

Acute Training Solutions

Continence Management - Bowel problems in adults

Minimum history	Minimum examination
<ul style="list-style-type: none"> Nature (urge or passive) of incontinence When started How often now Nature of stool 	<ul style="list-style-type: none"> Abdomen: PR Evacuation difficulties Rectal bleeding Effect on lifestyle Past medical, surgical, obstetric and drug history Proctoscopy / sigmoidoscopy if indicated

Causes & symptoms	Possible causes	Usual symptoms	Treatment	Possible referrals*
Anal sphincter weakness or damage	Childbirth Anal surgery Direct trauma Rectal prolapse Idiopathic weakness	Urgency / urge incontinence (external anal sphincter)	Sphincter exercises if weak Surgical repair if simple disruption	Colorectal surgeon Gastro-enterologist Geriatrician District nurse Neurologist Rehabilitation specialist nurse Continence specialist nurse Colorectal specialist nurse Physiotherapist
		Passive soiling (internal anal sphincter)	Induce firm stool with diet or medication (No clear surgical options)	
Intestinal hurry	Infection Inflammatory bowel disease Irritable bowel syndrome Drug-induced	Frequency, urgency, urge incontinence, loose stool	Treat underlying cause Constipating agents	
Impaction with overflow	Immobility Physical or mental frailty Medication Dementia	Passive loss of "spurious diarrhoea" or of solid stool	Disimpact, then keep rectum empty	
Neurological disease or damage	Spinal injury Multiple sclerosis	Reflex incontinence or impaction with overflow	Regulate bowel habit Control evacuation with laxatives or evacuants	