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SELF-REPORTING BOWEL SYMPTOMS DURING UROGYNAECOLOGICAL ASSESSMENT

Aim of the study

Loss of voluntary control of stool is a socially devastating disorder which is rarely self-reported by the patient because of embarrassment. It has been shown that less than 50% of patients complaining of faecal incontinence (FI) seek medical help. In urogynaecological practice it is common to encounter women with both urological and faecal problems. In fact it has been previously reported that the prevalence of FI in women with urinary incontinence is higher than in normal population ranging from 15% to 26%. The aim of this study was to assess the rate of self-reporting bowel symptoms in women with urinary tract disorders. This was in order to establish whether specific questions on bowel function should be regularly included when the medical history of women with urinary symptoms is taken.

Methods

Women with urinary tract disorders were included in this study. Each woman in the presence of a trained doctor filled in a specific questionnaire on urinary symptoms. If a woman spontaneously self-reported any bowel symptom during this part of assessment, this was noted by the doctor. Specific questions on constipation and anal incontinence were otherwise always asked at the end of the urogynaecological evaluation.

Anal incontinence was identified as flatus incontinence; flatus and/or liquid incontinence; flatus and/or liquid and/or solid incontinence according to the Browning and Parks classification. The frequency of anal incontinence was then reported as monthly (less than three episodes per month), weekly (less than three episodes per week), daily (one episode every day) or more than two episodes per day.

All the data were then inserted into a specifically designed database for analysis.

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Results

One-hundred-and-sixty-seven consecutive women (mean age 55.5 years, range 22-86) were included in this study. Ninety women (mean age 56.6 years, range 22-86) had bowel symptoms but only 11 (12.2%) (8 with constipation and 3 with anal incontinence) spontaneously reported them during the urogynaecological assessment. The prevalence of constipation and anal incontinence in this study was respectively 43.1% and 19.8%. Thirty-three women (mean age 59.9 years, range 31-81) complained of anal incontinence but only 3 of them (9.1%) spontaneously complained of it. Of the remaining 30 women, 40% were incontinent to flatus whereas 60% were incontinent of liquid and/or solid stools.

Conclusions

The prevalence of bowel symptoms in this study is consistent to what previously reported in literature. In this group of women with urinary tract disorders, only 12.2% self-reported their bowel problems, when also constipation is considered. This percentage dropped to 9.1% when only women with anal incontinence were considered. On direct questioning 50% more had anal incontinence (liquid and /or solid stools).

These findings strongly suggest that the introduction of specific questions about bowel symptoms into urogynaecological practice is advisable.