

Faecal incontinence overview

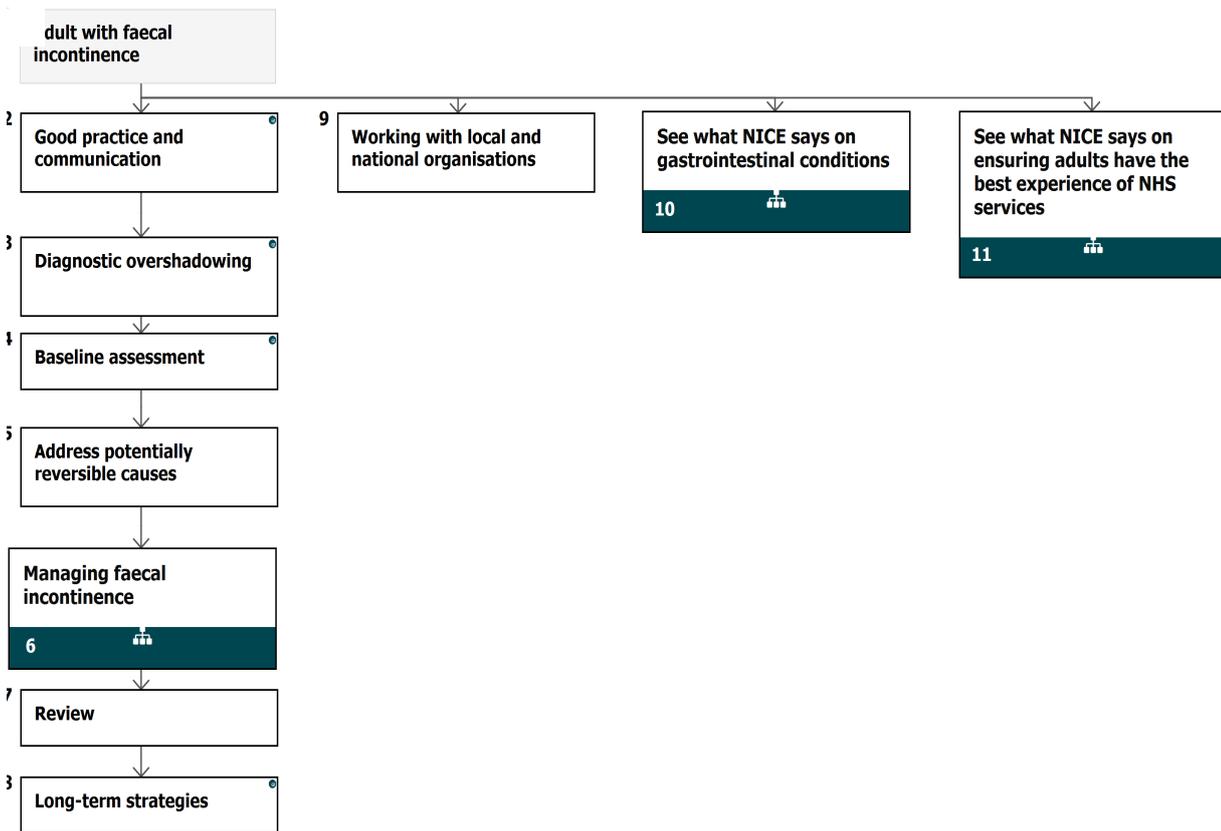
NICE Pathways bring together everything NICE says on a topic in an interactive flowchart. NICE Pathways are interactive and designed to be used online.

They are updated regularly as new NICE guidance is published. To view the latest version of this NICE Pathway see:

<http://pathways.nice.org.uk/pathways/faecal-incontinence>

NICE Pathway last updated: 04 April 2019

This document contains a single flowchart and uses numbering to link the boxes to the associated recommendations.



1 Adult with faecal incontinence

No additional information

2 Good practice and communication

Good practice

Offer people who report, or are reported to have, faecal incontinence care managed by healthcare professionals who have the relevant skills, training and experience and who work within an integrated continence service. See the Department of Health's [National service framework for older people](#).

Actively, yet sensitively, enquire about symptoms in high-risk groups:

- frail older people
- people with loose stools or diarrhoea from any cause
- women following childbirth (especially following third and fourth degree obstetric injury)
- people with neurological or spinal disease/injury (for example, spina bifida, stroke, multiple sclerosis, spinal cord injury)
- people with severe cognitive impairment
- people with urinary incontinence (see what NICE says on [urinary incontinence in women](#) and [urinary incontinence in neurological disease](#))
- people with pelvic organ prolapse and/or rectal prolapse
- people who have had colonic resection or anal surgery
- people who have undergone pelvic radiotherapy
- people with perianal soreness, itching or pain
- people with learning disabilities.

Communication

Be aware of the physical and emotional impact this condition can have on individuals and their carers.

Ensure that people with faecal incontinence and their carers:

- Are kept fully informed about their condition and have access to appropriate sources of information in formats and languages suited to their individual requirements. NICE has written information for the public on [faecal incontinence in adults](#).

- Are offered access to or made aware of appropriate support groups (which may include alerting people with faecal incontinence to the possibility of family and friends having similar experiences, or suggesting community groups or more formal organisations). Consideration should be given to the individual's cognition, gender, physical needs, culture and stage of life.
- Have the opportunity to discuss assessment, management options and relevant physical, emotional, psychological and social issues. The views, experiences, attitudes and opinions of the individual with faecal incontinence about these issues should be actively sought.

