

Inserting a magnetic bead band for faecal incontinence

Information for the public
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What has NICE said?

There is not much good evidence about how well this procedure works or how safe it is. But it has the potential to significantly improve patients' quality of life, so it can be used if extra care is taken to explain the risks and extra steps are put in place to record and review what happens.

This procedure should only be done in hospital units that specialise in the care of people with faecal incontinence.

More research on this procedure is needed and NICE may look at it again if more evidence is published.

What does this mean for me?

Your health professional should fully explain what is involved in having this procedure and discuss the possible benefits and risks with you. In particular, they should explain the

uncertainty about the evidence on how likely it is to improve your symptoms in the long term, and the risk of complications that may mean the band has to be removed. You should also be told how to find more information about the procedure and about other treatment options. You should only be asked if you want to agree to this procedure after having this discussion.

Your health professional should ask you if details of your procedure can be collected.

The condition

Faecal incontinence is when a person loses the ability to control their bowel movements, resulting in leakage of faeces. Faecal incontinence has many different causes. It can be distressing and can severely affect everyday life.

Treatment usually includes managing diet and medication to stop diarrhoea. This may be followed by pelvic floor muscle exercises and [anal sphincter](#) training. If these treatments fail, surgery may be needed.

[NHS Choices](#) and [NICE's information for the public about faecal incontinence](#) may be a good place to find out more.

NICE has looked at using inserting a magnetic bead band as another treatment option. Click on to the next page to find out more.

The procedure

With the patient under a general anaesthetic, a cut is made below the [anus](#), and a tunnel is made under the skin around it. After checking what size is needed, a ring of magnetic beads is placed into the tunnel so that it lays around the anus. The ends are tied together and the cut is closed up.

The beads can separate to allow stools to be passed, but normally the magnetism holds them together, keeping the sphincter closed and so preventing incontinence.

Benefits and risks

When NICE looked at the evidence, it decided that this procedure can be used if extra care is taken to explain the risks and extra steps are put in place to record and review what happens. This is because although there isn't much good evidence about how well this procedure works or how safe it is, it has the potential to significantly improve patients' quality of life. The 5 studies that NICE looked at involved a total of 54 patients.

Generally, they showed the following benefits:

- Similar improvements in continence and quality of life compared with other procedures (nerve stimulation and insertion of an artificial sphincter).
- In 1 study, 16 out of 23 patients were satisfied with the procedure, and 14 would recommend it.
- One patient in a study of 14 patients chose to have the bead band removed because it did not meet their expectations.

The studies showed that the risks of inserting a magnetic bead band included:

- infections up to 9 days after the procedure and an abscess 6 months after the procedure
- swelling and redness 2 weeks after the procedure
- difficulty passing stools, which was treated with enemas
- bleeding (from the rectum or vagina), which went away on its own
- pain (treated with medication)
- the band breaking.

NICE was also told that discomfort and the band wearing away the tissue around it were other possible risks.

If you want to know more about the studies see the [guidance](#). Ask your health professional to explain anything you don't understand.

Questions to ask your health professional

- What does the procedure involve?
- What are the benefits I might get?
- How good are my chances of getting those benefits? Could having the procedure make me feel worse?
- Are there alternative procedures?
- What are the risks of the procedure?
- Are the risks minor or serious? How likely are they to happen?
- What care will I need after the procedure?
- What happens if something goes wrong?
- What may happen if I don't have the procedure?

Medical terms explained

Anal sphincter

The ring of muscle that controls the opening and closing of the anus.

Anus

The opening to the outside of the body at the end of the digestive system. It is where faeces (poo) leaves the body.

About this information

NICE [interventional procedures guidance](#) advises the NHS on the safety of a procedure and how well it works.

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Accreditation

