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Together for Tomorrow

Geriatric Syndrome

Fecal Incontinence

Learning Objectives

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Fecal Incontinence

At the conclusion of the module addressing incontinence in older adults, the learner should:

KNOW

- The presentation and symptoms of the most common types of fecal (bowel) incontinence
- Behavioral and medication treatment strategies for fecal (bowel) incontinence

DO

- Identify and use screening and assessment tools to aid in the recognition and management of fecal (bowel) incontinence
- Recognize risk factors leading to fecal (bowel) incontinence
- Optimize a treatment plan for an individual with fecal (bowel) incontinence

Case

Ms. Monroe

- Jill Monroe, is an 67-year-old white female who lives with her husband of 45 years in their 4th floor condominium. She is employed part time as an administrative assistant for an accounting firm and works in the office 3 days a week. She has self-reported “good health insurance that includes a prescription benefit. Jill is 3 months into her recovery from knee replacement surgery and is at her appointment today with the physical therapist.

- As the PT is reviewing Jill’s exercise prescription, Jill asks if there is anything that can be done about her “leaky bottom”. Upon questioning, Jill reports that soon after her knee replacement surgery she could not control the release of gas from her rectum and more recently she has experienced losing stool with no warning. She is now fearful of involvement in any type of exercise or social activities as she needs to be near a toilet. She is worried about having an odor about her and her ability to work.

- Jill’s medical history includes HTN and dyslipidemia. In her mid 20’s she delivered two large babies by natural birth and had a hysterectomy at age 60.

- Her medications include Lisinopril (Prinivil) 20 mg daily, CaCO3/Vitamin D3 twice daily, acetaminophen 325 mg as needed, and alpha-galactosidase (Beano) prior to meals as needed.

- The PT askes Jill if she is taking anything for the diarrhea and Jill responds that she does not know what to take. The PT states, “Let’s check on your exercises.”

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Definitions

Geriatric Syndrome

- A multifactorial condition prevalent in older adults that develops when an individual experiences accumulated impairments in multiple systems that compromise their compensatory abilities.

Overarching Topics	Geriatric Syndromes		
Age-Friendly Care	Chronic Pain	Falls	Polypharmacy
Ageism	Cognitive Impairment	Frailty	Pressure Injury
	Delirium	Incontinence	Sleep Disturbance
	Depression	Malnutrition	

Definitions

Screening

- Screening tools are tests or measures to evaluate for diseases and health conditions before symptoms appear.
- Screenings allow for earlier management and referral to appropriate providers.
- An age-friendly provider conducts screenings for conditions that are prevalent in older adults.

Definitions

Assessment

- Assessment tools are tests and measures used to evaluate the patient's presenting problem, confirm a diagnosis, determine its severity, and aid in identifying specific treatment options.

- An age-friendly provider uses appropriate assessments, makes referrals, and communicates with the patient's care providers.

Definitions

Treatment

- An age-friendly care provider considers the 4Ms when making treatment recommendations so that **what matters** to the patient is always part of the plan of care.

- An age-friendly provider communicates with the patient, family, and interdisciplinary team.

Definitions

Incontinence

- Inability to control the flow of urine from the bladder (urinary incontinence) or the escape of stool from the rectum (fecal incontinence).

Urinary Incontinence

- Inability to control the flow of urine. Types of urinary incontinence include stress, urge, overflow, and functional incontinence.

Fecal Incontinence

- Also known as bowel incontinence; the inability to control bowel movements, causing stool (feces) to leak unexpectedly from the rectum. FI can range from an occasional leakage of stool while passing gas to a complete loss of bowel control.

