

FAECAL INCONTINENCE IN WOMEN ATTENDING UROGYNAECOLOGY CLINIC – PREVALENCE AND CHARACTERISTICS

Aims of Study

Faceal incontinence is defined as “Recurrent uncontrolled passage of faecal material for at least one month, in an individual with a developmental age of at least 4 years” (1). It is a devastating symptom, which is seldom talked about but significantly affects one’s quality of life. The prevalence in general population is about 2% (2) and that in nursing home can be up to 47% (3). We have studied the prevalence of faecal incontinence and its associated factors in our urogynaecology clinic.

Methods

Our teaching hospital urogynaecology clinic is a tertiary referral centre which accepts referrals for all urogynaecology problems. History from the women is obtained by asking questions in a standard form regardless of the presenting symptoms. Physical examination findings are also documented in a standard format.

A retrospective study was performed by analysing our urodynamic database between January 2002 to March 2002. The prevalence was calculated. Patient characteristics were analysed and compared between those with and without faecal incontinence to identify any associated factors. Chi-square test was used to assess statistical significance between categorical variables.

Results

One hundred and twenty women attended our urogynaecology clinic during the study period. Fourteen women (11.7%) admitted to have faecal incontinence although all of them were referred for other reasons including urinary stress incontinence, genital prolapse, urinary frequency and urgency. They aged from 40 to 84 years old in which 60% of them were postmenopausal. Body Mass Index (BMI) ranged from 18.8 to 28.5 kgm⁻².

In those with 2 or less vaginal delivery, 16% (7/45) has faecal incontinence. In those with more than 2 vaginal deliveries before, 10% (7/74) has faecal incontinence. The difference is not statistically significant.

In those with faecal incontinence, 50% (7/14) admitted to have additional flatus incontinence. On the contrary, 24.5% (26/106) of those without faecal incontinence had flatus incontinence.

On examination, 6 of them had uterine prolapse, 7 had cystocoele, while 4 had rectocoele. Anal tone was found to be decreased in 36 % (5/14) of them while 26% (23/88) of those without faecal incontinence had decreased anal tone which is not statistically significant.

Conclusions

The prevalence of faecal incontinence in a urogynaecology clinic reaches 12%, which is greater than the 2% in a general population. Symptoms of both faecal and flatus incontinence should be actively explored in every woman presenting in a clinic even with other unrelated symptoms. Moreover, further health education should be available to the general public and also the general practitioners concerning the availability of investigations and treatments (4) for these distressing and often hidden symptoms.

References:

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