

Continence

Current Awareness Bulletin

January 2026

Our Current Awareness Bulletins provide details of recently published articles in a given subject. They are a quick and easy way to keep up to date.

Please contact the Academy Library to request any articles:

 ruh-tr.library@nhs.net

 01225 82 4897/4898



Carry out basic searches using the Knowledge and Library Hub.



Sign up to NHS OpenAthens to access our subscriptions.



Contact us to receive our bulletins via email each month.



Get personalised alerts via our KnowledgeShare service.

ruh.nhs.uk/library

New training via MS Teams available from the Academy Library:

- **Bitesize searching databases for evidence: a quick guide to help you develop your literature searching skills**
45 minutes. Learn how to transform a question into a search strategy, and how to find the best evidence in a database.
Next sessions: 13th February 2026 @ 3pm & 2nd March @ 4pm
- **Simple and painless evidence into practice (BMJ Best Practice and the LKS Hub)**
30 minutes. Learn about quick and hassle-free ways to seamlessly incorporate evidence into your daily work.
Next sessions: 2nd February 2026 @ 11am & 10th March @ 12 noon
- **Quickfire health literacy: communicating with patients more effectively**
30 minutes. Learn about the communication barriers patients may encounter, and ways to ensure they get the most from their care.
Next sessions: 19th February 2026 @ 3pm & 27th March @ 4pm

Book a session today at <https://forms.office.com/e/HyiSXfDaYV> (these sessions will be held on a monthly basis)

1. Impact of Bowel Diary Completion and Education on Fecal Incontinence Severity

Authors: Andy, Uduak U.;Carper, Benjamin;Zyczynski, Halina;Sripad, Abhishek;Dyer, Keisha Y.;Schaffer, Joseph;Mazloomdoost, Donna and Gantz, Marie G.

Publication Date: 2026

Journal: Urogynecology (Philadelphia, Pa.) 32(1), pp. 3–8

Abstract: Objective: This study aimed to determine the effect of a run-in period on fecal incontinence (FI) symptom severity.; Study Design: This study conducted a planned secondary analysis of the run-in period to a study evaluating the effect of 12-week treatment with percutaneous tibial nerve stimulation versus sham in reducing FI severity in women. All participants completed a 4-week run-in period designed to exclude from randomization women whose symptoms reduced below the eligibility threshold after receiving education on FI and completing bowel diaries. Change in St Mark's (Vaizey) score and weekly FI episodes during the run-in period (week 1 vs week 4) was assessed.; Results: One hundred and eighty-five women completed the run-in period. The mean St Mark's (Vaizey) score was 17.8 ± 2.6 and 16.9 ± 3.5 at week 1 and week 4, respectively. There was no significant change in the St Mark's (Vaizey) score from week 1 to week 4 (mean change, -0.93 95% CI, -1.56 to -0.31). The average number of FI episodes per week did not change significantly between week 1 and week 4, nor did other bowel diary measures. Only 11 (6%) women became ineligible for the trial following the run-in period, all of whom had baseline St Mark's (Vaizey) scores of 18 or lower.; Conclusions: Completion of a bowel diary and receiving education on FI during the 4-week run-in period did not significantly affect symptom severity in women with FI. Only 6% of women became ineligible for participation following the run-in period, suggesting that, in a refractory population, a run-in period may have minimal effect. (Copyright © 2025 American Urogynecologic Society. All rights reserved.)

2. Determining the Quality of Sexual Life in Women with Urinary Incontinence

Authors: Aygun, Pelin and Simsek Kucukkelepce, Didem

Publication Date: 2026

Journal: Sexuality & Disability 44(1), pp. 1–10

Abstract: The research was conducted in a descriptive manner to determine the sexual life quality of women experiencing urinary incontinence. The research was conducted between January and May 2022 with women who applied to a university hospital with any complaints. The sample of the study consisted of 290 women over the age of 18 who met the inclusion criteria and had urinary incontinence complaints. In the study, data were collected by face-to-face interview technique using the participant information form and the sexual quality of life questionnaire-female (SQSQ-F) Form. Descriptive statistics, Mann Whitney U, Kruskal Wallis H Analysis were used in the analysis of the data obtained. In evaluating the data, the significance level was accepted as $p < 0.05$. The average SQSQ-F score of the women participating in the research was found to be 64.10. It was determined that the quality of sexual life of women with undergraduate/graduate education showed a statistically significant difference compared to other groups ($p < 0.05$). It was determined that the sexual life quality of women with chronic diseases differed statistically significantly compared to women without chronic diseases ($p < 0.05$). It was determined that the sexual life quality of women who went through menopause showed a statistically significant difference compared to women who did not go through menopause ($p < 0.05$). Within the scope of this research, it was determined that women's SQSQ-F score was above average, but women's educational status, chronic disease, giving birth, giving birth three times or more, having an abortion, going through menopause, having a urinary tract infection, and the frequency of urinary incontinence significantly affected the quality of sexual life.