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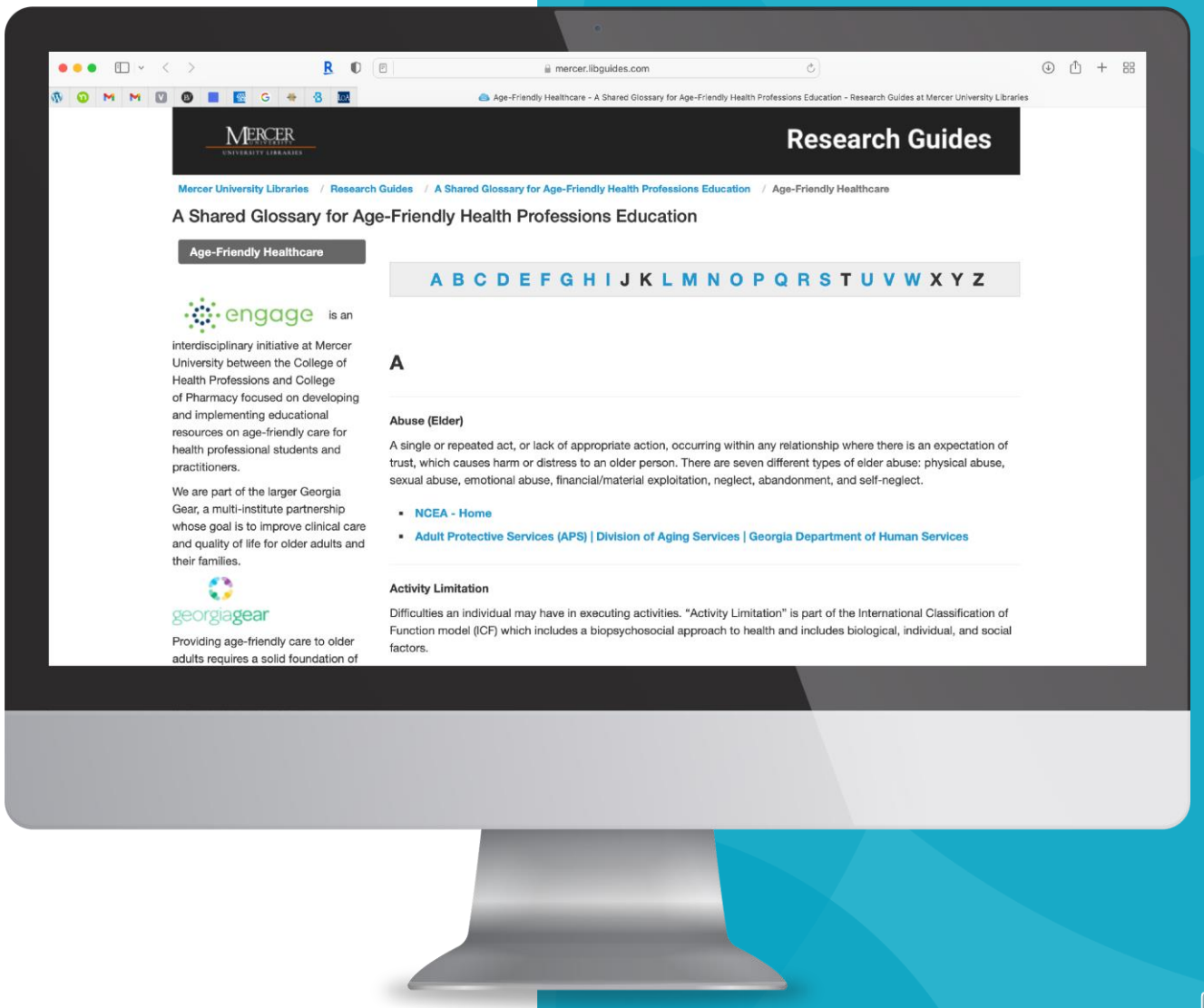
Know and Use the Shared Language…

