

# Surveillance proposal consultation document

## 2018 surveillance of [faecal incontinence](#) (NICE guideline CG49)

### Proposed surveillance decision

We propose to not update the NICE guideline on faecal incontinence at this time.

### Reasons for the proposal to not update the guideline

The recommendations in this guideline were largely based on consensus because of inadequate quantity and quality of evidence. The evidence base, and clinical practice do not appear to have progressed enough to support an update of this guideline.

The evidence considered in this surveillance indicated that the following interventions may improve outcomes for people with faecal incontinence:

- rectal irrigation
- anal plugs
- sacral nerve stimulation
- injectable bulking agents.

The guideline recommends rectal irrigation, anal plugs and sacral nerve stimulation, so no impact is expected for these interventions. [Injectable bulking agents for faecal incontinence](#) (IPG210) recommends this procedure under special arrangements. Although more evidence is available, it appears to be of a similar nature to that considered in developing the guidance (lower quality evidence, and no evidence of long-term effects). Therefore, no impact is expected on the guideline.

For the following interventions the new evidence suggested no effect, or uncertainty in their effects:

- pelvic floor muscle training in antenatal and postnatal women
- biofeedback and electrical stimulation
- surgical interventions including levatorplasty and repair of sphincter or pelvic floor
- surgery for complete rectal prolapse
- drug treatment.

Pelvic floor muscle training, biofeedback, and electrical stimulation were noted to have limited evidence for their use during guideline development, so the guideline committee used

consensus to recommend these interventions only for people with inadequate response to initial management. Therefore, the new evidence is unlikely to affect recommendations.

Recommendations on surgery were clear that discussions should take place between the patient and a specialist surgeon including: the surgical and non-surgical options appropriate for their individual circumstances; the potential benefits and limitations of each option (with particular attention to long-term results); and realistic expectations of the effectiveness of any surgical procedures under consideration.

Evidence on surgery considered when developing the guideline often found some evidence of short-term benefit but no long-term benefit, and adverse events were common. The new evidence suggests much the same, so no impact on the guideline is expected.

Drug treatments for diarrhoea are recommended to reduce faecal incontinence. Evidence for these drugs remains focused on the outcome of diarrhoea rather than incontinence, therefore, no impact on the guideline is expected.

A further study suggested that people with faecal incontinence whose symptoms improved were satisfied with their continence status after nurse-led care, but those whose symptoms did not improve were dissatisfied. However, this study does not tell us whether nurse-led care affected patients' outcomes compared with usual care, so no impact is expected.

## References

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Omar MA and Alexander CE (2013) [Drug treatment for faecal incontinence in adults](#). Cochrane Database of Systematic Reviews issue 6: CD002116

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Tou S, Brown SR, Nelson RL (2015) [Surgery for complete \(full-thickness\) rectal prolapse in adults](#). Cochrane Database of Systematic Reviews issue 11: CD001758

Woodley SJ, Boyle R, Cody JD et al. (2017) [Pelvic floor muscle training for prevention and treatment of urinary and faecal incontinence in antenatal and postnatal women](#). Cochrane Database of Systematic Reviews issue 12: CD007471

Young CJ, Zahid A, Koh CE et al. (2017). [A Randomised Control Trial of Four Different Regimes of Biofeedback Program in the Treatment of Faecal Incontinence](#). Colorectal Disease 20: doi:10.1111/codi.13932

## Overview of 2018 surveillance methods

NICE's surveillance team checked whether recommendations in [faecal incontinence](#) (NICE guideline CG49) remain up to date. The static list process was followed consisting of:

Feedback from topic experts and voluntary and community sector organisations via a questionnaire.

- A search for new or updated Cochrane reviews
- A search of trial registries
- Examining related NICE guidance and quality standards
- Examining the event tracker for relevant ongoing and published events
- Consultation on the decision with stakeholders (this document).

After consultation on the decision we will consider the comments received and make any necessary changes to the decision.

For further details about the process and the possible update decisions that are available, [see ensuring that published guidelines are current and accurate](#) in developing NICE guidelines: the manual.

## Evidence considered in surveillance

### Search and selection strategy

Using the static list process, we searched for new Cochrane reviews related to the whole guideline. We found 9 relevant Cochrane reviews published between August 2010 and January 2018.

We also identified 1 [NIHR signal](#) on a relevant study.

