MOOC10 Demand on you Care: Incontinence

Chapter 3: Faecal Incontinence

Types of faecal incontinence

Types	Causes	Nature of stools	Management
1. Faecal urgency	Reduce rectal compliance	Soft stool	• Improve rectal compliance • Teach deferment • Anal sphincter exercises • Assess previous bowel habit • Develop individual bowel programme
2. Faecal stress	Pelvic floor weakness anal sphincter damage	Faecal soiling	• Anal sphincter exercises • Bulk
3. Diarrhoea	Infection Inflammation	Liquid stool	• Identity cause of diarrhoea • Give anti-diarrhoea agents

4. Constipation with overflow	Inadequate diet & fluids medication	Spurious diarrhoea hard pellets	• Clear impaction
			• Prevent further impaction
			• High fibre diet & adequate fluids
			• Regular exercise
			• Review medication
			• Adequate toilet facilities
			  ○ Privacy
			  ○ Seat height
			  ○ Toilet paper
			• Treat pain or cause of pain
			• Treat depression

5. Environment	Lack of privacy Toilet distance Toilet too high/low Toilet not recognized	NA	• Toilet privacy • Seat height • Distance to toilet • Toilet sign posting • Mobility/manual dexterity
6. Passive	Damaged internal sphincter Inadequate external sphincter	Soft formed stool	• Anal sphincter exercises; or • Constipate and use enemas/ suppositories 3 times a week

Assessment

A full history is required because the development of faecal incontinence in the older adults can have many interacting causes.

History taking

- Past medical history: CVA, Dementia, DM?
- Past surgery history: Inflammatory diseases or bowel surgery
- Past obstetrics and gynaecology history
- Diet & fluid intake
- Oral/dental state
- Medications: Use of laxatives
- Mobility/manual dexterity
- Environment: Toilet facilities, access to toilet
  Mental status
- Previous bowel habits
- Bowel chart: Frequency, colour, consistency, volume, incontinence
- Sensation of desire to defaecate: Absent/ urgent/ unaware/ normal

Physical examination

- Observe perineum for skin tags /haemorrhoids/faeces around anus/skin condition
- Rectal examination for anal tone, faecal loading or any pain or discomfort
- Bowel sounds: no bowel sound will consider bowel obstruction
- Abdominal palpitation: any mass or abnormal?

Other investigations may include

- Anal ultrasound
- Abdominal x-ray

Prevention of faecal incontinence

- Environment
  - Defecation is a complex process, involving the autonomic nervous and the use of voluntary control. People prefer to defecate in private.
- Adequate fluid intake
  - If poor hydrated, more water will be absorbed in the large intestine in an attempt to maintain fluid level, the faeces become dry and hard.
- Adequate fibre intake
  - Add sufficient bulk to stimulate peristaltic action.

- Increase mobility to increase peristaltic action
- Cognitive awareness for bowel training
- Medications
    - Use of medications with care, many drugs has unintended side effect to cause constipation.

Constipations has long been associated with impaction and is the most common cause of faecal incontinence.

Please refer to **MOOC 8 Bowel Changes** for more information.

- End of Chapter 3 -
