



Alder Hey Children's

NHS Foundation Trust

Alder Hey

Eaton Road

Liverpool

L12 2AP

www.alderhey.nhs.uk

Tel: 0151 2284811

Our Ref: HL/am/AH1565586

Date of Clinic: 31/05/2022

Date Dictd: 31/05/2022

Date Typed: 07/06/2022

Dr O Moss
Blundellsands Surgery
Blundellsands
Liverpool
L23 6TZ

Secretary: Urology Nurses PCO - 0151 252 5852
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Department of Urology
Urology Nurses

Dear Dr Moss

Gwendolyn Vials MOORE
2 Coronation Drive
Crosby, Liverpool L23 3BN

D.O.B. 22/08/2014
Hospital No. AH1565586
NHS No. 701 057 1422

Diagnoses:

Trisomy 21
developmental delay
Sleep apnoea
Constipation
Gastroesophageal reflux
Urinary incontinence

Medications:

Movicol sachets one to four daily
Multivitamins
Omeprazole 10 mg bd
Gaviscon advance suspension 5 ml qds
Azithromycin 300 mg Monday, Wednesday and Friday
Liquid Paraffin with Benzal Cl
Vitamin D.

I carried out a telephone consultation with Gwendolyn's mum today. Gwendolyn was referred to the Urology Nurses from Miss Corbett, Urology Consultant, for help with voiding and drinking routine. Mum tells me Gwendolyn can have episodes of urinary incontinence to her clothing. However, mum feels that this is purely behavioural. Gwendolyn is currently being investigated for ASD and ADHD and there has been a mention of pathological demand avoidance.

She can go all day in school without voiding. At the moment, Gwendolyn has had surgery and is confined to her wheelchair. This means that school are taking her to void more frequently which is helping. If Gwendolyn decide she does not want to void then it is difficult

This patient interaction took place during the Covid-19 pandemic.

to persuade her otherwise. She did initially have a period of being dry after toilet training. Her mum reports that in fact she was early to be dry.

Voids can be urgent but mum feels that this is purely due to Gwendolyn delaying voiding. She does not utilise holding techniques. She probably voids twice daily. She is not straining to void but can struggle to initiate her void sometimes. Gwendolyn will often only alert parents that she needs to void, seconds before she needs to and will void on to the floor. She mostly voids to one stream. Mum notes that she sprays as she gets off the toilet as she possibly does not void long enough to fully empty. Parents encourage her to tilt to try and empty her bladder. She has had urinary tract infections in the past but none recently. She is under gynae for genital irritation.

At night Gwendolyn maintains continence, she will wake to void at night sometimes. She has poor sleep and this likely voids when she is awake in the night rather than her waking to void.

She is opening her bowels every two to three days and struggles with constipation as she mum reports she has slow transit time due to hypertonia. Gwendolyn can faecal soil and has recently been smearing faeces. She is currently passing soft stools. Fluid intake is poor and it is difficult to encourage Gwendolyn to drink. She is probably drinking around 600 ml of water and cordial daily.

Mum reports Gwendolyn is very bright and she can read and write. Her medical history is as listed above. She has previously been under the Cardiac Team but is not currently having follow-up with them.

Plan

~~I will refer Gwendolyn to our Urotherapist for some bladder training to improve her drinking and voiding routine and try to encourage her to take her time and void on the toilet correctly.~~

Yours sincerely

Electronically checked and authorised by Mrs Hayley Lally

Mrs Hayley Lally
Urology ANP/Urology Lead Nurse

Copy to:

The Parent/Guardian of
Miss Gwendolyn Vials Moore
2 Coronation Drive
Crosby
Liverpool
Merseyside
L23 3BN

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