We considered these studies in conjunction with 5 additional relevant studies from a total of 29 identified by topic experts. Many of the studies identified by topic experts were not eligible for consideration because were general narrative reviews of a topic rather than systematic reviews, or were advice.

[Previous surveillance in 2010](#) identified 49 studies that were considered to have no impact on recommendations.

From all sources, we considered 64 studies to be relevant to the guideline.

The recommendations in this guideline were largely based on consensus because of inadequate quantity and quality of evidence. The evidence base does not appear to have progressed enough to support an update of this guideline. Most of the new evidence was consistent with current recommendations.

## Ongoing research

We checked for relevant ongoing research; of the 6 ongoing studies identified, none were assessed as having the potential to change recommendations.

## Intelligence gathered during surveillance

### Views of topic experts

We considered the views of topic experts, including those who helped to develop the guideline.

Two topic experts indicated that uptake and implementation of the recommendations is low. However, there was nothing to suggest that this was because of unclear or controversial recommendations.

### Views of stakeholders

Stakeholders are consulted on all surveillance decisions except if the whole guideline will be updated and replaced. Because this surveillance decision was to not update the guideline, we are consulting on the decision.

See [ensuring that published guidelines are current and accurate](#) in developing NICE guidelines: the manual for more details on our consultation processes.

## Equalities

No equalities issues were identified during the surveillance process.

## Editorial amendments

During surveillance of the guideline we identified the following issues with the NICE version of the guideline that should be corrected.

## Footnote 6

Footnote 6 reads:

'See Section 3 of the Department of Health's ['Good practice in continence services' and 'National service framework for older people'](#).'

The hyperlink goes to the Department of Health homepage, however direct links to each publication would be more helpful and in line with current style for hyperlinking.

The [National service framework for older people](#) is still hosted on the Department of Health's website, but [Good practice in continence services](#) appears to have been archived and the pdf is not accessible through the archive. This may mean that this document is not considered to be current, but no updated policy has been identified.

The footnote should therefore be amended to refer only to the National service framework for older people.

Suggested text: See the Department of Health's [National service framework for older people](#).

## Footnote 7

Footnote 7 contains a hyperlinked-cross-reference to an old version of the guideline on referral for suspected cancer (<http://www.nice.org.uk/guidance/cg027>). Because this guideline has been updated, this page simply contains text about the update with a link to the new guidance (<https://www.nice.org.uk/guidance/ng12>).

The hyperlink should be updated to take the reader directly to the updated guideline.

## Footnote 10

This footnote reads:

'These are available from [National Association for Colitis and Crohn's disease \(NACC\)](#), [Incontact](#) or the [Continence Foundation](#).'

The National Association for Colitis and Crohn's disease (NACC) is now known as Crohn's and Colitis UK, and the website has changed (see '[Our history](#)' section of the Crohn's and colitis UK website).

Incontact appears to have ceased. The website is no longer active and no useful results were obtained in web searches.

A topic expert noted that The Continence Foundation no longer exists. Its website appears to be functioning. However, it is very basic and lacks useful resources. [One website indicates](#) that The Continence Foundation was dissolved in 2009. However, it is unclear how reliable the information is. Searches of Companies House and the Charity Commission show no entries for The Continence Foundation.

The purpose of the footnote is to direct users to information on toilet access cards. However, a suitable alternative resource is not clear because many organisations produce versions of

these cards including [Hartmann](#), [Prostate Cancer UK](#), [the IBS Network](#), and the [Bladder and Bowel Community](#).

This footnote should be deleted.

## Footnote 11

Footnote 11 reads:

'These are available from [RADAR](#).'

The hyperlink is broken, and the overarching website also appears to have gone.

The purpose of the footnote is to direct users to information on Radar keys. There is no clear standard resource. A possible alternative resource is [Disability Rights UK](#), which sells Radar keys but does not provide information about the scheme. However, deleting the footnote may be more appropriate.

This footnote should be deleted.

## Footnote 12

This footnote reads:

'See advice from the [National Patient Safety Agency](#) (NPSA 2004).'

However, this organisation no longer exists, having been replaced by the NHS Commissioning Board Special Health Authority, which itself appears to have been incorporated into NHS England (<http://www.commissioningboard.nhs.uk/> redirects to NHS England's website).

This footnote should be deleted.

## Overall decision

After considering all evidence and other intelligence and the impact on current recommendations, we decided that no update is necessary at this time.

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