we are all connected

GLOSSARY



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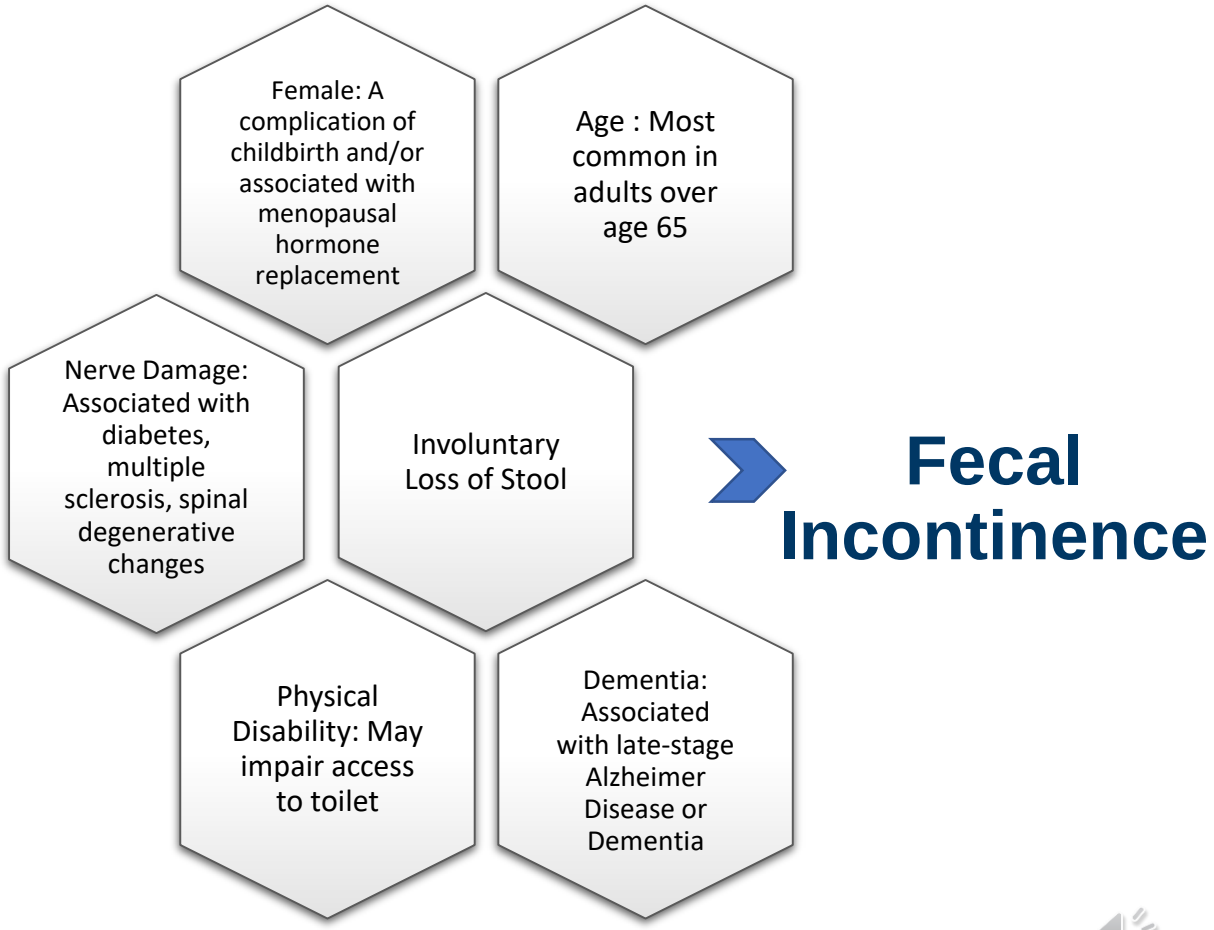
Statistics

FI Statistics[1]

- FI prevalence ranges between 0.4% to 18% in the general community.
- Women with FI report a lower quality of life as compared with men with FI.
- FI is often only identified in a patient care encounter when assessing an associated gastrointestinal problem.
- Most patients seeking treatment are already using self-care therapies to address the problem.
- The annual average cost of FI is over $4000 per person and includes the direct costs for diagnosis, treatment, and routine care as well as the indirect costs related to lost productivity.

Risk Factors

Risk Factors[2]



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Causes of FI [2]

Muscle Damage

Injury to the anal sphincter (muscles) make it difficult to hold stool back properly;

In females, is often due to difficult childbirth experiences

Nerve Damage

Injury to rectal nerves that sense the presence of stool or nerves that control the anal sphincter;

Causes include childbirth, diabetes, constant straining at stool, spinal cord degeneration/injury, cauda equina, stroke

Constipation & Diarrhea

Chronic constipation can lead to difficult passing of stool and possible nerve damage;

Diarrhea - loose stool is difficult to retain

Hemorrhoids

The swollen veins in the walls of the rectum keep the anus from closing correctly to hold back stool properly

