Tips for Nurses:
Faecal Incontinence

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PALLIATIVE CARE AGED CARE EVIDENCE

What it is: Faecal incontinence is the inability to control bowel movements which leads to unexpected leakage of liquid and/or solid stool.

Why it matters: Faecal incontinence is common in older people. Prevalence increases with multimorbidity and at the end of life. Faecal incontinence can affect a person's health, dignity, and independence. It is also a hygiene concern. Nurse-led assessment and care planning can help.

Respecting an older person's dignity is important when assisting them with bowel management.

What I need to know: Faecal incontinence may be related to:

- illness
- treatment
- other factors including infection.

Faecal incontinence can indicate frailty and increased mortality risk, and reduces quality of life.

Faecal impaction (constipation-related hard immovable stools) is a common and treatable cause of faecal incontinence in older people.

Medications such as opioids and anticholinergics may slow gut transit time contributing to the increased risk of faecal impaction and subsequent faecal incontinence.

Faecal incontinence is a risk factor for pressure injury in frail older adults. Excessive moisture affects skin integrity.

Cognitive and neurological diseases including dementia, Parkinson's disease, and stroke can contribute to faecal incontinence.

Actions

A bowel management program can include:

- daily monitoring of bowel function (Bristol Stool Chart)
- medication review
- increased fluid and/or fibre intake
- increased exercise if appropriate.

For palliative care

- consider if the person is close to death
- consider their ability to safely swallow
- increasing fluids and fibre content of diet may not be realistic
- consider the use of continence aids as required.

Integrated continence care with assisted toileting and assistance with continence needs as required may be the most effective way to manage faecal incontinence.

The combination of an exercise program (if possible), and integrated continence care with prompted toileting and changing as required, may be the most effective management.

Tools

Tools that may be useful include:

Bristol Stool Chart – a visual aid based on seven stool types.

Visit RACGP Aged Care Clinical guide (Silver Book), Part A. Faecal incontinence, at **www.racgp.org.au**

Name:

My reflections:

If an older person is experiencing concerns with bowel movement which allied health professional groups could I discuss this with?

Careworkers are well placed to notice when a person's toileting patterns change, how does this information reach nursing/supervisory staff in my organisation?

My notes:

See related palliAGED Practice Tip Sheets:

Constipation

Nutrition and Hydration

Opioid Analgesic

For references and the latest version of all the Tip Sheets visit
www.palliaged.com.au/PracticeTipSheets

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