CIRUGÍA ESPAÑOLA

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Original article

Results of national survey of specialists on the clinical evaluation of faecal incontinence☆

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ARTICLE INFO

Article history:
Received December 29, 2008
Accepted January 29, 2009
Online June 18, 2009

Keywords:
Faecal incontinence
Diagnosis
Scores
Survey
Specialists

A B S T R A C T

Introduction: Faecal incontinence is a high prevalence disease in the general population. The aims of this study were to analyse which severity grading systems of faecal incontinence are used in Spain and to find out if there are differences in their use among specialists who manage these patients.

Material and methods: A postal questionnaire survey was sent to all hospitals of the National Health Service in Spain in order to study the attitudes and opinions of general surgery and gastroenterology specialists regarding the clinical evaluation of patients with faecal incontinence.

Results: Ninety-nine questionnaires were returned fully completed (65 surgeons and 34 gastroenterologists). Only 41.8% of responders used a diary card systematically (46.8% surgeons vs 32.3% gastroenterologists; *P*=.05). The Wexner score is the most widely grading system used in clinical practice (85.8% surgeons vs 50% gastroenterologists; *P*=.01). The most relevant issues in the evaluation of these patients were considered: Type of faecal incontinence, frequency of leakage, and quality of life. Finally, 85.5% of those questioned said that the universal acceptance of severity grading systems by all specialists would be an improvement, and 98.9% considered it useful to start a national plan of information regarding clinical evaluation of faecal incontinence in Spain.

Conclusions: There is variability in how faecal incontinence is evaluated among specialists in Spain.

☆Data from this study were presented in the 12th General Meeting of the Spanish Society of Coloproctology in Valencia (May 2008), the General Meeting of the European Society of Coloproctology in Nantes (September 2008), and the 27th Congress of the Spanish Association of Surgeons in Madrid (November 2008).

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0009-739X/$ - see front matter

Palabras clave:
Incontinencia fecal
Diagnóstico
Sistemas de puntuación
Encuesta
Especialistas

Resultados de una encuesta nacional dirigida a especialistas sobre la evaluación clínica de pacientes con incontinencia fecal

RESUMEN

Introducción: La incontinencia fecal es un trastorno de elevada prevalencia en la población general. El objetivo del estudio fue conocer qué sistemas de evaluación de gravedad de incontinencia fecal se utilizan en España, y conocer si hay diferencias en su utilización entre los especialistas que atienden a estos pacientes.

Material y métodos: Se envió una encuesta a todos los hospitales de la red pública de salud del Estado español para conocer la actitud y la opinión de los especialistas en cirugía general y digestiva y en gastroenterología respecto a la evaluación clínica de los pacientes con incontinencia fecal.

Resultados: Obtuvimos 99 encuestas cumplimentadas (65 de especialistas en cirugía general y digestiva y 34 de gastroenterología). Sólo el 41,8% utiliza sistemáticamente un diario defecatorio para la evaluación de estos pacientes (el 46,8% en cirugía frente al 32,3% en gastroenterología; p = 0,05). El sistema de puntuación de Wexner es el más empleado en la actividad clínica (el 85,9% en cirugía frente al 50% en gastroenterología; p = 0,001). Los aspectos considerados más relevantes al evaluar a estos pacientes fueron: tipo de incontinencia fecal, frecuencia de los escapes y calidad de vida. El 85,5% de los sujetos encuestados consideran que lo que debería mejorar es que los sistemas de evaluación fueran universalmente aceptados por todos los especialistas y el 98,9%, que sería de gran utilidad realizar un plan de información para el uso homogéneo de sistemas de evaluación de pacientes con incontinencia fecal en España.

Conclusiones: Hay variabilidad en España en la evaluación de la incontinencia fecal por los distintos especialistas.

