Many children do this until about five years of age. In most cases, the cause is physical and not behavioral. Their bladder might be too small, or the amount of urine produced might be too much for the bladder to hold. Some children sleep too deeply or are late in their development of bladder control. It is also something that runs in the family. If both parents wet the bed as children, chances are their child will also do it; if only one did, the chances are fifty percent.

There are steps that can be taken to remedy the problem, but consult first with a pediatrician to find out the causes of the bed wetting.

A first step is to limit liquid intake before bedtime and have the child go to the bathroom. A second step is bladder training. Observe the times when your child urinates during the day. After a couple of days, ask the child to wait 7 minutes, then 15, before using the bathroom. It helps stretch the bladder to hold more urine. If the child produces too much urine, certain drugs can help slow it down.

A moisture alarm in the child’s bed or underwear can trigger a sound at the first drop of urine that will wake them up. This gives them time to reach the bathroom and will also make them aware of how a full bladder feels.

Last but not least: don’t forget that your child does not wet the bed on purpose. Do not scold or punish them for it.
Alicia Powell, executive producer and host of The Basia Show, a popular TV program in Trinidad, is a strong and fit woman. As a wife and mother of two young children, she has always taken good care of her body. When she felt a little lump in her left breast she thought immediately that she had a problem.

“I felt like a seed,” she says today, 10 months after all started. “It was a distinctive lump that I’ve never felt. It never hurt. I considered it might be cancer. It wasn’t something that I wanted to tell to myself but there was a voice inside my head…”

Someone up there was watching over her because she had plans to see a cosmetic surgeon in Miami in three days to discuss the possibility of breast augmentation surgery.

“When he touched it, he knew, because of the character it had at the touch,” Mrs. Powell explains. “And he said: ‘You know what? Let’s not talk about plastic surgery. Let’s have this checked out and go to a radiologist and do your mammogram.’”

As soon as she had the test, the outcome was clear: “When I passed the room where the radiologist was, she was looking at it and she called me back to look at that particular breast. At that point I knew,” she adds; “from there on everything went fast.”

“We scheduled her for surgery the week after,” says Gladys Giron, M.D., a surgical oncologist at South Miami Hospital. “We talked about different options. She is a young patient with an invasive cancer, so we talked about the possibility of removing the other breast, too.”

Mrs. Powell didn’t think about it twice. “I thought that this was a road that I did not want to walk ever again and I chose the aggressive route. As a young mother and wife that was the best option for me.”

She had a double mastectomy and chemotherapy was next.

“Every case is different,” cautions Mary Jo Villar, M.D., also an oncologist at South Miami Hospital. “To prevent the recurrence of cancer you have to weigh in the pathology of the tumor, the woman’s age, the stage of the lymphatic nodes and the receptors in order to plan the treatment. A 70 years old woman with the best prognosis is not the same as a young woman who, typically, produces a lot of estrogen and has not attained menopause.”

Mrs. Powell underwent four chemotherapy treatments in four months and had her estrogen production blocked.

“Her receptors were estrogen dependent,” explains Dr. Villar. “When the patient’s receptors test positive for the estrogen hormone we block the production totally.”

Dr. Villar. “When the patient’s receptors test positive for the estrogen hormone we block the production totally.”

Mrs. Powell got her first breast reconstruction surgery 10 seconds after they finished the mastectomy,” says Deirdre Marshal, M.D., a plastic and reconstructive surgeon at the same hospital. She adds that when treating patients with advanced breast cancer the surgery is not performed right away, as in this case.

“The second surgery is done about six months later after they have any other treatment, like chemotherapy. If the patient is still stable, then surgery will present their approaches to surgical cases in a multidisciplinary symposium under the leadership of Ricardo E. Estape, M.D.

The symposium will focus on gynecology, gynecologic oncology, urology, thoracic surgery, cardiac surgery, bariatric surgery and colorectal surgery. Attendees will discover the key to launching a successful robotics program — from a single-robot center to a multi-robot world leading institution.

Simultaneous Interpretation (English to Spanish) will be available for attendees who request this service during registration.

For more information write to international@baptisthealth.net