3. An Evidence-Based Practical Review on Common Benign Anorectal Disorders: Hemorrhoids, Anal Fissure, Dyssynergic Defecation, and Fecal Incontinence

Authors: Bharucha, Adil E.; Knowles, Charles H. and Malcolm, Allison

Publication Date: 2026

Journal: Gastroenterology 170(1), pp. 50–69

Abstract: This evidence-based practical review is focused on the clinical features, investigations, and treatment of hemorrhoids, chronic anal fissures, dyssynergic defecation (DD), and fecal incontinence (FI), which are arguably the most common benign anorectal diseases encountered by gastroenterologists. These diseases are associated with bowel disturbances, which should be evaluated preferably with questionnaires, and with anal weakness and/or DD, often evident on a thorough digital rectal examination. Fissures and DD are closely linked to constipation, whereas FI is typically associated with diarrhea. For most patients with mild symptoms, lifestyle changes, dietary adjustments, and/or pharmacotherapy suffice. Some patients require tests to rule out serious diseases; assess anorectal functions, which are discussed in detail; and to identify structural abnormalities, such as rectoceles, which are occasionally clinically significant. Treatments are applied stepwise, starting with conservative therapy with simpler treatments when feasible (eg, rubber band ligation for grade I-II hemorrhoids), with surgery, usually excisional hemorrhoidectomy, being reserved for more severe disease; for anal fissures, topical therapy using a calcium channel antagonist or nitroglycerine, followed by botulinum toxin and, less frequently, lateral internal sphincterotomy for chronic fissures. Anorectal biofeedback therapy is effective for managing DD and, together with bowel modifiers tailored to the specific symptoms (ie, constipation and/or diarrhea), is also used for FI. Biofeedback therapy is not widely accessible, and many patients are treated by pelvic floor physical therapists. For FI, minimally invasive options include sacral neuromodulation and anal dextranomer injection, with colostomy or anal sphincteroplasty now rarely required. Surgical interventions must balance long-term effectiveness with potential risks. Key topics for future research are proposed. (Copyright © 2026 AGA Institute. Published by Elsevier Inc. All rights reserved.)

4. A 'personhood paradox': Care partners' experiences supporting people with dementia and

incontinence

Authors: Burholt, Vanessa;Orton, Yasmin;Awatere, Sharon A. and Daltrey, Julie F.

Publication Date: 2026

Journal: Dementia (14713012) 25(1), pp. 65–84

Abstract: Globally, 50 million people live with dementia and mostly receive care at home. Urinary, faecal and functional incontinence is common in this population and increases care demands. This study explores care partners' experiences managing continence care for people with dementia in Aotearoa New Zealand. The data are drawn from a cross-sectional qualitative study with 18 care partners of people with dementia and incontinence in mid and northern regions of Aotearoa New Zealand. Participants were interviewed face-to-face from June 2022 to April 2023. Data were analysed using Interpretive Phenomenological Analysis. Six Generalised Experiential Themes emerged. Care partners engaged in autobiographical and biographical meaning-making to interpret behaviours and maintain the personhood of people with dementia, focusing on dignity, identity, and social inclusion. However, caregiving often undermined care partners' personhood due to the physical and emotional demands of continence care. Access to resources was challenging, and healthcare support was often perceived as inadequate. Some care partners' strategies to find meaning and joy in everyday life contributed to resilience, while others experienced stress, fatigue, and burnout. Care partners used personal knowledge to support personhood, especially in social engagement. Uncertainty in managing incontinence led to self-doubt, exacerbated by the medicalised nature of continence care, which involves intimate attention beyond typical caregiving. Timely, credible advice could reduce uncertainty, but many found seeking resources overwhelming. Balancing their own well-being with caregiving highlights the need for support systems addressing the requirements of both care partners and people with dementia.

5. Assessment of Dorsal Genital Nerve Stimulation for Fecal Incontinence: A Systematic Review and Meta-Analysis

Authors: Christodoulou, Prokopis;Perivoliotis, Konstantinos;Liapis, Stavros-Chrysovalantis;Lytras, Dimitrios and Baloyiannis, Ioannis

Publication Date: 2026

Journal: Surgical Innovation , pp. 15533506261415996

Abstract: BackgroundThe aim of this study was to summarize the current evidence regarding the role of dorsal genital nerve stimulation (DGNS) in the management of fecal incontinence (FI).Patients and MethodsThis study was conducted in accordance with the Cochrane Handbook for Systematic Reviews of Interventions and the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines. A literature search was performed (Medline, Scopus, CENTRAL, Web of Science, CORE, medRxiv Repository, SciELO, AJOL, and Google Scholar) to identify and retrieve the eligible studies. The last search date was 13/12/2025. The primary endpoint was the pooled complication rate of DGNS in patients with FI. Both prospective and retrospective studies were considered. Quality evaluation was performed via the ROBINS-I tool.ResultsOverall, 6 non-randomized studies and 90 patients were included. The overall complication rate was 1.9% (95% CI: -1.1%, 4.9%; I² = 0%; P = .213). A post-interventional improvement of the anal resting pressure (MD: 11.6; 95% CI: 6.5, 16.79; I² = 0%; P < .001) and anal squeeze pressure (MD: 35.3; 95% CI: 17.24, 53.33; I² = 0%; P < .001) was confirmed. The application of ROBINS-I tool resulted in all studies being graded as high-risk of bias.ConclusionsWe emphasize the need for prospective randomized controlled trials to determine the exact role of DGNS in the management of FI.

