

Children's Continence

Current Awareness Bulletin

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1. Do Most Children with Functional Constipation Meet the Commonly Used Clinical Trial Endpoints?.

Authors: Arrizabalo S.;VelascoBenitez C.A.;VelascoSuarez D.A.;Giner R. and Saps, M.

Publication Date: 2025

Journal: Children 12(2) (pagination), pp. Article Number: 234. Date of Publication: 01 Feb 2025

Abstract: Background/Objectives: Functional constipation (FC) is diagnosed using the Rome IV criteria, which require at least two of seven symptoms for diagnosis. Clinical trials evaluating FC treatments commonly use bowel movement frequency, stool consistency, and fecal incontinence as primary endpoints. However, there is limited data on whether these endpoints accurately represent the symptom distribution in children with FC. This study assessed the frequency of each criterion in a large children's community sample to determine whether commonly used clinical trial endpoints accurately reflect symptom distribution.

2. Prevalence of functional defecation disorders in European children: A systematic review and meta-analysis.

Authors: Bloem M.N.;Baaleman D.F.;Thapar N.;Roberts S.E.;Koppen I.J.N. and Benninga, M. A.

Publication Date: 2025

Journal: Journal of Pediatric Gastroenterology and Nutrition (pagination), pp. Date of Publication: 2025

Abstract: Objectives: Functional defecation disorders (FDDs) are common among children worldwide. The prevalence of these disorders has not been clearly described in Europe. This study performed a systematic review and meta-analysis on the prevalence of FDD in European children and assessed geographical, age, and sex distribution and associated factors.

3. Lower urinary tract dysfunction in children.

Authors: Carvalho Tomas Alves Gil B.;Grundl S.;Saar M. and Kranz, J.

Publication Date: 2025

Journal: Urologie (pagination), pp. Date of Publication: 2025

Abstract: Lower urinary tract dysfunction (LUTD) is common in children and can significantly impact the quality of life in affected children and their families. This article provides a comprehensive overview of the causes, diagnostics, and treatment, with a particular focus on nonorganic urinary incontinence and nocturnal enuresis. Accurate diagnostics are essential to differentiate between organic and functional causes, as well as to distinguish primary from secondary forms of urinary incontinence. Basic diagnostics, including medical history, physical examination, and voiding diaries, form the foundation, while specialized diagnostics such as uroflowmetry or imaging enhance the evaluation of complex cases. Treatment of functional LUTD is primarily conservative, involving behavioral interventions as part of urotherapy, supported by pharmacological options like desmopressin or anticholinergics. Effective therapy also requires addressing comorbid conditions, such as chronic constipation or psychological disorders. In this article, the importance of an interdisciplinary approach and individualized therapy to achieve lasting symptom improvement and enhanced quality of life is emphasized.

4. The efficacy of parasacral transcutaneous electrical nerve stimulation for the treatment of overactive bladder in children: a systematic review and meta-analysis.

Authors: Cheng Z.;Chai Y.;Zhou Z. and Zhang, Y.

Publication Date: 2025

Journal: Frontiers in Pediatrics 13(pagination), pp. Article Number: 1450634. Date of Publication: 2025

Abstract: Aim: Despite the presence of published evidence in recent decades suggesting an improvement in overactive bladder (OAB) with the utilization of parasacral transcutaneous electrical nerve stimulation (PTENS), there is currently a lack of consensus guidelines for therapy. We conducted a meta-analysis to assess the impact of PTENS on children with OAB.

5. Mirabegron as part of combination therapy for treatment refractory neurogenic bladder in pediatric patients with spina bifida.

Authors: Gaines T.;Campbell P.;Fischer K.;Van Batavia J.;Weiss D.;Zderic S.;Daugherty M.;VanderBrink B. and Long, C.

Publication Date: 2025

Journal: Journal of Pediatric Urology (pagination), pp. Date of Publication: 2025

Abstract: Introduction: Medical therapy for patients with neurogenic bladder secondary to spina bifida is a key element in their management. Mirabegron has been shown to improve abnormal bladder wall dynamics in the neurogenic bladder (NGB) population, but there is limited information on its efficacy as additive therapy in the treatment of refractory NGB in pediatric literature.

6. Low-volume transanal irrigation (TAI) in the treatment of functional faecal incontinence in children: a cohort study.

Authors: Hougaard N.B.;Andersen R.F.;Kamperis K. and Jorgensen, C. S.

Publication Date: 2025

Journal: International Journal of Colorectal Disease 40(1), pp. 29

Abstract: PURPOSE: Functional faecal incontinence (FFI) is a stigmatising condition for a child and parents and can be a challenge to treat even in tertiary centres. Transanal irrigation (TAI) is an emerging treatment with great success in refractory cases. We performed TAI with a substantially decreased amount of water used (low-volume TAI), yet no previous evidence exists on this treatment in children. We conducted this study to evaluate the efficacy of low-volume TAI in reducing faecal incontinence (FI) episodes and to provide associated factors for response.

