

Clinical Practice Guidelines – Fecal Incontinence

Measures that **assess nature & severity of FI including QoL tools** should be used as a part of the assessment of FI. **2C**



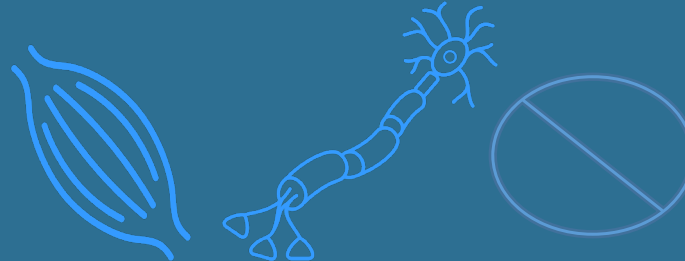
Anorectal physiology testing (manometry, compliance, etc) can be considered to help define the elements of dysfunction & guide management. **2C**



Endoanal ultrasound may be useful to evaluate sphincter anatomy when planning a sphincter repair. **2C**



Pudendal nerve terminal motor latency testing is not routinely recommended. **1C**



Endoscopy should be performed according to established screening guidelines and in patients presenting with symptoms that warrant further evaluation (ie, changes in bowel habits, bleeding).

1B



DISEASES
OF THE
COLON &
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Bordeianou LG et al. *Dis Colon Rectum* 2023;66(5):647-61

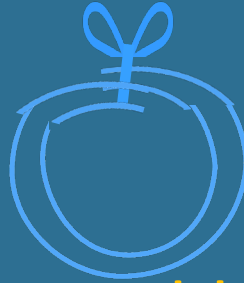


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Dietary & medical management should be first-line therapy. **1C**



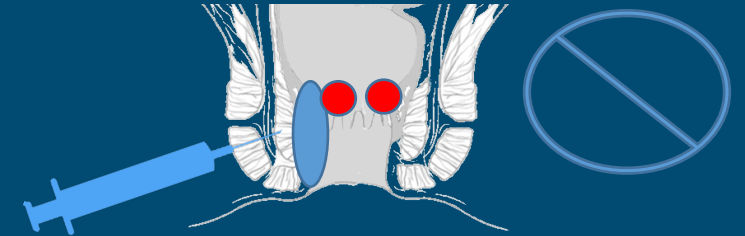
Overlapping sphincteroplasty may be considered with a defect in the external anal sphincter, but clinical results often deteriorate over time. **2C**



Sacral neuromodulation may be considered as a first-line surgical option with or without sphincter defects. **2C**



Injection of **bulking agents** & application of **radiofrequency energy** are not routinely recommended. **2C**



Antegrade colonic enemas can be considered in highly motivated patients who are seeking an alternative to a **colostomy**, which is also an option for patients who have failed other therapies. **2C**



Bowel training programs & biofeedback can be considered in selected patients. **2C**



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