

# Faecal incontinence assessment

## Definitions

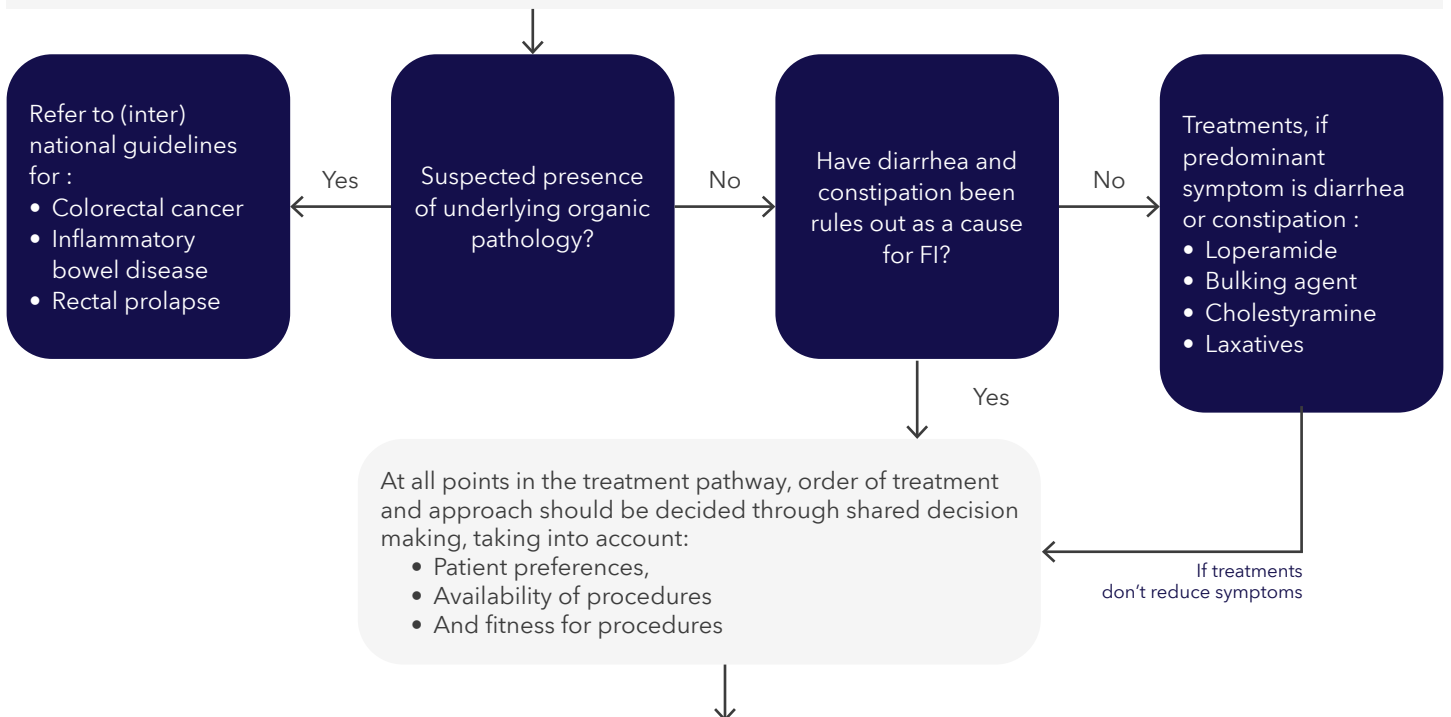
**Faecal incontinence (FI)** is one of the most common fecal disorders. It is the uncontrollable leakage of faecal matter (liquid or solid stools) that recurs and persists over a prolonged period, apart from a one-off infection.

Anal incontinence is a generic term for all **involuntary emissions of gas and/or stool**. Faecal incontinence is the most frequent type, and concerns only the loss of stool.

## Evidence based treatment algorithm for Faecal Incontinence<sup>1</sup>

### Diagnosis and clinical assessment

- History questionnaire (assessment of bowel habit, severity, associated complaints, etc...)
- Inspection and examination of the anorectal region (abdominal, anal and rectal examination)