Introduction

Faecal incontinence is the incapacity to retain faecal matter until a time when its expulsion would be personally or socially acceptable.[1] There are published studies addressing the considerable clinical impact and the impact on the quality of life that this disorder causes in affected patients.[2] More and more data are being gathered on the high prevalence of this commonly underestimated disorder which may affect as much as 5% of the general population.[3] These patients are attended in specialized centres by gastroenterologists and specialists in general and digestive tract surgery.[4]

Faecal incontinence is above all a symptom, and as such its clinical evaluation is based on subjective assessment by the patient.[5] In addition to a structured clinical history, a daily bowel movement is a fundamental tool for evaluating patients clinically. This tool is a notebook or other document where the patient carefully records bowel movement incidence and characteristics during 2 or 3 weeks. In this way, important factors such as faeces consistency, the type of faecal incontinence in question, and repercussions in the quality of life are properly understood.[1]

Information from the clinical history and data from the daily bowel movement are used to generate an integral evaluation of the patient's condition using a scoring system to describe its seriousness. Parks[6] described one of the first evaluation systems, which gave a score of 1 through 4 to differentiate between the normal condition, gas incontinence, liquid faeces incontinence, and solid faeces incontinence. Subsequently, Pescatori et al[7] added a scoring system to measure the frequency of the faecal incontinence episodes. More recently, Jorge et al[8] devised a point system ranging from 0 to 20 which added relevant factors such as a change in quality of life and use of diapers. This system was later modified by the group at St. Mark's Hospital,[9] which added an evaluation of bowel movement urgency syndrome and the use of stool thickeners as factors.

Despite such advances in the area of evaluating patients and in understanding the social importance of faecal incontinence, there is still no consensus on how the disorder is to be clinically evaluated. This fact is reflected most of all in the variability of how results in published series[10,11] are presented. For this reason, our objective for this study was to learn what systems are used in Spain for evaluating patients with faecal incontinence, understand the opinion of specialists who work with these patients, and lastly, learn whether there are differences in attitudes and opinions between specialists on general and digestive tract surgery and gastroenterology.

Material and methods

This study was carried out by mailing a survey to general and digestive tract surgery and gastroenterology specialists in the Spanish public hospital network.

The structured survey contained 3 sections: firstly, the data for the subject taking the survey; secondly, information on the method for clinically evaluating patients with faecal incontinence; and lastly, specialists' opinions. The survey participant was asked to give a rating from 0 to 10 for a series of clinical parameters for evaluating patients with faecal incontinence.

Before sending the survey, we prepared a list of hospitals using the public network hospital listing published by the Spanish Ministry of Health and Consumer Affairs, which identified 248 hospitals representing all autonomous communities.

Once the hospitals were located, we sent an invitation to participate addressed to all chiefs of general and digestive tract surgery and gastroenterology departments and included the anonymous survey which bore an identifying numeric reference. The letter requested that the survey be completed by a specialist in the department normally dedicated to attending faecal incontinence patients. If no response was received in three months, we sent a second letter.

This study was presented and approved by the Clinical Research Ethics Committee at our hospital (Code 2777/I).

Statistical analysis

Quantitative variables are shown with the median and the interval in parentheses. Categorical variables are shown as absolute numbers and/or percentages. Continuous variables are compared with non-parametric tests (Mann-Whitney *U* test). Qualitative variables are compared with the χ^2 test (or Fisher's exact test when necessary). Values of $P \leq .05$ were considered statistically significant. Data was analysed with SPSS® software version 12.0 for Windows (SPSS Inc., Chicago, United States of America).

Results

Sample characteristics

We received 99 properly completed surveys. Out of the 248 hospitals to which they were sent, we received a reply from 65 (26.2%) general and digestive tract surgery specialists and from 34 (13.7%) gastroenterology specialists. As can be observed in Table 1, surveys were returned from nearly all of Spain's autonomous communities.

Of the total received surveys, 38 (38.3%) were filled out by specialists dedicated exclusively to colorectal disease, while the rest were completed by specialists who also focus on other areas within that specialty. General and digestive tract surgery specialists had nine years' experience (interval, 1-30) treating patients with faecal incontinence, while gastroenterologists had eight years' experience (interval, 1-24) (P=.307).

There were no statistically significant differences related to the size of the hospital where the surveyed specialists work (415 beds for the surgical specialists vs 500 beds for gastroenterology specialists; P=.552).

