Evidence based treatment algorithm for Faecal Incontinence Diagnosis and clinical assessment: History taking (assessment of bowel habit, severity, associated complaints etc.) Abdominal and anorectal examination Refer to (inter)national If predominant symptom is diarrhoea or guidelines for: Yes Suspected presence of No Have diarrhoea and No constipation, treat accordingly with Colorectal cancer constipation been ruled underlying organic loperamide, bulking agent, cholestyramine - Inflammatory bowel pathology? out as a cause for FI? or laxatives respectively prior to trying disease1 other treatment options Yes Rectal prolapse At all points in the treatment pathway, order of treatment and approach should be decided through shared decision making, taking into account patient preferences, availability of procedures and fitness for procedures. First line treatment: Education incl. behavioural advice (i.e. toilet routine/bowel Dietary adjustments (e.g. high fibre, low caffeine, FODMAP) Lifestyle adjustments (i.e. smoking cessation, weight loss) Absorbent products Skin barrier creams Pelvic floor muscle exercises with or without biofeedback Investigation of anorectal function Stool bulking agents (e.g. fibre) and integrity could be performed Anti-diarrheal medication (e.g. loperamide) on a case-to-case basis 2,3 Consider the following4: Legend Anorectal manometry If available, a multidisciplinary Low level of evidence Neurophysiological tests approach is preferred. Very low level of evidence Endo-anal Ultrasound Expert opinion Defecography Endoanal and Pelvic MRI - Balloon distension Balloon expulsion Second line: surgical interventions: Second line: non-surgical interventions: Sacral neuromodulation Percutaneous posterior tibial nerve stimulation Bulking agents Transanal irrigation Sphincteroplasty Anal inserts Stoma Refer to European Crohn's and Colitis Organisation (ECCO) guidelines https://www.ecco-ibd.eu/publications/ecco-guidelines-science.html ²Refer to consensus paper by the International Anorectal Physiology working group(1) https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6028941/ ³Use of Diagnostic tests should be decided through shared decision making, taking into account patient preferences, availability of tests and fitness for diagnostic procedures ⁴See table 1 for the complete list of diagnostic tools which could be considered







