MEDICAL COUNCIL OF CANADA | LE CONSEIL MÉDICAL DU CANADA

Fecal incontinence

(February 2017)

Rationale

Fecal incontinence varies from inadvertent soiling with liquid stool to the involuntary excretion of feces. This disability has a profoundly negative impact on patient quality of life by virtue of diminished patient self-assuredness and social isolation.

Causal Conditions

(list not exhaustive)

- Pelvic floor intact
    a. Neurologic conditions
    b. Overflow (e.g., impaction)
- Pelvic floor affected
    a. Acquired (e.g., traumatic birth)
    b. Congenital

Key Objectives

Given a patient with fecal incontinence, the candidate will diagnose the cause, severity, and complications, and will initiate an appropriate management plan. In particular, the candidate will recognize that incontinence can be multifactorial (for instance patients with significant diarrhea/fecal urgency of any cause with subsequent incontinence due to a disease affecting cognition or mobility, or due to a relative defect in pelvic floor that is overwhelmed by the diarrhea).

Enabling Objectives

Given a patient with fecal incontinence, the candidate will

- list and interpret critical clinical findings, including
    a. an appropriate history and physical examination, including an obstetrical history;
- list and interpret critical investigations, including
    a. further investigations of the diarrhea, if indicated;
    b. further studies, such as stool analysis, endorectal ultrasound, colonoscopy, sigmoidoscopy, anoscopy, anorectal manometry, and functional testing, if indicated;
- construct an effective management plan, including anticipation of psychosocial impact.