Quality standards

The following quality statements are relevant to this part of the interactive flowchart.

Faecal incontinence in adults

1. Identification in high-risk groups
3. Coping with symptoms

Mental wellbeing of older people in care homes

5. Recognition of physical problems

3 Diagnostic overshadowing

Be aware that faecal incontinence is a symptom, often with multiple contributory factors. Avoid making simplistic assumptions that causation is related to a single primary diagnosis.

Quality standards

The following quality statement is relevant to this part of the interactive flowchart.

Faecal incontinence in adults

2. Baseline assessment

4 Baseline assessment

Ensure that people who report, or are reported to have, faecal incontinence are offered a focused baseline assessment to identify the contributory factors before any treatment is

considered.

Carry out a focused baseline assessment, including:

- relevant medical history (see appendix I of the [full guideline appendices](#)).
- a general examination
- an anorectal examination (see appendix I of the [full guideline appendices](#)).
- a cognitive assessment if appropriate.

Quality standards

The following quality statement is relevant to this part of the interactive flowchart.

Faecal incontinence in adults

2. Baseline assessment

5 Address potentially reversible causes

Assess and treat:

- faecal loading (for more information see [managing faecal incontinence in specific groups](#))
- potentially treatable causes of diarrhoea (for example, infective, inflammatory bowel disease, irritable bowel syndrome)
- warning signs for lower gastrointestinal cancer (see what NICE says on [suspected cancer recognition and referral](#)).
- rectal prolapse or third-degree haemorrhoids
- acute anal sphincter injury including obstetric and other trauma
- acute disc prolapse/cauda equina syndrome.

6 Managing faecal incontinence

[See Faecal incontinence / Managing faecal incontinence](#)

7 Review

After each intervention ask the person whether the faecal incontinence has improved.

People continuing to experience symptoms should be:

- involved in discussions about further treatment options (including effectiveness and adverse effects) or alternative coping strategies
- asked if they wish to try further treatments.

8 Long-term strategies

Offer the following to people with symptoms who do not wish to continue with active treatment or who have intractable faecal incontinence:

- advice on preservation of dignity and, where possible, independence
- psychological and emotional support, possibly including referral to counsellors or therapists if it seems likely that people's attitude towards their condition and their ability to manage and cope with faecal incontinence could improve with professional assistance
- at least 6-monthly review of symptoms
- discussion of other management options (including specialist referral)
- contact details for relevant support groups
- advice on continence products and information about product choice, availability and use
- advice on skin care
- advice on how to talk to friends and family
- planning travel and carrying a toilet access card or RADAR key.

Consider the options for long-term management for people who prefer symptomatic management to more invasive measures.

See what NICE says on [home care for older people](#).

Quality standards

The following quality statements are relevant to this part of the interactive flowchart.

Faecal incontinence in adults

3. Coping with symptoms
5. Specialised management

9 Working with local and national organisations

Work as appropriate with local and national organisations to:

- raise public awareness of the causes, prevalence and symptoms of faecal incontinence and the resources needed to treat it
- aid mutual support between people with faecal incontinence
- decrease the taboo surrounding faecal incontinence
- encourage people with faecal incontinence to seek appropriate help.

10 See what NICE says on gastrointestinal conditions

[See Gastrointestinal conditions](#)

11 See what NICE says on ensuring adults have the best experience of NHS services

[See Patient experience in adult NHS services](#)

Sources

Faecal incontinence in adults: management (2007) NICE guideline CG49

Your responsibility

Guidelines

The recommendations in this guideline represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, professionals and practitioners are expected to take this guideline fully into account, alongside the individual needs, preferences and values of their patients or the people using their service. It is not mandatory to apply the recommendations, and the guideline does not override the responsibility to make decisions appropriate to the circumstances of the individual, in consultation with them and their families and carers or guardian.

Local commissioners and providers of healthcare have a responsibility to enable the guideline to be applied when individual professionals and people using services wish to use it. They should do so in the context of local and national priorities for funding and developing services, and in light of their duties to have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities. Nothing in this guideline should be interpreted in a way that would be inconsistent with complying with those duties.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.

Technology appraisals

The recommendations in this interactive flowchart represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, health professionals are expected to take these recommendations fully into account, alongside the individual needs, preferences and values of their patients. The application of the recommendations in this interactive flowchart is at the discretion of health professionals and

their individual patients and do not override the responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or their carer or guardian.

Commissioners and/or providers have a responsibility to provide the funding required to enable the recommendations to be applied when individual health professionals and their patients wish to use it, in accordance with the NHS Constitution. They should do so in light of their duties to have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.

Medical technologies guidance, diagnostics guidance and interventional procedures guidance

The recommendations in this interactive flowchart represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, healthcare professionals are expected to take these recommendations fully into account. However, the interactive flowchart does not override the individual responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or guardian or carer.

Commissioners and/or providers have a responsibility to implement the recommendations, in their local context, in light of their duties to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity, and foster good relations. Nothing in this interactive flowchart should be interpreted in a way that would be inconsistent with compliance with those duties.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.