6. Regenerative Approach With Autologous Fat Grafting and Stem Cells for the Treatment of Post-Traumatic Anal Incontinence: A Case Report

Authors: da Silva Nishimura, Alexandre;Silva, Giuliana Donoso Andrade;Figueira, Vitor Haddad;Nishimoto, Eduardo Isaac;Menardi, Pedro Luiz Nishimura;Passaglia, Igor Rincon Gonçalves and Dos Reis, Sabrina Thalita

Publication Date: 2026

Journal: Clinical Case Reports 14(1), pp. e71619

Abstract: Autologous fat grafting enriched with mesenchymal stem cells is a promising minimally invasive regenerative therapy for post-traumatic anal incontinence. This approach may restore continence and quality of life, even when structural sphincter defects persist. (© 2026 The Author(s). Clinical Case Reports published by John Wiley & Sons Ltd.)

7. Effects of Training Interventions to Treat Postpartum Urinary Incontinence: A Meta-Analysis

Authors: Gallego-Gómez, Cristina;Núñez de Arenas-Arroyo, Sergio;Torres-Costoso, Ana;Rodríguez-Gutiérrez, Eva;Martínez-Vizcaíno, Vicente;Martínez-Bustelo, Sandra;Quezada-Bascuñán, Claudia Andrea;Basco-López, Julián Ángel and Ferri-Morales, Asunci

Publication Date: 2026

Journal: BJOG : An International Journal of Obstetrics and Gynaecology 133(2), pp. 243–252

Abstract: Background: Urinary incontinence (UI) is a common symptom after childbirth. Training interventions are recommended for its management.; Objectives: To evaluate the effects of abdominal and/or pelvic floor muscle training (PFMT) combined with other conservative tools.; Search Strategy: The MEDLINE, Scopus, Cochrane Library, Web of Science and Physiotherapy Evidence Database (PEDro) databases were searched from inception to November 6th, 2024.; Selection Criteria: Three reviewers independently reviewed titles, abstracts, and full texts.; Data Collection and Analysis: Experimental studies addressing the effects of training interventions on UI severity during the postpartum period were included. The Hartung-Knapp-Sidik-Jonkman method was used to calculate pooled estimates of the standardised mean differences (SMDs) and their respective 95% confidence intervals (CIs). Subgroup analyses and meta-regression models were performed according to population characteristics, intervention characteristics, and type of outcome measure. The protocol was registered on the International Prospective Register of Systematic Reviews (PROSPERO: CRD42023489312).; Main Results: Nineteen published studies were included. There was no statistically significant difference in UI severity in the analyses comparing training interventions versus controls or education interventions (SMD = -1.08; 95% CI: -2.24 to 0.08). According to the pre-post analyses, PFMT (SMD = -1.45; 95% CI: -2.61 to -0.28), PFMT through electrical stimulation (ES)/biofeedback (BFB) (SMD = -2.16; 95% CI: -3.50 to -0.81), and PFMT combined with abdominal muscle training (AMT) (SMD = -1.73; 95% CI: -3.42 to -0.03) modalities showed a statistically significant reduction of UI in postpartum women.; Conclusions: This meta-analysis provides an overview of the evidence supporting PFMT alone or in combination with ES, BFB, or AMT as suitable conservative approaches for the treatment of UI in the postpartum period. Further studies are needed to establish recommendations for abdominal wall training alone in the treatment of UI. (© 2025 The Author(s). BJOG: An International Journal of Obstetrics and Gynaecology published by John Wiley & Sons Ltd.