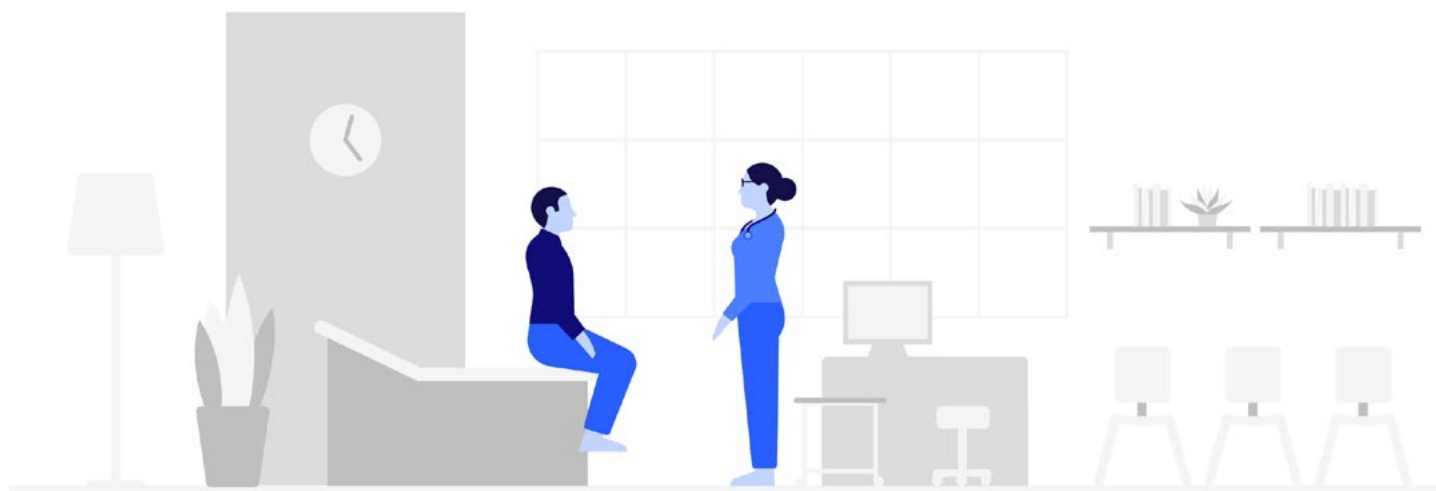
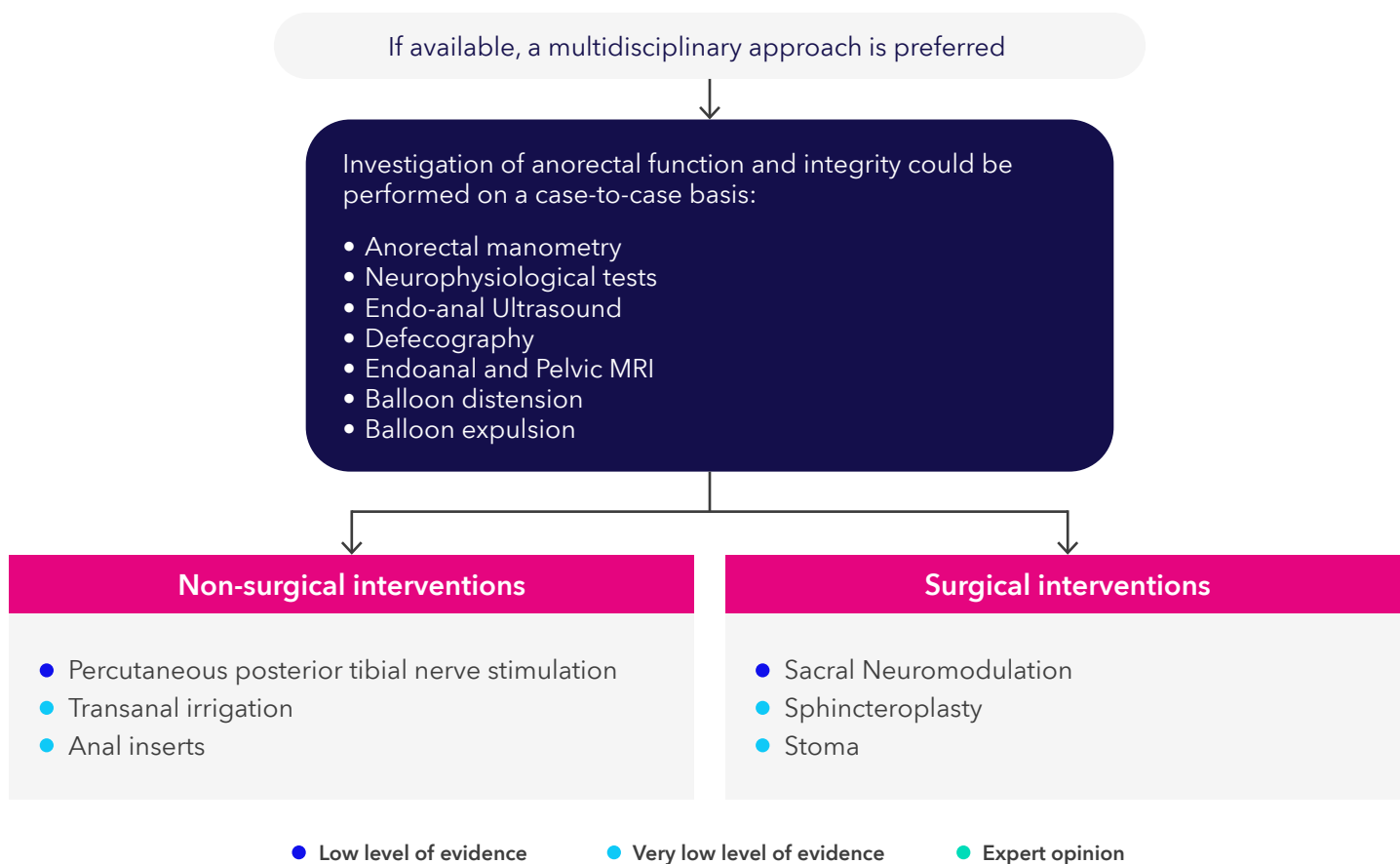


### First line treatments

- Education incl. behavioural advice (i.e. toilet routine/bowel)
- Dietary adjustments (e.g. high fibre, low caffeine, FODMAP)
- Lifestyle modification (i.e. smoking cessation, weight loss)
- Absorbent products
- Skin barrier creams
- Pelvic floor muscle exercises with or without biofeedback
- Anti-diarrheal medication (e.g. loperamide)
- Stool bulking agents (e.g. fibre)

# Evidence-based treatment algorithm for second-line treatment of FI<sup>1</sup>

In patients where initial first line treatment has not resulted in acceptable symptom reduction additional diagnostic test could be considered prior to starting second line treatment



1 A UEG/ESCP/ESNM/ESPCG collaboration. United European Gastroenterol J. 2022; 10(3): 251-86

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