



CLINICAL GUIDELINE

Faecal Incontinence Pathway for Greater Glasgow & Clyde

A guideline is intended to assist healthcare professionals in the choice of disease-specific treatments.

Clinical judgement should be exercised on the applicability of any guideline, influenced by individual patient characteristics. Clinicians should be mindful of the potential for harmful polypharmacy and increased susceptibility to adverse drug reactions in patients with multiple morbidities or frailty.

If, after discussion with the patient or carer, there are good reasons for not following a guideline, it is good practice to record these and communicate them to others involved in the care of the patient.

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Important Note:

The Intranet version of this document is the only version that is maintained. Any printed copies should therefore be viewed as 'Uncontrolled' and as such, may not necessarily contain the latest updates and amendments.

Faecal Incontinence Pathway

Incontinence Symptoms

- History & general examination (scopes & imaging)
 - Exclude overt prolapse and organic pathology
 - Treat medical causes and treat prolapse
 - Use minimal effective therapy.
 - Consider psychological support
 - Base treatment on QoL
 - Consider arranging specialist tests.

Conservative treatment (Fybogel, Loperamide, Amitriptyline, +/- sups / rectal irrigation) Initial bowel management

- Dietary modification
- Medication (anti-motility, bulking agents)
- Advice on continence products
- Reassurance and lifestyle advice
- Advice about relevant support groups (physical, emotional, psychological and social)

Refer for specialist investigations (Anorectal physiology, endoanal ultrasound, EUA, defecating proctogram)

Rectal Prolapse
Surgical repair followed by SNS if still incontinent

Internal sphincter defect / surgical deformity
Internal sphincter augmentation

Global deficiency / External sphincter defect

Refer for Physiotherapy and biofeedback

Unsuccessful

Successful

>180° defect

<180° defect / global deficiency

Conservative treatment / Stoma

SNS or sphincter repair