8. The Malone antegrade continence enema for treating adult constipation and fecal incontinence: a systematic review of the literature

Authors: Gallo, Gaetano;De Simone, Veronica;Bellocchia, Alex Bruno;Sorrenti, Salvatore;Luc, Alberto Realis;Clerico, Giuseppe;Sorge, Roberto;Sileri, Pierpaolo;Trompetto, Mario and Gravante, Gianpiero

Publication Date: 2026

Journal: International Journal of Colorectal Disease 41(1), pp. 4

Abstract: Purpose: The Malone antegrade continence enema (MACE) offers a minimally invasive and potentially reversible option for managing chronic constipation and fecal incontinence (FI). This systematic review evaluates its efficacy, safety, and long-term outcomes in adults.; Methods: A comprehensive search was conducted across PubMed, EMBASE, and CENTRAL databases up to April 2025 to identify studies on MACE in adults. Study quality was assessed using the Newcastle-Ottawa scale. The primary outcome was the proportion of patients continuing MACE at follow-up (treatment success); failure was defined as conversion to definitive colostomy.; Results: Seventeen studies with 404 patients were included. Study quality was rated moderate to good. The most common indications were neurological disorders (25.8%), prior surgeries (16.8%), idiopathic constipation (14.2%), and traumatic spinal injuries (11.6%). Techniques included terminal ileal loop (37.9%), percutaneous endoscopic cecostomy (26.0%), and appendicostomy (24.8%). Minor stoma-related complications were most frequent (39.1%), followed by fecal leakage (16.2%) and stoma stenosis (11.3%). Median follow-up was 28.5 months. At final follow-up, 75.1% of patients continued using MACE, while 9.8% required colostomy. Satisfactory outcomes were reported by 60%-83% of patients, with improvements in symptoms and quality of life.; Conclusions: MACE is a safe and effective option for adults with refractory constipation or FI, especially in those aiming to avoid a permanent colostomy. (© 2026. The Author(s).)

9. Urinary incontinence is common among people attending pulmonary rehabilitation, yet pulmonary rehabilitation has a small effect on urinary symptoms: A multicenter prospective cohort study

Authors: Gravier, Francis-Edouard;Combret, Yann;Parrot, Damien;Laporte, Fanny;Bocquet, Léna;Smondack, Pauline;Muir, Jean-François;Cuvelier, Antoine;Boujibar, Fairuz;Nze Ossima, Arnaud;Médrinal, Clément;Prieur, Guillaume and Bonnevie, Tristan

Publication Date: 2026

Journal: Pulmonology 32(1), pp. 2610131

Abstract: Introduction: Urinary incontinence (UI) is common among individuals with chronic respiratory diseases (CRDs) and may limit attendance, completion, and response to pulmonary rehabilitation (PR). This study aims to assess what is the prevalence of UI among individuals attending PR, and how does PR affect UI and other clinical outcomes, and if UI is associated with PR completion and response.; Methods: A multicenter prospective cohort study was conducted. UI was assessed using the International Consultation on Incontinence Questionnaire-Urinary Incontinence Short Form (ICIQ-UI-SF) questionnaire before and after an 8-week program. Completion was defined as attending at least 70% of sessions. Response was defined as achieving minimum clinically important differences (MCIDs) in any clinical outcome.; Results: Among 341 individuals with CRDs 48% female, mean age of 63 (SD 10)), UI prevalence was 38% (95% CI 32 to 44) and remained unchanged following PR. PR led to a positive effect on urinary symptoms (ICIQ-UI-SF mean change -1.8, 95% CI -2.5 to -1.1), although the magnitude of change was below the established MCID of 4 points. PR also led to a positive improvement on the Saint George's Respiratory Questionnaire total score (-4, 95% CI -7 to -2). The associations between UI and PR completion and response were imprecise due to wide confidence intervals.; Conclusions: UI is common among individuals attending PR, yet PR has a small effect on urinary symptoms. Despite this, individuals with UI may still achieve improvements from the program. Our findings suggest that UI should not delay PR initiation but should be screened and managed as part of the multidisciplinary care that defines PR.

10. Unravelling the Links Between Urine Leakage, Frequency, Types of Incontinence and Stigma in Older Adults: A Cross-Sectional Study

Authors: He, HaoChong;Zhou, LaiDi;Zhang, QiaoLing;Liu, Ye;Jiang, TianXiang;Tian, XiaoMiao and Yan, XiuMei

Publication Date: 2026

Journal: Journal of Advanced Nursing 82(1), pp. 452–465

Abstract: Background: Urinary incontinence, often perceived as embarrassing, perpetuates the stigma that delays treatment and encourages concealment. This stigma significantly diminishes quality of life and imposes both financial and medical burdens. Although prior research has examined stigma reduction in urinary incontinence, it persists as a widespread issue. Most studies have focused on interviews, primarily addressing urine leakage, with a limited understanding of the factors influencing urinary incontinence stigma and their interrelations. More in-depth quantitative studies are crucial to inform targeted interventions.; Aim: (1) To develop targeted interventions aimed at alleviating urinary incontinence-related stigma in older adults. (2) To identify factors that mitigate stigma in older adults with urinary incontinence. (3) To examine the associations between these factors and stigma.; Design: Cross-sectional survey.; Method: A cross-sectional survey was conducted with 510 older adults across three hospitals in Guangdong from July 2022 to January 2024, utilising the SSCI-24 and Incontinence Severity Index. Three multivariate linear regression models, adjusted for covariates based on directed acyclic graphs, were employed to explore the relationships between variables and stigma. Additionally, subgroup analyses were performed.; Results: Participants reported higher levels of self-stigma compared to perceived stigma. Multivariate analysis revealed significant associations between urinary incontinence type, severity, frequency of micturitions and stigma. Key factors contributing to stigma reduction include managing incontinence severity, reducing frequency of micturitions and preventing the progression to mixed incontinence.; Conclusion: The study identified associations between urinary incontinence characteristics-type, severity and frequency of micturitions-and stigma. Strategies for stigma reduction are proposed, underscoring the vital role of nurses in this process.; Impact: The findings of this study contribute to a deeper understanding of stigma surrounding urinary incontinence in older adults and provide insights for developing more effective interventions by healthcare professionals and community caregivers.; Reporting Method: This study adhered to the STROBE checklist for observational studies.; Patient or Public Contribution: No patient or public contribution. (© 2025 John Wiley & Sons Ltd.)

