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Rubrik Lower bowel dysfunction and management

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Innehåll Faecal incontinence is a common health care problem, affecting over 1% of community-dwelling adults. (1;2). It is under-reported as many people are too embarrassed to seek help, with probably only one-third of those affected seeking medical help. It adversely affects quality of life, and is a difficult problem to live with (3;4). Investigation includes a detailed assessment of symptoms (5). Specialised ano-rectal physiology tests and anal ultrasound are useful investigations in some cases.

Treatment will depend on the cause of the faecal incontinence. A disrupted sphincter can be repaired, but the long-term results are not always perfect (6). More complicated surgical procedures, such as implantation of an artificial bowel sphincter, are also available. Many patients will respond to simple dietary modification and medication. Others will benefit from muscle re-education and behavioural modification of their toileting patterns (biofeedback) (7). Many studies have reported positive results from biofeedback, but overall there does not appear to be great additional benefit over other conservative management (8). Irrigation may also be helpful (9). However, there are few controlled studies available for any treatment option, with as yet inconclusive results (10).

Patients with evacuation difficulties likewise benefit from a systematic assessment and stepwise approach to management, including evacuation techniques, dietary advice and possibly biofeedback (11).

Referenser (1) Perry S, Shaw C, McGrother C, Flynn RJ, Assassa RP, Dallosso H, et al. The prevalence of faecal incontinence in adults aged 40 years or more living in the community. *Gut* 2002;50:480-4.

(2) Macmillan AK, Merrie AEH, Marshall RJ, Parry BR. The prevalence of fecal incontinence in community-dwelling adults: a systematic review of the literature. *Dis Colon Rectum* 2004;47:1341-9.



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- (3) Chelvanayagam S, Norton C. Quality of life with faecal continence problems. *Nursing Times* 2000;96(31):Supplement 15-7.
- (4) Wilson M. The impact of faecal incontinence on the quality of life. *British Journal of Nursing* 2007;16(4):204-7.
- (5) Norton C, Chelvanayagam S. A nursing assessment tool for adults with fecal incontinence. *Journal of Wound, Ostomy, & Continence Nursing* 2000;27:279-91.
- (6) Malouf AJ, Norton C, Nicholls RJ, Kamm MA. Long term results of overlapping anal sphincter repair for obstetric trauma. *Lancet* 2000;355:260-5.
- (7) Norton C, Chelvanayagam S, Wilson-Barnett J, Redfern S, Kamm MA. Randomized controlled trial of biofeedback for fecal incontinence. *Gastroenterology* 2003;125:1320-9.
- (8) Norton C, Cody JD, Hosker G. Biofeedback and/or sphincter exercises for the treatment of faecal incontinence in adults. *Cochrane Database of Systematic Reviews*, Cochrane Library, John Wiley & Sons, Chichester UK 2006;(Issue 3. Art. No.: CD002111. DOI: 10.1002/14651858.CD002111.pub2.).
- (9) Christensen P, Bazzocchi G, Coggrave M, Abel R, Hultling C, Krogh K, et al. A randomized, controlled trial of transanal irrigation versus conservative bowel management in spinal cord-injured patients. *Gastroenterology* 2006;131:738-47.
- (10) Norton C, Whitehead WE, Bliss DZ, Metsola P, Tries J. Conservative and pharmacological management of faecal incontinence in adults. In: Abrams P, Cardozo L, Khoury S, Wein A, editors. *Incontinence*. Plymouth: Health Publications; 2005. p. 1521-63.
- (11) Norton C, Chelvanayagam S. *Bowel Continence Nursing*. Beaconsfield: Beaconsfield Publishers; 2004.