gutflix
GI learning, personalised

Summary

Managing faecal incontinence in the community: What are we missing?

Jean W.M. Muris

UEG Week Barcelona 2026 | Presentation

Primary Care | Neurogastroenterology & Motility

October 20, 2026

The speaker presented a primary care approach to faecal incontinence management, emphasising that conservative therapy could reduce secondary care referrals by an estimated 60% through systematic assessment, stool normalisation, and timely escalation.

KEY POINTS

- The speaker stated that faecal incontinence has a prevalence of 7 to 10% in primary care and is 3 to 4 times higher in nursing homes, yet only 30% of affected patients seek medical care due to embarrassment.
- Four major diagnostic gaps were identified in general practice: omission of digital rectal examination, unrecognised overflow incontinence, failure to correct stool consistency, and incomplete medication review.
- The speaker recommended soluble fibre such as psyllium husk given with custard or yoghurt rather than water as a bulking agent, noting limited success with loperamide in their experience.
- A three-tiered integrated care model was proposed: primary care management, specialist assessment including nurse-led clinics, and multidisciplinary teams for refractory cases, with referral after 3 to 6 months of failed conservative therapy.
- The speaker advocated for proactive screening of high-risk populations including patients with IBS, inflammatory disease, diabetes, frailty, and cognitive decline, using de-stigmatising language to facilitate discussion.
- In the Q&A, the speaker noted that online material from the Royal College of General Practitioners currently omits pelvic floor, biofeedback, and bowel retraining content for faecal incontinence.

VIEW THIS CONTENT ON GUTFLIX

https://gutflix.eu/search/d/336e18ea-d150-11f1-b802-daaa6dbee0a2

AI-generated summary

This summary was generated by an AI large language model based on the content transcript. It is for informational purposes only and should not be considered a substitute for clinical judgment. Always rely on your professional expertise and the full clinical context when making clinical decisions.