

# W1: ICS CORE CURRICULUM (FREE) A Joint ICS-ASCRS Workshop on Multidisciplinary Approaches to Improving Care in Bowel Incontinence

Workshop Chair: Craig Olson, United States  
23 October 2024 08:30 - 10:00

Start	End	Topic	Speakers
08:30	08:35	Introduction to Session and Goals of Session	Craig Olson Philip Bearn
08:35	08:45	Pelvic Floor Disorders Consortium Consensus on Identifying and assessing patients with bowel incontinence	Liliana Bordeianou
08:45	08:55	Biofeedback and Physical Therapy for Bowel Incontinence	Emily Hoile
08:55	09:10	Case Presentation/Discussion: Bowel Incontinence treated with physical therapy	Craig Olson Philip Bearn Liliana Bordeianou Emily Hoile Alison Hainsworth Linda Ferrari
09:10	09:15	Teaching High Quality OASIS Repair to All Sphincter Specialists is an Urgent Priority	Philip Bearn
09:15	09:20	Long term OASIS Sequelae and How to Address Them	Alison Hainsworth
09:20	09:35	Case Presentation/Discussion: Obstetric Anal Sphincter Injury	Craig Olson Philip Bearn Liliana Bordeianou Emily Hoile Alison Hainsworth Linda Ferrari
09:35	09:40	Role and Timing of Neuromodulation for Bowel Incontinence	Linda Ferrari
09:40	09:45	Role of rectal intussusception in Bowel Incontinence	Craig Olson
09:45	10:00	Case Presentation/Discussion: Bowel Incontinence unresponsive to conservative therapy	Craig Olson Alison Hainsworth

## **Description**

### Background Information

Fecal or Bowel Incontinence is a common problem which affects seven to eight percent of women and men during their lifetime. Owing to the sensitive and embarrassing nature of the symptoms, patients do not often seek care for this problem, increasing its burden upon patients and society. This problem often coexists with urinary continence problems and other pelvic floor disorders, making it important to screen for in this population of patients and contributing to the multidisciplinary nature of fecal incontinence involving multiple medical specialties including urogynecology, urology, colorectal surgery, radiology, physical medicine and pelvic floor physical therapy, and gastroenterology. Fortunately, treatment is available and often successful at improving symptoms and quality of life.

### Key Learning Points

In this workshop, we will discuss how to identify, diagnose, and treat fecal incontinence in patients. This will be done with an exciting array of multidisciplinary speakers, including physical therapists, urogynecologists, and colorectal surgeons from throughout Europe and America. We will start with learning how to address these sensitive issues with patients, who are often reluctant to discuss these symptoms out of fear of embarrassment and a belief that nothing can be done to improve these problems. This is followed by a discussion of proper screening for bowel incontinence, and awareness of high risk populations for these problems. Patients with co-existing urinary incontinence and pelvic organ prolapse are at an increased risk for fecal incontinence and deserve close screening for bowel incontinence. Importance will be placed on how the questions are posed to patients, in addition to clinical scoring symptoms for fecal incontinence. These topics will all be presented through the lens of the American Society of Colon and Rectal Surgeons Pelvic Floor Disorders Consortium consensus statement.

Once identified, appropriate workup, beginning with history and physical exam and followed by directed testing is helpful, and will be reviewed. Key parts of the physical exam and digital anorectal examination will be reviewed, as well diagnostic testing. Anorectal manometry, endoanal ultrasound, endoscopy, and defecography are all useful in the workup of bowel incontinence and appropriate indications and uses of these studies will be addressed. From here, we will focus on multidisciplinary conservative management of bowel incontinence, with an emphasis on biofeedback and physical therapy, as presented by an expert physical therapist. This is well accepted initial treatment which is frequently effective and has minimal complications, making it ideal for patients.