Table – Distribution of completed surveys by autonomous community

	General and digestive tract surgery specialists (n=65)	Gastroenterology specialists (n=34)
Andalucía	7	6
Aragón	3	0
Asturias	2	2
Baleares	0	2
Cantabria	0	0
Canarias	3	3
Castilla-La Mancha	1	1
Castilla y León	2	1
Cataluña	17	7
Ceuta y Melilla	0	1
Extremadura	2	2
Galicia	2	2
La Rioja	0	0
Madrid	7	4
Murcia	2	0
Navarra	3	0
País Vasco	5	1
Valencia	9	2

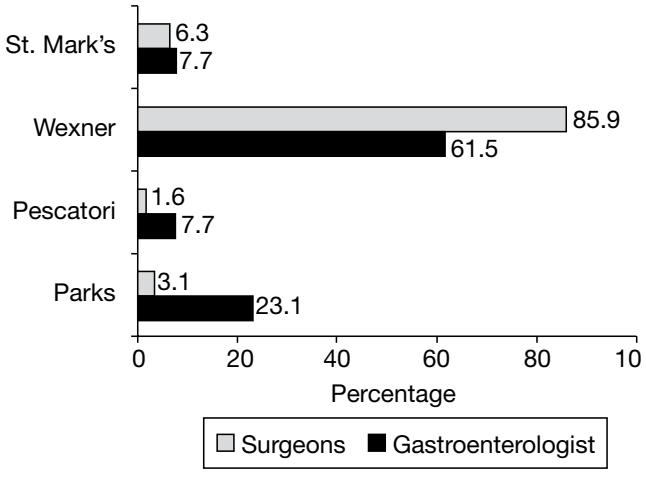

Figure 1 – Use of different scoring systems for evaluating faecal incontinence, by specialty.

Clinical evaluation of faecal incontinence

According to the surveys we received, the daily bowel movement is a clinical tool that is systematically used by a higher proportion of surgical specialists (46.8%) than gastroenterologists (32.3%) (P=.05).

Faecal incontinence scoring systems were used for all types of faecal incontinence. They are more generally used during patient follow-up (94.9%) than during diagnosis (76.8%), treatment (76.8%) or for research purposes (59.6%). There were no statistically significant differences among the responses given by specialists.

As we see in Figure 1, the scoring system most commonly used by those completing the survey was the Wexner system, especially by surgical specialists (P=.01).

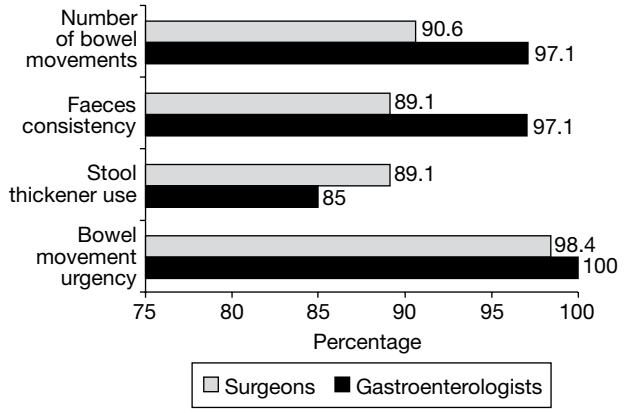

Figure 2 – Questions that different specialists asked to faecal incontinence patients.

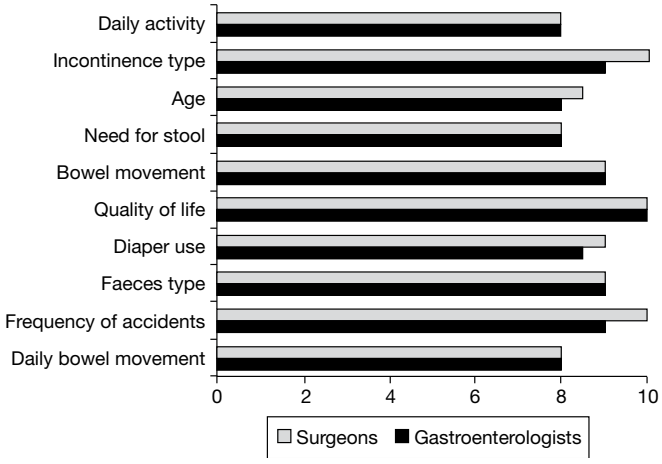

Figure 3 – Response on a scale of 0 to 10 for the usefulness of asking for the above background information when clinically evaluating faecal incontinence patients.

