Diagnosing and Managing Faecal Incontinence

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Abstract

The aim of this review was to consolidate the impact of recent advances in investigation technology on the clinical diagnostic workup for faecal incontinence. A literature search was made with emphasis on the recent 15 years. The advent of imaging techniques, particularly endoanal ultrasound has improved the understanding of anal incontinence. Of particular significance was the much higher incidence of anal sphincter injuries after childbirth, than previously suspected. Also important was the clarification of the entity of primary degeneration of the internal anal sphincter. Although endoanal ultrasound provides clear images of anal sphincter defects to guide surgery, some of these defects may be false positive findings especially for the inexperienced. Thus, anal manometry is still required to correlate imaging with functional impairment. Recent data have questioned the correlation of poor surgical outcome after sphincter repair with pudendal nerve dysfunction. Although poor pudendal function is no longer considered a contraindication for surgery, longer term follow-up studies have shown that the late results are poorer probably due to other factors such as poorer tissue associated with nerve dysfunction. Furthermore, new treatment modalities such as the electrostimulated graciloplasty, artificial anal sphincter, sacral nerve modulation and autologous fat injection into the anal mucosa will require detailed precise diagnosis of faecal incontinence such that the most suitable technique may be successfully employed.


Key words: Anus, Bowel function, Electromyography, Large intestine, Physiology, Sphincteroplasty

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