

Children's Continence

Current Awareness Bulletin

July 2026

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Daytime Urinary Incontinence in Children.

Royal College of Nursing (RCN); 2026.

<https://www.rcn.org.uk/Professional-Development/publications/rcn-daytime-urinary-incontinence-in-children-uk-pub-012-377>

Functional daytime urinary incontinence and associated bladder symptoms are common in children and young people. This guidance is designed to provide relevant comprehensive information, including the current evidence base and recommendations for assessment and treatment. The forms in the appendices have been designed to be downloaded and completed on screen or on paper

1. Interventions for giggle incontinence: A scoping review of therapeutic strategies and outcomes

Authors: Bhavsar, Rutuben Harshadbhai; Malik, Kritagya R. and Kumar, Palani G.

Publication Date: Jul ,2026

Journal: Indian Journal of Urology 42(3), pp. 184–189

Abstract: Background: Giggle incontinence (GI) is a rare type of urinary incontinence that affects children and adolescents, impacting their quality of life by causing social isolation, reduced self-confidence, and low self-esteem. To counteract the symptoms of GI, various treatment approaches

have been described, but there is a dearth of reporting on their effectiveness. Objective: This review aims to synthesize evidence on the management of GI in the adolescent population, focusing on pharmacological and nonpharmacological interventions. Methods: Ascoping review was conducted using the Joanna Briggs Institute methodology and Preferred Reporting Items for Systematic Reviews and Meta-analyses extension for scoping reviews guidelines, along with the Population, Concept, Context framework, to perform a comprehensive search across major databases and gray literature. Treatment outcomes and follow-up data were extracted. Results: Of the 72 records, 9 studies met the inclusion criteria, in which the commonly used interventions were pharmacologic (mainly methylphenidate MPH) and nonpharmacologic (biofeedback, behavioral modifications). Studies explored the effectiveness of these interventions and found positive outcomes. Follow-up showed a significant effect of both the types of interventions. Conclusions: GI remains under-recognized in the adolescent population despite its effects on psychological and urological health. A multidisciplinary approach targeting the GI can help improve outcomes. This review provides insights about the use of various nonpharmacological therapies, such as biofeedback and behavioral therapy, and pharmacological therapies in the form of MPH to improve GI. Nonpharmacological approaches are low-risk and can be adapted as the primary treatment. Future research with planned methodology to compare the treatment efficacy is needed to improve the outcomes.

2. Early outcomes of concurrent MACE and Mitrofanoff procedures for management of neuropathic fecal and urinary incontinence in children. Al-Azhar experience

Authors: Daboos, Mohammad;Abokifa, Amin;Salama, Ahmed;Fawzy, Mohamed;Abdelmaboud, Mohamed and Azab, Ahmed

Publication Date: 2026

Journal: International Urology and Nephrology 58(7), pp. 2563–2570

Abstract: Objectives: To evaluate the short-term safety, feasibility, and impact on quality of life of performing concurrent Malone antegrade continent enema (MACE) and Mitrofanoff appendicovesicostomy procedures in a single session for children with neuropathic combined fecal and urinary incontinence.; Patients and Methods: This prospective study involved 30 patients with neuropathic combined incontinence unresponsive to conservative management, from January 2022 to July 2025. All underwent concurrent MACE and Mitrofanoff procedures. Appendices ≥ 10 cm were split; for shorter appendices (< 10 cm), a colonic flap neoappendicostomy was created for MACE. Primary outcomes were intraoperative and postoperative complications. Secondary outcomes included functional results and quality of life (QOL) assessed using a modified questionnaire.; Results: Our findings revealed no intraoperative complications. Early postoperative complications were confined to wound infections (6.7%), while late complications included bladder neck leakage (10.0%). Stomal stenosis, difficult catheterization, or prolapse were not observed during a median follow-up of 12 months (range 6-18). Functional outcomes showed mean catheterization intervals of 6.6 ± 1.7 h for Mitrofanoff and 37.1 ± 13.2 h for MACE. QOL scores improved significantly from a preoperative mean of 4.0 ± 2.1 (86.6% poor) to 13.0 ± 2.4 postoperatively (90.0% good; $p < 0.001$).; Conclusion: Concurrent MACE and Mitrofanoff procedures are a feasible and safe surgical option in the short term, significantly improving quality of life for children with neurogenic bowel and bladder dysfunction. Larger, long-term studies are needed to confirm durability and evaluate complication rates over time. (© 2025. The Author(s), under exclusive licence to Springer Nature B.V.)

3. The effectiveness of a video-modeling-based treatment package for incontinence in children with and without developmental disabilities

Authors: van Galen, Maayke;Huskens, Bibi;von Gontard, Alexander and Didden, Robert

Publication Date: 2026

Journal: Research in Developmental Disabilities 175, pp. 105330

Abstract: Background: Incontinence can have a significant impact on the wellbeing of children with different developmental profiles. Due to a growing emphasis on interventions that respect the individual's dignity, promote self-determination, and support meaningful participation in daily life, a video modeling based treatment package is an intervention that aligns with these values.; Aims: This study aimed to evaluate the effectiveness of a video-modeling based treatment package on the incontinence in children with and without developmental disabilities.; Method: The current study used a single-case research design using a multiple probe design across participants. The sample consisted of 12 children, of whom five had average intelligence, six children scored within the mild to moderate range and one child had a severe intellectual disability and who displayed daytime urinary incontinence and/or fecal incontinence/constipation. Data were analyzed using visual analysis of the multiple probe design and effect sizes were calculated using Tau-U and Cohens h scores.; Results: The data showed that 83% of the children who exhibited episodes of fecal incontinence achieved a full treatment response, whereas 17% demonstrated a partial response. Among the three children with constipation accompanied by severe stool-withholding behavior (i.e., no toilet defecation during baseline), all subsequently learned to produce successful bowel movements in the toilet. Of the nine children with daytime urinary incontinence, 67% achieved a full response and 33% showed a partial response. Tau-U analyses indicated a large effect of the intervention on reducing episodes of urinary incontinence, a moderate effect on increasing successful bowel movements, and a small effect on reducing episodes of fecal incontinence. Additionally, the intervention produced a large effect ($h \geq 0.80$) in teaching 78% of the children to perform toileting behaviors independently.; Conclusion: A video-modeling based intervention may be effective in reducing episodes of urinary and/or fecal incontinence in children and may simultaneously promote greater independence by increasing independent toileting skills. Therefore, when standard interventions are not sufficient, video modeling can be a useful and effective component of specific urotherapy that can be provided in an outpatient setting. (Copyright © 2026 The Authors. Published by Elsevier Ltd.. All rights reserved.)

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