11. Urinary incontinence post-stroke: a qualitative exploration of the multidisciplinary management in the acute stage post-stroke

Authors: Henderson, Laura and Davenport, Sally

Publication Date: 2026

Journal: Disability and Rehabilitation 48(1), pp. 76–83

Abstract: Purpose: To explore how staff on a hyperacute/acute stroke unit in the United Kingdom (UK) perceived the management of urinary incontinence (UI) and their role within this.; Materials and Methods: Qualitative exploration using questionnaires and interviews. Data were analysed using descriptive statistics and themes were identified using framework analysis.; Results: Analysis of 43 questionnaires and 5 follow-up interviews identified 3 themes: "A focus on containment and the impact of UI on patient well-being," "Invisibility of UI as a rehabilitative goal," and "Readiness for change with recognition of the value of multidisciplinary working for UI rehabilitation."; Conclusions: Staff across all professional groups considered UI an important problem to address post-stroke. In contrast to other aspects of stroke rehabilitation, UI is less visible, despite staff recognising the impact of communication, cognition and sensorimotor deficits on this problem. Greater interprofessional working and goal setting may support a more rehabilitative continence culture.

12. Long-Term Outcomes of PTQ Anal Sphincter Implants for the Management of Faecal Incontinence: A Single Centre Experience

Authors: Ho, Elise J.;Abelman, Talia N.;Kaneko, Yui;Guerra, Glen R.;Woods, Rodney J.;Behrenbruch, Corina C. and Keck, James O.

Publication Date: 2026

Journal: ANZ Journal of Surgery

Abstract: Background: Faecal incontinence can be functionally debilitating, with significant impact on patients' quality of life. Injectable perianal bulking agents such as PTQ implants are shown to improve faecal incontinence in the short- to mid-term; however, long-term outcomes remain poorly understood.; Objective: To assess long-term outcomes of PTQ implants for management of faecal incontinence.; Methods: A retrospective cohort study of 101 patients receiving PTQ implants at St Vincent's Public and Private Hospitals, Fitzroy, between 2007 and 2023. Mean follow up time was 8 years (range 2-17). Primary outcomes were patient satisfaction, duration of improvement and post-treatment quality of life, assessed using Wexner and Faecal Incontinence Quality of Life scores. Secondary outcomes included repeat treatment and complications.; Results: Following treatment with PTQ implants, 56% (n = 55/101) of patients were satisfied with improvement in symptoms. Fifty seven percent (n = 56/101) of patients reported a duration of improvement of at least 1 year and 39% (n = 39/101) for two or more years. Post-treatment quality of life outcomes were poorer in female compared to male patients, whilst no statistically significant difference was otherwise noted between other patient groups. Further intervention to manage symptoms was required in 50% (n = 50/101), of which the majority (n = 31/101) were treated with a second PTQ treatment. Complications were observed in 3% (n = 3/101) of patients.; Conclusion: Over half of patients treated with PTQ implants reported satisfaction with its effect on faecal incontinence, with low complication rates. PTQ implants are a minimally invasive treatment option for faecal incontinence that may provide longer-term benefit in appropriately selected patient cohorts. (© 2026 Royal Australasian College of Surgeons.)

13. Electroacupuncture for poststroke urinary incontinence: A systematic scoping review

Authors: Jiang, Tao;Jiang, Shiyi;Cui, Ying;Yang, Ji-Peng;Du, Yuan-Hao;Li, Jing;Pang, Bo;Li, Bo;Ma, Yuping and He, Junpeng

Publication Date: 2026

Journal: Medicine 105(2), pp. e45884

14. Adjustable Retropubic-Sling-(Remeex®) for the Treatment of Male Stress-Urinary-Incontinence After Prostatectomy: Middle-Term Results and Patient Satisfaction

Authors: Maene, Anne;Righini, Marion;Cabaniols, Laurent;Atamian, Aram;Droupy, Stephane;Roumequere, Thierry and Wagner, Laurent

