

INTRODUCTION

Faecal incontinence affect men and women of all ages , daily or weekly episodes occur in about 2% of the adult population and in about 7% of healthy independent adults over the age of 65 (*Jorge and Waxner , 1993*).

This disorder causes great personal disability and has a high financial cost, as faecal incontinence is the second commonest reason (more common than dementia) for requesting placement in a nursing home (*Lahr , 1988*).

Advances in understanding and treatment have led to improved treatment and a good outcome for most patients. Much progress has been brought about by the recent development of the accurate and simple techniques for imaging the anal sphincter muscles (*Kamm , 1994*).

Historically, anal incontinence has been poorly understood and treated, and unfortunately most physicians are not comfortable or knowledgeable about the management of continence disorders. Increasing knowledge of the anatomy and physiology of continence has advanced the testing procedures that help to predict the appropriate therapeutic alternatives for a given problem. Incontinence can be a multifactorial problem ; the physician must posses sophisticated clinical skills and diagnostic alternatives to guide selection of the appropriate treatment (*Read, 1990*).

Improved imaging and refined technology have led to a number of recent advances in the surgical treatment of faecal incontinence (*Vaizey et al, 1998*).

Ultrasonographic characterization and MRI have led to improve therapeutic strategies . Simple structural damage is readily identified and external sphincter repair results in a good outcome for the majority of cases, or for the newly recognized primary internal sphincter degeneration, alternative treatment strategies are emerging . The electrically stimulated gracilis neosphincter and the artificial bowel sphincter offer good results . Also sacral nerve stimulation and antegrade irrigation are a promising therapy (*Vaizey et al, 1998*)

An awareness of the high prevalence and predisposing factors for the development of faecal incontinence, together with a multidisciplinary approach treatment, can lead to relief from this distressing symptom in most patients (*Bielefeldt et al, 1990*).