

THE MANAGEMENT OF BOWEL INCONTINENCE

There are many ways to manage chronic bowel incontinence often referred to by healthcare professionals as faecal incontinence. Remember, if conservative treatments don't deliver the results you need, you have more options.

STEP ONE



DIAGNOSIS

"What is happening to me?"

Meet with a bowel incontinence specialist to see if you have chronic bowel incontinence.



STEP TWO



CONSERVATIVE TREATMENTS

"What should I try first?"

Relatively simple solutions can help some people, but may not work well for others.

- Dietary modification
- Physical therapy
- Bowel retraining (biofeedback)
- Medications



STEP THREE



ADVANCED THERAPIES

"What if conservative treatments aren't enough?"



STEP FOUR

SACRAL NEUROMODULATION

Therapy that uses gentle nerve stimulation, which is thought to normalise bowel-brain communication to control the symptoms of chronic bowel incontinence (faecal incontinence).

Medtronic Bowel Control Therapy delivered by the InterStim™ system

- Enable patients to experience relief during an evaluation
- 89% of people who tried this therapy experienced long-term success^{1*}

Complications can occur with the evaluation, including movement of the wire, technical problems with the device, and some temporary pain. Your doctor or nurse will provide you with information regarding how to operate the test device and inform you of other precautions related to the evaluation and activity restrictions. Implanting an InterStim™ system has risks similar to any surgical procedure, including swelling, bruising, bleeding, and infection. Talk with your doctor about ways to minimise these risks.

^{*}Success defined as greater than or equal to 50% reduction of episodes per week. This patient group had data at both baseline and the 5-year visit. Another analysis reported 69% of people achieved success with Medtronic Bowel Control Therapy. For this patient group, missing data at 5 years because of a device-related reason was counted as failure; if it was missing for non-device-related reasons, the most recent data was carried forward.

STEP FIVE

DEXTRANOMER AND SODIUM HYALURONATE

This gel is injected as an implant into the anal canal to thicken the tissues and improve symptoms of chronic faecal incontinence.

- Does not address bowel-brain communication
- May cause unpleasant side effects

STEP SIX

OTHER SURGICAL OPTIONS

Several other surgical options are available, all of which bring their own unique set of risks.

- Anal sphincter repair
- Artificial sphincter
- Colostomy
- Antegrade colonic enema (ACE)



1. Hull T, Giese C, Wexner SD, et al. Long-term Durability of Sacral Nerve Stimulation Therapy for Chronic Fecal Incontinence. Dis Colon Rectum. 2013;56(2):234-45.