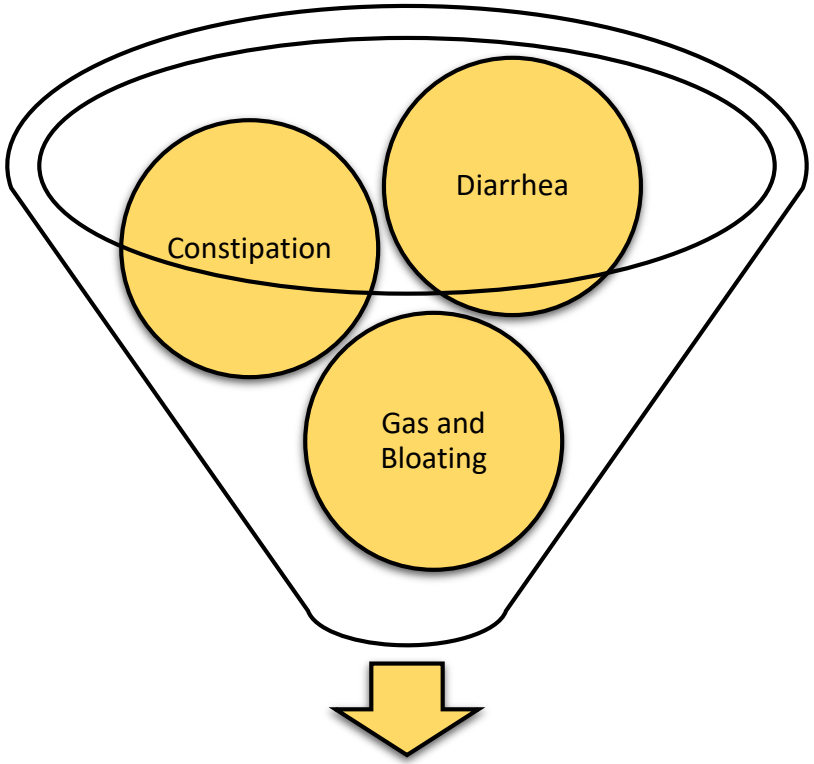
Rectal Prolapse & Retrocele

The rectum drops down into the anus

The rectum protrudes through the vagina

Symptoms

Symptoms Associated with FI [2]



FI Screening Questions [1]

The age-friendly provider should focus on questions to gather information on normal bowel habits and problematic symptoms in asking these questions:

- How frequently do you have a normal bowel movement during the day?
- Do you ever leak bowel or feces? How often?
- Are there periods of time when you are constipated? How often?
- Does this problem inhibit any activity or prevent you from doing things you like to do?

Answers to these questions suggest the need for further assessments.

FI Assessment Tests [1]

- **Physical Exam** to include a visual inspection of the anus and touch to assess sphincter contraction.
- **Digital Rectal Exam** to include insertion of a gloved and lubricated finger to assess strength of sphincter muscles and check for abnormalities in the area.
- **Colonoscopy** to include insertion of a flexible tube into the rectum to inspect the entire colon.
- **Specialized Exams** to include the Balloon expulsion test; Anal manometry; Anorectal Ultrasonography; Proctography; MRI

FI: Treatment and Care [2]

Medication & Surgery

- *Loperamide (Immodium A-D)
- *Diphenoxylate/Atropine Sulfate (Lomotil)
- ^Methylcellulose (Citrucel)
- ^Psyllium (Metamucil)
- Surgical repair of sphincter
- Surgical repair of rectal prolapse, rectocele, or hemorrhoid
- Colostomy (bowel diversion)

Exercise & Therapy

- Exercises to strengthen pelvic floor muscles and control release of feces); and/or Biofeedback
- Bowel Training (Goal of having a bowel movement at a specific time of day); Bulking Agents (Injections to thicken the walls of the anus)
- Sacral Nerve Stimulation; Posterior Tibial Nerve Stimulation
- Keep a food diary to identify problematic foods
- Consume adequate fiber for both constipation and diarrhea
- Drink at least 8 glasses of water per day (as comorbid conditions allow) to keep stools soft and formed

Skin Care

- Wash with Water after each bowel movement; Showering or soaking is also beneficial
- Use premoistened, alcohol free wipes; Avoid rubbing with dry toilet paper
- Dry Thoroughly; Air dry is preferred or gently pat dry with wipe
- Apply a Cream or Powder; Moisture barrier creams or nonmedicated talcum powder cornstarch to dry area
- Wear Cotton Underwear and Loose Clothing for improved airflow; Change soiled underwear as soon as possible

*For diarrhea as the cause
^For chronic constipation as the cause

Referral to Clinical and Community Support

- Information for managing FI is available at the website of the National Association on Continence at https://nafc.org

- Available information and resources includes:
  - Connecting with incontinence communities and support groups
  - Locating centers of excellence
  - Printable materials for managing continence
  - Sources of continence supplies

- The local community pharmacist, health care provider, or hospital discharge planner are valuable resources who can provide information and referrals to help manage incontinence.

Remember Ms. Monroe?

