Section 7:
Case Studies

Meet Peter

Peter is a determined young boy with Spina bifida (lesion L1) who attends a mainstream primary school. Although he had a full-time classroom assistant for his personal care needs and requires catheterization intermittently, Peter was keen to develop his toileting independence from a young age and started the process just before he turned four years old.

Peter's family tried a standard toilet seat reducer at home, but this didn't work out. Peter even getting stuck in it on one occasion. A home assessment of bowel health was completed which illustrated no regular bowel movements and confirmed signs of constipation. The family were encouraged to speak to a paediatrician regarding laxatives and to a dietician to monitor weight as he was underweight for his age.

Some changes to Peter's diet were implemented, such as introducing more fruit and vegetables alongside his meal. For example, he started to take cucumber and strawberries with a sandwich, as well as increasing his fluid intake through juice and water, rather than milk.

The GottaGo was trialled in line with the gastrocolic reflex, i.e. taking advantage of the increased motility of the intestine about an hour after food. A diary was used to track progress and eventually regular bowel movements started occurring in the mornings and afternoons after meals. Encouragingly this also corresponded with a reduction in episodes of constipation.

Peter's mum Frances thinks ***"It has been great to get into that wee routine. Being a special needs parent it is always about striking the right balance between food, fluid, and medication...However,***

what has made all the difference is the consistency we can achieve with the GottaGo, in combination with the correct posture Peter has on the seat. It's great that we have been able to establish a regular routine for Peter and our family which makes holidays and travel possible."

Note: Children with Spina Bifida typically have damage to the nerves which control the bladder and bowels. Depending on the level of the lesion, bladder continence may be achieved if there is: a good urinary stream, some periods of dryness and some sensation of the urge to pee. In other cases, it is common to use intermittent catheterisation every 3-4 hours to achieve daytime continence. Bowel continence is more commonplace and attained through a consistent routine with regular toileting times being the key to management.