



Toilet Training Tips

Attitudes to potty training have changed quite a lot over the last 20-30 years. The emphasis today is on waiting until a child is ready to be trained, and there not being a rush to get your child trained as soon as you can. However, it can still be difficult not to feel pressured, either by well-meaning relatives, by other parents or even nurseries and pre-schools.

National charity ERIC (Education and Resources for Improving Childhood Continence) has a useful leaflet called *Potty and Toilet Training...a helpful guide for parents*. In their leaflet, they say your child may be ready to try toilet training if:



- Your child can understand simple instructions, such as “find your potty”.
- Your child is able to sit on, and get up from the potty with only a little help from you.
- The gap between wetting is about one hour.
- Your child is emotionally ready (if your toddler is going through an aggressive or resistant phase, it’s probably best to wait until this has passed).
- You have a ‘clear run’ with no major upheavals for your child or family, such as starting nursery, moving house or going on holiday.

So what does this mean for children with single ventricle hearts?

Some children are potty trained without any problems, and at quite an early age. Others find it a very difficult area, which takes time to get right. Some of the reasons it may be difficult are below:

- Many children experience some developmental delay due to their hospitalisation, treatment and low oxygen levels. This delay may carry across to areas such as toileting.
- Those who take diuretics such as Furosemide or Amiloride will find it difficult to manage the urgency associated with their medication.
- Some children have poor co-ordination and balance problems, which may make toileting difficult.
- A number of children are prone to constipation, which can make bladder control harder.
- Your child may not actually be delayed, it may just be that you are worried that they are delayed.

So how can you make it as successful as possible?

The advice for all children carries across to children with single ventricle heart conditions, unless your healthcare team has advised you otherwise. It could be a messy and stressful process, so be prepared! Also, please be aware that boys are often later than girls in managing their toileting. ERIC's leaflet stresses the importance of praising your child for any move towards independent toileting. They also include the following pointers:

- Choose a strong potty with a rigid base to stop it tipping over, so it feels safe and secure.
- Keep the potty (or potties) in the same place so that your child always knows where to run to.
- Dress your child in clothes that can be taken off and put on quickly; also if convenient - and the weather is warm enough - let your child run about with no nappies or pants on.
- If you want your child to have the protection of a nappy but be more aware of when they are wet, you could put a pair of cotton pants underneath the nappy. But once the nappy has been removed, try to discourage your child's request to return to the nappy for a poo.
- Plastic sandals can reduce the problems of wet or soiled shoes!
- Adopt an 'open door' policy in the bathroom, so that your child will see other members of the family using the toilet.
- Encourage your child to drink at least 6-8 cups of fluid a day (water-based drinks or milk).

What else could help children with single ventricle heart conditions?

- Talk to other people if you are worried. Your health visitor can give general advice and help you get started. If you have any particular concerns, talk your GP or paediatrician. Get advice from the specialists if it is becoming a problem (school nurse or specialist enuresis nurse).
- Wait until you really think your child is ready - there is no rush. If it's not working, don't worry about stopping for a few weeks and then having another try later.
- Don't start soon before a hospital admission, and certainly not before planned surgery, as diuretics are likely to be used as part of the recovery, and maybe as part of your child's ongoing treatment.
- Make sure clothes are really easy for him or her to manage, and make sure the potty or toilet is easily accessible - not too far away or upstairs if possible.
- See if you can get help with buying nappies through the NHS Continence Service. This is available from the age of either three or four, depending on the local policy.