1 Guideline title

The management of faecal incontinence in adults

1.1 Short title

Faecal incontinence

2 Background

(a) The National Institute for Health and Clinical Excellence (‘NICE’ or ‘the Institute’) has commissioned the National Collaborating Centre for Acute Care to develop a clinical guideline on the management of faecal incontinence for use in the NHS in England and Wales. This follows referral of the topic by the Department of Health and Welsh Assembly Government (see Appendix). The guideline will provide recommendations for good practice that are based on the best available evidence of clinical and cost effectiveness.

(b) The Institute’s clinical guidelines will support the implementation of National Service Frameworks (NSFs) in those aspects of care where a Framework has been published. The statements in each NSF reflect the evidence that was used at the time the Framework was prepared. The clinical guidelines and technology appraisals published by the Institute after an NSF has been issued will have the effect of updating the Framework.

(c) NICE clinical guidelines support the role of healthcare professionals in providing care in partnership with patients, taking account of their individual needs and preferences, and ensuring that patients (and their carers and families, where appropriate) can make informed decisions about their care and treatment.
3 Clinical need for the guideline

a) It is difficult to measure the prevalence of faecal incontinence accurately. This is because the definitions of different degrees of incontinence are, in part, subjective and people under-report the problem because of the associated embarrassment. Best estimates suggest that the prevalence of clinically significant faecal incontinence in the UK is highest in elderly populations and those in institutional care.

b) Faecal incontinence can have a major negative impact on physical and psychological health and lifestyle; in many cases it causes severe social restriction.

c) Faecal incontinence has many possible contributing causes, including damage caused to the body when giving birth, anal surgery, neurological disease, bowel impaction, congenital disorders, overflow incontinence due to faecal impaction and diarrhoea.

d) It is estimated that incontinence in adults (both urinary and faecal) accounts for 2% of the total annual healthcare budget of the UK. The annual NHS bill for treating and managing incontinent persons is estimated at £500 million.

4 The guideline

a) The guideline development process is described in detail in two publications which are available from the NICE website (see ‘Further information’). *The Guideline Development Process – An overview for stakeholders, the public and the NHS* describes how organisations can become involved in the development of a guideline. *Guideline Development Methods – Information for National Collaborating Centres and guideline developers* provides advice on the technical aspects of guideline development.
b) This document is the scope. It defines exactly what this guideline will (and will not) examine, and what the guideline developers will consider. The scope is based on the referral from the Department of Health and Welsh Assembly Government (see Appendix).

c) The areas that will be addressed by the guideline are described in the following sections.

4.1 Population

4.1.1 Groups that will be covered

a) The guideline will cover adults (age 18 and older) with a diagnosis of faecal incontinence (defined as any involuntary loss of faeces that is a social or hygienic problem).

4.1.2 Groups that will not be covered

a) Patients under the age of 18 years.

4.2 Healthcare setting

a) This guideline will be relevant to patients and their carers in the community (home and care homes) and hospital (all departments).

4.3 Clinical management

a) The guideline will review the clinical and cost effectiveness, and possible morbidity, of interventions to manage faecal incontinence in the populations listed in 4.1.1.

b) Interventions to be considered (used singly or in combination) will include the following.

- Clinical/continence assessment.
- Patient and carer education and support.
- Lifestyle changes such as diet and exercise.
- Adaptations to home toilet facilities and other measures (for example, clothing adaptations).
• Provision of information to patients and, where appropriate, their carers, on clinical and practical aspects of their condition.
• Bowel management programmes (for example, abdominal massage, toileting).
• Medical treatment (for example, stool bulking agents, constipating agents, evacuation aids, laxatives and anti-diarrhoeal agents).
• Manual evacuation/digital stimulation.
• Biofeedback and/or sphincter exercises.
• Anal electrical stimulation.
• Surgical procedures with or without electrical stimulation.
• Use of absorbent products.
• Skin care management.
• Other products such as bags and plugs.
• Irrigation via anus or surgically constructed port.
• Other specialised products for managing faecal incontinence.

(c) Note that guideline recommendations on prescribing will normally fall within licensed indications; exceptionally, and only where clearly supported by evidence, using a drug outside its licensed indication may be recommended. The guideline will assume that prescribers will use the Summary of Product Characteristics to inform their decisions for individual patients.

4.4 Status

4.4.1 Scope

This is the final scope.

Related NICE guidance:


4.4.2 Guideline

The development of the guideline recommendations will begin in June 2005.

5 Further information

Information on the guideline development process is provided in:

- *The Guideline Development Process – An overview for stakeholders, the public and the NHS*

- *Guideline Development Methods – Information for National Collaborating Centres and guideline developers*

These booklets are available as PDF files from the NICE website (www.nice.org.uk). Information on the progress of the guideline will also be available from the website.
Appendix – Referral from the Department of Health and Welsh Assembly Government

The Department of Health and Welsh Assembly Government asked the Institute:

To prepare a guideline for the NHS in England and Wales on the management of faecal incontinence.