Publication Date: 2026

Journal: The French Journal of Urology , pp. 103074

Abstract: Objective: To evaluate the mid-term outcomes of the adjustable retropubic sling (Remeex®) in the treatment of post-prostatectomy stress urinary incontinence (PPUI) in men.; Methods: This prospective bicentric observational study was conducted at two French tertiary centers between December 2016 and December 2024. Sixty-six men with persistent PPUI were included after exclusion of deaths and loss to follow-up. Patients were selected based on incontinence severity, failure of pelvic floor rehabilitation, and informed preference. Outcomes were assessed using the 24-hour pad test, social continence (0-1 pad/day), Patient Global Impression of Improvement, and complication rates. The primary endpoint was social continence at mid-term follow-up.; Results: After a mean follow-up of 48 months, social continence (0-1 pad/day) was achieved in 55% of patients. A ≥50% improvement in the 24-hour pad test was observed in 71% of patients. The mean pad test weight significantly decreased from 218.7 g preoperatively to 98.1 g postoperatively (p < 0.05). Postoperative adjustability was frequently required, with 89% of patients undergoing at least one adjustment and a mean of two adjustments per patient, mainly within the first six months. Complications were limited, with no urethral erosion and an explantation rate of 6%.; Conclusion: The Remeex® adjustable retropubic sling

demonstrated acceptable safety and satisfactory mid-term effectiveness in selected patients with mild to moderate PPU. Postoperative adjustability represents an inherent component of the technique and should be anticipated during patient counseling. (Copyright © 2026. Published by Elsevier Masson SAS.)

15. Noninvasive Voiding Devices for Bedridden Women With Urinary Continence; Usability, Acceptability and Safety: A Scoping Review

Authors: Mesa La Guardia, Ana;Prats Valls, Maria Teresa;Micó Cabedo, Mónica;Juan Verdoy, Pablo and Gual Ortí, Jaume

Publication Date: 2026

Journal: Nursing Research and Practice 2026, pp. 2216719

Abstract: Background: Noninvasive female urination devices are widely used for bedridden women with urinary continence, yet concerns persist about usability, dignity and safety-especially in the supine position.; Objective: To map and synthesise evidence on usability, acceptability and safety of noninvasive devices for supine female urination and to contextualise safety with handling/reprocessing practices.; Methods: A scoping review following JBI and PRISMA-ScR used a PCC framework and comprehensive searches (MEDLINE, CINAHL, Scopus, Embase, CUIDEN; Google Scholar/OpenGrey; March 2025), plus handsearching. Records were screened in duplicate; data were charted with a piloted form and narratively synthesised by device type and experience/safety domains.; Results: Twenty-one records met inclusion criteria: 17 core device-focused studies and 4 contextual safety/handling sources. Core studies consistently reported discomfort, awkward posture, pain, embarrassment and dependence with traditional bedpans, alongside caregiver burden. Comparative evidence showed a clear preference for female urinals in eligible patients and greater acceptability for some alternative designs (e.g., disposable or inflatable variants); interventions that mobilised to the toilet or promoted respectful, skilled bedpan use were associated with reduced catheterisation. Safety findings indicated low adherence to education/reprocessing protocols and mixed signals regarding manual wiping versus automated disinfection. Contextual evidence documented persistent metal bedpan use in some health systems, wide variability in washer-disinfector/macerator availability and validation, and frequent manual emptying/rinsing-conditions linked to environmental contamination and antimicrobial-resistant organism risk.; Conclusions: Improving care for bedridden women requires a dual approach: (1) woman-centred device redesign explicitly for supine use (fit, comfort, leakage control, dignity) with robust clinical validation and (2) system-level implementation that minimises manual handling and assures validated, documented reprocessing (or fit-for-purpose disposable pathways), supported by staff training, zoning, PPE and auditing.; Implications: Standardised outcome measures for comfort, dignity, leakage and contamination proxies, along with comparative effectiveness studies in supine populations, are needed to guide safe, dignified and sustainable practice. (Copyright © 2026 Ana Mesa La Guardia et al. Nursing Research and Practice published by John Wiley & Sons Ltd.)

16. Intravaginal electrical stimulation of the pelvic floor for women with urinary incontinence: a systematic review of randomized controlled trials

Authors: Naidu, Durga;Modi, Rohan;Kulkarni, Mugdha;Gunasaegaram, Varman;Rolnik, Daniel L.;Freites, Jawad;Vereeck, Sascha;Pendharkar, Gita;Webb, Janetta;Rosamilia, Anna;Gargett, Caroline E.;Omar, Muhammad Imran;Mol, Ben Willem and Warty, Ritesh Rikain

