

Fecal Incontinence

Non-Pharmacologic Interventions

Non-pharmacologic interventions to improve incontinence focus on the behavioral treatment component. These are the least invasive treatments with no identified complications or adverse events. Interventions outlined below will focus on resident behavior and/or environment modifications in order to achieve improved outcomes and reduced incidence of incontinence.

Intervention	Level	Method	Timeline	Appropriate Resident
Dietary Changes	All	Avoid foods that may cause loose stools (caffeine, prunes, beans, spicy foods, dairy). Increase consumption of foods that thicken the stool to help with fecal management (bananas, apple sauce, peanut butter, pasta).	Immediate	All residents regardless of activities of daily living (ADLs) or cognitive status.
Biofeedback Therapy	Frequently/ Always Incontinent	Physical therapist teaches simple exercises to increase anal muscle strength to help strengthen pelvic floor muscles, sense when stool is ready to be released and contract the muscles if having a bowel movement at a certain time is inconvenient. Periodic reinforcements may be necessary after completion of training.	Various	Cognitively intact. Able and willing to participate in this intervention.
Prompted Voiding	Frequently Incontinent/ Always Incontinent	Teach the resident to recognize bladder fullness or the need to void and ask for help or respond when prompted to toilet. Regularly monitor with encouragement to report incontinence status. Use schedule and prompt resident to toilet. Provide positive feedback when resident is continent and attempts to toilet.	Several days	Dependent or cognitively impaired.

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Habit Training/ Scheduled Voiding	Always Incontinent	<p>Scheduled: Timed voiding, usually every three to four hours while awake.</p> <p>Habit Training: Timed voiding based on resident's usual voiding patterns.</p>	Immediate	Cannot self-toilet.
Diet/Lifestyle	Occasional Incontinence /Frequently Incontinent	<p>Consume recommended dietary intake of daily. Avoid foods that may trigger loose stool.</p> <p>Consume 1.5-2 L of fluid unless contraindicated (preferably water) to maintain hydration and prevent constipation.</p> <p>Exercise and ambulation to stimulate a bowel movement.</p>	Varies	All residents regardless of ADL or cognitive status.

To successfully implement any of these non-pharm interventions, caregivers and residents must receive adequate education regarding the methods, timeline, and appropriate use. Workforce engagement is necessary and requires availability of staff dedicated to these interventions to promote consistency of implementation.

Resources

- [Low-Risk Residents Who Lose Control of Bladder or Bowel](#), Mountain-Pacific Quality Health
- [Nonsurgical Treatments for Urinary Incontinence in Adult Women: A Systematic Review Update](#), Agency for Healthcare Research and Quality
- [Urinary Incontinence](#), National Library of Medicine