7. Outcomes and Complications of Chait Trapdoor Cecostomy in Pediatric Patients with Therapy-Resistant Constipation and Fecal Incontinence: A 14-Year Retrospective Study

Authors: Jonker, Charlotte Anne Louise;Koppen, Ilan;Benninga, Marc A.;Jong, Justin R. de and Gorter, Ramon

Publication Date: 2025

Journal: European Journal of Pediatric Surgery : Official Journal of Austrian Association of Pediatric Surgery ...Et Al] = Zeitschrift Fur Kinderchirurgie

Abstract: Aim of the Study: To assess the incidence and types of complications and patient-reported outcomes in pediatric patients with therapy-resistant constipation or fecal incontinence (FI) without constipation who underwent Chait Trapdoor™ cecostomy (CTC). The findings contribute to the discussion on selecting the optimal antegrade continence (ACE) procedure for this population.; Materials and Methods: A retrospective review was conducted on all pediatric patients with therapy-

resistant constipation or FI without constipation who underwent a CTC procedure at our tertiary referral center between 2009 and 2023. Postoperative complications were classified using the Clavien-Madadi classification. At their most recent follow-up in 2023, patients reported satisfaction with their CTC.; Results: The study included 62 children (median age 12 years IQR 8-14; range 1-17], 42% male), with a median follow-up of 4 years (IQR 2-8, range 0-14). Underlying diagnoses were functional constipation (n = 39, 63%), spina bifida (n = 11, 18%), and anorectal malformations (n = 5, 8%). A total of 49/62 patients (79%) experienced 89 CTC-related complications. Minor complications (Clavien-Madadi I-II) affected 29 patients (47%) and most commonly included granulation. Major complications (Clavien-Madadi III-IV) requiring surgery occurred in 32% of patients. Despite these complications, 40/62 (65%) patients reported satisfaction with their CTC, as determined by partial or complete symptom resolution.; Conclusions: Although complications were common, 65% of the patients reported satisfaction with their CTC. These findings emphasize the need for thorough patient selection, informed counseling on potential risks, and individualized management strategies to enhance outcomes.; Competing Interests: None declared. (Thieme. All rights reserved.)

8. Sensory processing in children with functional daytime urinary incontinence: A comparative study with autism spectrum disorder.

Authors: NieuwhofLeppink A.J.;Maria van de Wetering E.H.;Bernard Rietman A.;Reindersvan Zwam A. and Schappin, R.

Publication Date: 2025

Journal: Journal of Pediatric Urology (pagination), pp. Date of Publication: 2025

Abstract: Background: Functional daytime urinary incontinence (DUI) is a frequently occurring condition among children. The etiology of DUI is multifactorial, involving genetic, biological, and psychosocial factors. Autism Spectrum Disorder (ASD) seems related to DUI, as children with ASD have a higher risk of developing DUI. Sensory processing issues are prevalent in children with ASD and may contribute to DUI.

9. Clinical and urodynamic findings in children and adolescents with neurogenic bladder undergoing augmentation cystoplasty: a systematic review.

Authors: Reis O.A.F.;Ito H.N.;de Oliveira Otavio J.;de Oliveira Filho D.J.;Lima E.M.;de Bessa J.;da Silva P.L.L.;de Almeida Vasconcelos M.M. and de Carvalho Mrad, F. C.

Publication Date: 2025

Journal: Pediatric Nephrology 40(2), pp. 355–365

Abstract: Background: Augmentation cystoplasty (AC) is a procedure to improve the clinical and urodynamic parameters of neurogenic bladder (NB) in children and adolescents refractory to other treatments. We performed a systematic review to investigate these parameters in children and adolescents with NB undergoing AC.

10. Child Opportunity Index is not Associated With Cleanliness in Patients With Anorectal Malformations Treated at Pediatric Colorectal Centers: A Multi-Institutional Study.

Authors: Srinivas S.;Smith C.A.;Austin K.;Avansino J.R.;Badillo A.;Calkins C.M.;Crady R.C.;Dickie B.H.;Durham M.M.;Frischer J.S.;Grabowski J.E.;Harris J.;Rana A.;Reeder R.W.;Rentea R.M.;Rollins M.D.;Saadai P.;Speck K.E.;Wood R.J. and Halaweish, I.

Publication Date: 2025

Journal: Journal of Pediatric Surgery 60(4) (pagination), pp. Article Number: 162149. Date of Publication: 01 Ar 2025

Abstract: Background: Individually collected social determinants of health (SDOH) have been associated with negative outcomes in children with anorectal malformations (ARMs). Our aim was to assess whether the Child Opportunity Index (COI) is associated with bowel management strategy and fecal cleanliness in patients with ARM managed at specialized pediatric colorectal centers. We hypothesized that children from low COI would have lower rates of cleanliness.

Sources Used:

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

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