty training for the non-disabled child usually begins at around the age of 18 months to two years, and the child is usually "trained" by day at around two and a half years.

Every child is different and it is advisable to watch for signs in the child's development which may suggest he/she is ready to begin potty training, such as: awareness that they are passing urine or having a bowel action, waking from naps with a dry nappy, asking to have their nappy changed.

Toilet training for a child with spina bifida is likely to be quite different from that of other children. Very often, damage to nerve pathways which co-ordinate the bladder and bowel function and promote the sensations, means that control cannot be learnt in the usual way.

For the toddler with spina bifida issues of toilet training are often overlooked. Perhaps it has been stated that he/she has no sensation of bladder and bowel so there is no point in trying to toilet train - just wait until he/she is older and a programme can be implemented for bladder and bowel management. Whilst sensations of bladder and bowel fullness or contractions are impaired or absent, some sensation might be present and could raise the toddler's awareness of elimination. It is also important to have a pattern or schedule that the child's parents can recognise and respond to appropriately. Toilet training has other benefits for the child with spina bifida in that whilst sitting on the toilet gravity assists in bowel and bladder emptying.

Toilet training should begin at around two years of age. The toilet should be comfortable and not damage pressure areas (the skin on the buttocks and the backs of the legs).

A young child with spina bifida may have difficulty balancing when sitting. The potty or toilet should provide a stable and secure position, with a comfortable, supportive seat. If necessary, there should be rails or something for the child to hold on to, to give stability to the upper body. The child should be able to place his/her feet flat on the floor or on a box/plinth. An Occupational Therapist should be able to help with equipment if the child has poor sitting balance.

A child who is using clean intermittent catheterisation can also be encouraged to sit on the toilet and pass urine. It is essential to continue with the catheterising regime as well.

BOWEL TRAINING

Bowel training depends on developing a habit of opening the bowels at roughly the same time each day and clearing a large amount from the bowels each time. Do not allow constipation to develop. It is important to remember that constipation really refers to the consistency of the stool rather than to the number of times a child passes stool. The hallmark of constipation is hard stools. The infant who passes hard stools three times a day is still constipated. Ideally the stools should be firm and formed. This is very important in the early years as it can be difficult or impossible to recondition a bowel that has been stretched for years by the accumulation of hard stools. It is almost always possible to prevent and manage constipation in infancy by dietary means. Most parents usually discover what works best and are able to keep the baby's stools soft and consistent, but if you want some suggestions see our fact sheet on dietary advice.

Watch for times in the day when the child opens his/her bowels to see if a pattern emerges. The bowel is more active after meals, especially breakfast. Sit the child on the toilet at these times and encourage them to push down gently. To encourage this, try tickling to get the child to laugh or the child could blow a party toy (under supervision) and the effects of gravity will also help. Even if there is no result, continue to sit the child on the toilet after meals; all programmes will involve sitting on the toilet when there is no feeling of a need for bowel action. If it becomes a normal part of the daily routine from early childhood, it is less likely to become a major issue later on.

The child should not sit on the toilet for a long time-a period of 5 minutes will be sufficient.

If you have any questions or would like further information, please do not hesitate to contact the Family Support Workers at:

Scottish Spina Bifida Association - Family Support Service

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