Publication Date: 2026

Journal: American Journal of Obstetrics and Gynecology 234(1), pp. 21–34

Abstract: Objective: Urinary incontinence is defined as "the complaint of involuntary loss of urine" and affects approximately 40% of women. It is associated with morbidity and decrease in quality of life. Despite its prevalence, there are several challenges associated with its management and there is a

need for nonsurgical treatment alternatives. This systematic review aimed to assess the effectiveness of intravaginal electrical stimulation in improving patient outcomes and quality of life.; Data Sources: PubMed, EMBASE, Ovid Medline, and IEEE Xplore were searched up until February 2025.; Study Eligibility Criteria: Randomized controlled trials focusing on intravaginal electrical stimulation against conservative (nonpharmacological and nonsurgical) or no treatment/placebo comparators for urinary incontinence were included.; Methods: Article titles and abstracts were independently double-screened. The full text of eligible articles were retrieved and assessed for eligibility by at least 2 independent authors. Bias was assessed by 2 authors (R.R.W. and M.K.) using the Cochrane Risk of Bias Tool 2.0. Disputes were resolved through consensus. As a meta-analysis could not be performed due to trial quality limitations and heterogeneity, findings are presented in a narrative tabular form.; Results: Among 187 studies identified, 32 randomized controlled trials (17.1%) were eligible for inclusion. When reporting specific outcomes, 6/8 (75%) randomized controlled trials reported significant within-group reductions in the number of pads used for intravaginal electrical stimulation groups; 10/15 (66.7%) trials reported significant within-group reductions in pad weight for intravaginal electrical stimulation groups; and 8/14 (57.1%) trials reported significantly reduced leakage frequencies with significant differences between intravaginal electrical stimulation and passive treatment groups. Other bladder diary measurement findings were mixed. Increased pelvic floor muscle contraction strength, increased maximum cystometric capacity, decreased detrusor overactivity, and increased quality of life were observed, although the evidence is of low quality and lacks robustness. In the setting of randomized controlled trials, intravaginal electrical stimulation exhibited moderate-to-high adherence rates and a low risk and severity of adverse events.; Conclusion: Intravaginal electrical stimulation may be a viable treatment for urinary incontinence. However, the present evidence base is of low quality to draw sufficient conclusions about its efficacy. Further multicentre, adequately powered and methodologically sound randomized controlled trials are needed. (Copyright © 2025. Published by Elsevier Inc.)

17. Non-pharmacological interventions for fecal incontinence in people with multiple sclerosis: A scoping review

Authors: Özkan, İlnur; Polat Dünya, Cansu and Taylan, Seçil

Publication Date: 2026

Journal: Multiple Sclerosis and Related Disorders 105, pp. 106864

Abstract: Background: Fecal incontinence (FI) is a common but often underrecognized symptom in people with multiple sclerosis (MS), markedly impairing quality of life. Non-pharmacological strategies are recommended as first-line management; however, existing evidence remains limited and fragmented. This review aimed to map current evidence on such interventions and identify key gaps to inform future research.; Methods: A scoping review was conducted following the Joanna Briggs Institute's six-stage framework and reported according to PRISMA-ScR guidelines. Comprehensive searches were performed in PubMed, Web of Science, CINAHL, Scopus, and ScienceDirect, finalized in August 2025. Empirical studies investigating non-pharmacological management of FI in adults with confirmed MS were included. Two reviewers independently extracted and synthesized data using thematic analysis.; Results: Fifteen studies met the inclusion criteria. The most frequently evaluated interventions were transanal irrigation (n=6) and biofeedback therapy (n=4), followed by posterior tibial nerve stimulation (n=2), sacral neuromodulation (n=2), pelvic floor physiotherapy (n=1), and behavioral programs (n=1). These interventions showed promise in reducing FI symptoms and improving quality of life. However, most studies were limited by small sample sizes, heterogeneous protocols, and non-MS-specific outcome measures. Thematic analysis identified four key domains: clinical effectiveness; factors influencing treatment response; feasibility and sustainability; and research limitations with future directions.; Conclusion: Non-pharmacological management of FI in MS appears safe, feasible, and potentially effective in improving symptoms and quality of life. Future research should adopt standardized protocols, MS-specific assessment tools, and long-term follow-up in larger samples. Integration of digital and home-based strategies may further enhance sustainability and accessibility of interventions. (Copyright © 2025. Published by Elsevier B.V.)

18. The role of the community nurse in improving quality of life for people with faecal

incontinence

Authors: Ramadan, Francesca

Publication Date: 2026

Journal: British Journal of Community Nursing 31(1), pp. 12–14

Abstract: Faecal incontinence, the involuntary loss of faeces, is a symptom with multifactorial causes and major effects on quality of life. Community nurses, with their skills and unique position at the frontline of patient care, are pivotal in the assessment and management of faecal incontinence and its associated conditions, such as moisture-associated skin damage, along with signposting across integrated continence pathways. Evidence-based care can meaningfully improve symptoms and patient dignity. The author reviews the research-backed interventions available to nurses seeking to alleviate the shame, stigma and social withdrawal faced by many patients experiencing faecal incontinence.