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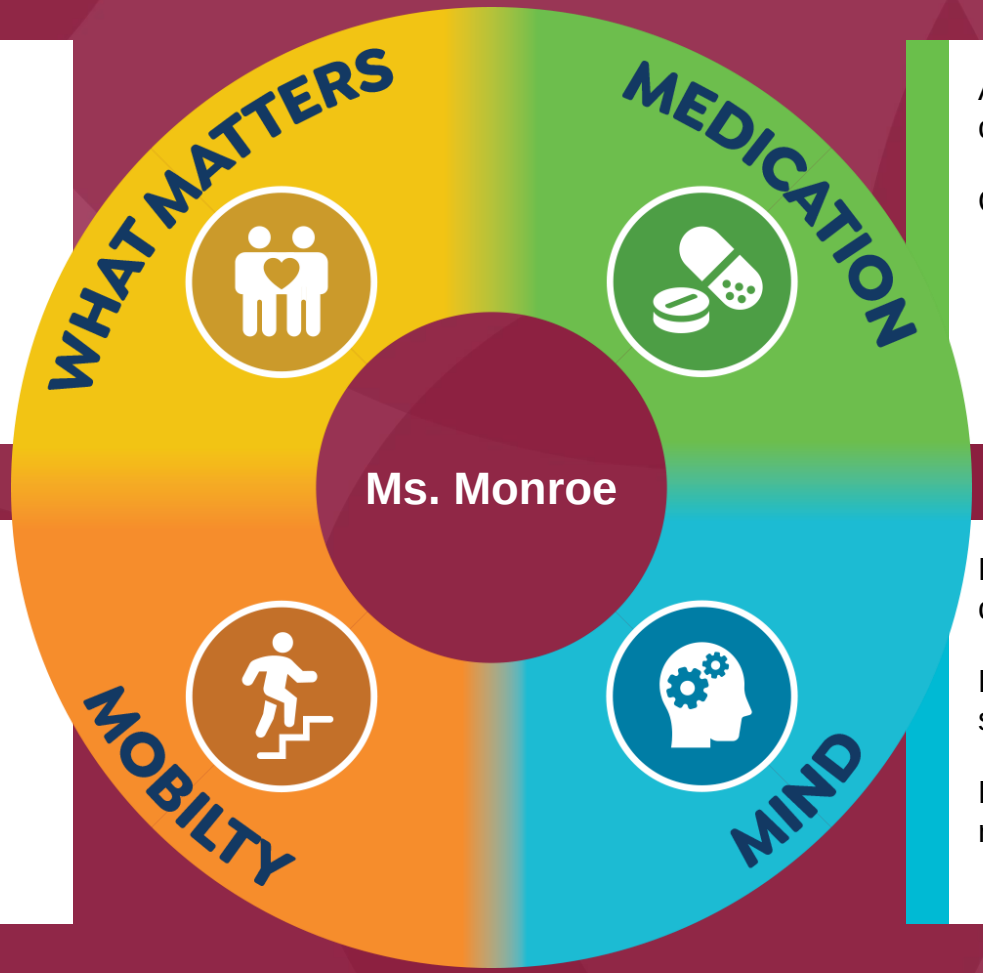
Un-Age-Friendly Care (4Ms)

Suggest limiting activities outside of the residence and with unfamiliar access to bathrooms.

Consider admitting to a skilled nursing facility for care (specific for FI care).

Avoid review of medications that could contribute to FI.

Omit taking a medication history.



Do not consider or address barriers to toileting.

Wear clothing that is difficult to remove prior to toileting.

Do not consider pelvic floor exercises.

Prescribe medications that manage FI but contribute to cognitive dysfunction.

Do not consider cognitive status in selecting incontinence products.

Do not consider anxiety or depression related to FI.

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Age-Friendly Care (4Ms)

LISTEN & VALIDATE

JUST ASK!

Consider patient autonomy and level of desired independence.

Consider caregiver availability and input.

Recommend appropriate FI products and assure correct use.

SCREEN & REFER

Assess toileting access and prescribe DME (portable/raised toilets) as appropriate.

Assure clothing allows for easy access to toileting.

Prescribe pelvic floor exercises for management of FI.

SCREEN & REFER

Prescribe appropriate medications for management of FI.

Recommend appropriate FI products.

Recommend/assure appropriate perineal skin care.

Avoid medications that contribute to FI.

SCREEN & REFER

Screen for cognitive function, depression and anxiety.

Avoid medications that negatively affect cognitive function.

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Clinical Pearls

Evaluating Fecal Incontinence

- Healthcare providers should specifically ask about fecal incontinence during the patient encounter.
- Healthcare providers should ask about patient self-treatment of fecal incontinence.

Managing Fecal Incontinence

- Determining the cause of fecal incontinence will allow for more appropriate management.

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About Engage

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ENGAGING FOR BETTER HEALTH

Engage is part of Georgia Gear, a multi-institute partnership whose goal is to improve clinical care and quality of life for older adults and their families.

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Work of the Georgia GWEP is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of Award Number U1QHP33070 totaling $3.75M with 0% percentage financed with nongovernmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government.

Presentation design by Reckon Branding.

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2. https://www.mayoclinic.org/diseases-conditions/fecal-incontinence/symptoms-causes/syc-20351397; accessed June 2, 2022.

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with your patients, their families, your colleagues, and your communities.

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