Sphincter injury during childbirth is a common cause of fecal incontinence and will be discussed from two perspectives. The frequency and urgency of this problem will be introduced by a urogynecologist; followed by an impassioned discussion of the need for appropriate education regarding sphincter repair for all physicians who work with or near the anal sphincter. This is to be followed by a discussion of the long term impacts and effects of obstetric sphincter injury and what can be done to manage these problems from a medical, physical therapy, and surgical standpoint.

A discussion of neuro-modulation and its role in bowel incontinence will follow as this is a frequently used and effective treatment modality when conservative measures have failed. This will be accompanied by a discussion of the role of pelvic organ prolapse in fecal incontinence, and when surgical repair may assist in improving incontinence symptoms.

These presentations will be followed by an audience interactive session of case presentations to help solidify the learning points for all attendees. All case and treatments will be discussed through the prism of multidisciplinary collaboration, making for a diverse, interesting, and educational workshop session.

#### Take Home Messages

Bowel Incontinence is a common problem which affects both women and men

Treatment for bowel incontinence is multidisciplinary by definition.

Multiple surgical options for bowel incontinence are effective and should be considered earlier

#### Additional References and prior reading

1. Bordeianou LG, Thorsen AJ, Keller DS, Hawkins AT, Messick C, Oliveira L, Feingold DL, Lightner AL, Paquette IM. The American Society of Colon and Rectal Surgeons' Clinical Practice Guidelines for the Management of Fecal Incontinence. *Dis Colon Rectum*. 2023 May 1;66(5):647-661
2. Knowles C, Bisset I, Bordeianou L, Bridoux V, Lehur P, Lundby L, Matzel K, Mimura T, O'Connell R, Oliveira L. Surgery for Faecal Incontinence. In: *Incontinence 7th Edition (2023)*. ICI-ICS. International Continence Society, Bristol UK, ISBN: 978-0-9569607-4-0. Edited by Cardozo, L, Rovner, E, Wagg, A, Wein, A, Abrams, P
3. ASCRS Fecal Incontinence CME Webinar. [Http://www.ascrsu.com](http://www.ascrsu.com)

#### **Aims of Workshop**

We will discuss the multifactorial causes and effects of bowel incontinence, as well as a multidisciplinary approach to its management starting from diagnosis and including conservative treatment as well as invasive procedures. Participants should leave this workshop with knowledge of the current state of diagnosis and management of bowel incontinence.

#### **Educational Objectives**

This workshop will provide valuable insight into a common, but often avoided diagnosis: Fecal incontinence. Attendees will learn how to identify and manage this problem in a caring and effective manner utilizing a multidisciplinary, modern approach.

#### **Learning Objectives**

1. Recognize and diagnose bowel incontinence
2. Discuss conservative measures to treat bowel incontinence
3. Be aware of invasive procedures which improve bowel incontinence

#### **Target Audience**

Urogynaecology and Female & Functional Urology, Bowel Dysfunction, Conservative Management

#### **Advanced/Basic**

Intermediate

#### **Suggested Learning before Workshop Attendance**

1. Bordeianou LG, Thorsen AJ, Keller DS, Hawkins AT, Messick C, Oliveira L, Feingold DL, Lightner AL, Paquette IM. The American Society of Colon and Rectal Surgeons' Clinical Practice Guidelines for the Management of Fecal Incontinence. *Dis Colon Rectum*. 2023 May 1;66(5):647-661
2. Knowles C, Bisset I, Bordeianou L, Bridoux V, Lehur P, Lundby L, Matzel K, Mimura T, O'Connell R, Oliveira L. Surgery for Faecal Incontinence. In: *Incontinence 7th Edition (2023)*. ICI-ICS. International Continence Society, Bristol UK, ISBN: 978-0-9569607-4-0. Edited by Cardozo, L, Rovner, E, Wagg, A, Wein, A, Abrams, P
3. ASCRS Fecal Incontinence CME Webinar. [Http://www.ascrsu.com](http://www.ascrsu.com)