In Figure 2 we observe what percentage of specialists ask about factors that are not represented in the usual scoring systems when taking down the clinical history for evaluating faecal incontinence.

Opinions on assessing faecal incontinence

The clinical details that both specialties consider to be the most relevant when evaluating these patients on a scale of 0 to 10 are shown in Figure 3. Faecal incontinence episode frequency, the quality of life and the type of faecal incontinence (classed as urge, passive, or mixed incontinence) stand out as the aspects considered to be the most important.

The majority of subjects who responded to the survey (85.4%) believe that faecal incontinence clinical evaluation systems could be improved if all specialists seeing these patients were to use them universally. Lastly, 98.9% of the specialists felt that it would be very useful to launch a national information campaign in order to make clinical evaluations of this disease more homogenous.

Discussion

Despite increased scientific interest in faecal incontinence over the last few years, which is due to the disorders' high prevalence in the general population, our survey of 99 specialists' opinions shows that there is a significant level of variability in the way that patients with faecal incontinence are evaluated in Spain.[12]

The percentage of participation in a survey conducted in a specialist group always determines the validity of the resulting information. According to the literature, the response rate for surveys sent to specialists is quite variable, ranging between 31% and 91%.[13-15] In our study, we received a response from 99 specialists out of the 496 divisions (in 248 hospitals) to which the survey was sent, resulting in a response rate of 19.9%. In our opinion, this obviously low number reflects to what extent medical professionals lack knowledge about and interest in faecal incontinence.

The daily bowel movement is a clinical tool that is considered to be useful in the assessment of this disorder.[1,5] The log spans a minimum period of 2 weeks, and records not only faecal incontinence episodes, but also their relationship with bowel movement habits, number of bowel movements, faeces consistency, and faecal incontinence type. In addition to preventing skewed results due to day-to-day variations, it also provides information regarding the disorder's impact on daily life. Preliminary studies, as well as the specialists who considered such measures relevant when assessing the seriousness of the disorder, have considered all of these factors.[16,17] The lack of systematic use shown by more than 50% of specialists, most of them gastroenterologists, could be due to various causes. First of all, only 38% of the surveyed individuals state that their exclusive focus is colorectal disease, while we know the high level of specialisation that is involved in the clinical treatment of pelvic floor syndromes, and particularly faecal incontinence. Secondly, up to now, no universal recommendations have been made in published clinical guides. In fact, when we asked about the daily bowel movement usefulness, specialists answered that it was a very useful tool (Figure 3).

The ideal situation for a faecal incontinence evaluation system would be to have a scoring system that would faithfully reflect the patient's clinical condition and be used by all specialists. Only by this method can conclusions from clinical trials (scientific evidence) be applied in order to bring about advances in the treatment of our patients.[5,11] We have found that there is no clear consensus, and for that reason, the most attractive solution could be to include the same questions in patients' clinical histories even when two different scoring systems are in use.

The Wexner evaluation system, which is the most widespread, has the disadvantage of not assessing two relevant aspects, which do appear in the St. Mark's Hospital system: faecal urgency and use of stool thickeners.[8,9] In fact, a patient can improve his/her faecal incontinence with the

use of stool thickening drugs (for example, loperamide), and therefore improve the Wexner score. Because of this, we could reach an inappropriate conclusion if this information were added to the clinical history. Specialists attending these patients should therefore reach an agreement regarding which aspects, regardless of whether or not they appear in scoring systems, should always be recorded in the report on the clinical state of a patient or series of patients with faecal incontinence.

The most interesting and positive result of the study is that specialists agree that the most necessary improvement would be to have universal evaluation systems, so that all specialists would use the same systems, even those in different countries. We received the answer that it would be useful to prepare an information plan with clinical guidelines for evaluating these patients in order to obtain more homogeneous assessments. It is this answer that inspires our efforts to first achieve a consensus among specialists and then to ensure that the concerned organisations disseminate that approved result.

In conclusion, we observe that different specialists across Spain assess faecal incontinence in a variety of ways, and that most feel that it would be extremely useful to publish an information plan on how these patients should be evaluated.

Acknowledgments

Many thanks to the Spanish Society of Coloproctology for their support for our project. We would especially like to thank the specialists who participated in the survey for their cooperation and opinions.

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