19. Understanding Barriers to Care for Urinary Incontinence Among a Contemporary Cohort of Women

Authors: Rebullar, Karla;Launer, Bryn;Kaufman, Melissa R.;Dmochowski, Roger R. and Sebesta, Elisabeth M.

Publication Date: 2026

Journal: The Journal of Urology 215(1), pp. 81–88

Abstract: Purpose: Urinary incontinence (UI) affects half of adult women in the United States. The aim of this study was to investigate barriers for women to seek medical care for UI and to evaluate patient factors associated with delaying care.; Materials and Methods: Adult women with any type and severity of UI were recruited from our clinic and from the local area via ResearchMatch to complete questionnaires on demographics, urinary symptoms, and barriers to care for UI. Multivariable logistic regression was used to assess for association between patient characteristics, symptom severity, and delaying care.; Results: A total of 1004 respondents completed the study. Median age was 47 years, and most were White, non-Hispanic (68%). A total of 514 (51%) women reported delaying seeking care for UI for any reason, citing cost of treatment (51%) as the most common reason, followed by thinking the condition was not treatable (48%) and fear (27%). Women who delayed care were more likely to report several comorbidities, had significantly worse UI severity, and had worse bladder-specific quality of life compared with those who did not delay seeking care. White race, multiparity, working full-time, and living in a rural area were associated with delaying care, medical treatment, or surgical treatment for UI.; Conclusions: Most women in our study reported delaying seeking care, treatment, or surgery for UI. Findings from this study highlight an emphasis on patient education, telehealth, and community outreach to foster health care-seeking behavior.

20. Functional results after ventral mesh rectopexy in 50 patients with obstructed defecation and/or fecal incontinence

Authors: Rivera-Garcia Granados, A.;López-Ramírez, M. A.;Urbina-Alatriste, F. and Flores-Gamboa, V.

Publication Date: 2026

Journal: Revista De Gastroenterologia De Mexico (English)

Abstract: Introduction and Aim: Ventral mesh rectopexy (VMR) for correcting rectal prolapse, rectocele, and enterocele improves obstructed defecation syndrome (ODS) and fecal incontinence (FI). This procedure is popular due to its minimally invasive approach and favorable clinical outcomes. Our aim was to evaluate the clinical response of patients that underwent VMR, focusing on changes in the

ODS and FI scores.; Material and Methods: A retrospective, observational, cohort study was conducted on patients that underwent VMR within the time frame of May 2019 and May 2024 at a high-volume hospital. Fifty case records were analyzed, measuring the changes in the scores of the ODS scale and CCF-FIS, before and after surgery. Statistical significance was set at a $p < 0.05$.; Results: The ODS scores decreased from 10.76 to 6.28 and the FI scores from 9 to 5, showing significant improvement. When analyzing individual items of each of the scales separately, all in the ODS scale were statistically significant, whereas in the FI scale, only pad use and impact on social life were significant. There were no major intraoperative complications or conversions to open surgery and the mean hospital stay was 1.96 days. No significant differences in outcomes were found between the conventional and robotic laparoscopic approaches.; Conclusions: VMR is a safe and effective procedure for improving ODS and FI symptoms in the Mexican population. Long-term follow-up is required to confirm the persistence of benefits and evaluate late complications. (Copyright © 2025 Asociación Mexicana de Gastroenterología. Published by Masson Doyma México S.A. All rights reserved.)

21. Application of the TIME-CDST-based Approach in the Management of Incontinence-associated Dermatitis in Patients With Severe Trauma and Obesity

Authors: Tang, Manli;Tan, Jie;Xu, Qin and Guo, Jiangfeng

Publication Date: 2026

Journal: Advances in Skin & Wound Care

Abstract: Objective: To investigate the effectiveness of the TIME-CDST (Tissue, Inflammation or Infection, Moisture, and Epidermal/Edge status-Clinical Decision Support Tool) in the prevention and management of incontinence-associated dermatitis (IAD) in patients with severe trauma and obesity.; Methods: A total of 50 patients were assigned to the control group from February to April 2023, and 76 patients were designated as the intervention group from May to July 2023. In the control group, routine skin care measures were taken. The intervention group applied TIME-CDST for systematic hierarchical management, which included assessment, collaboration, control, decision-making, and evaluation. The incidence of IAD and fungal dermatitis, the severity of IAD, and healing time were compared between the 2 groups.; Results: The application of TIME-CDST led to a decrease in the incidence of IAD from 44.00% to 26.32% ($\chi^2=4.244$, $P<.05$) and a reduction in fungal dermatitis from 27.27% to 0.05% ($\chi^2=4.683$, $P<.05$). The intervention also reduced the severity of IAD ($Z=-2.331$, $P<.05$) and shortened the healing time ($Z=-2.321$, $P<.05$).; Conclusions: The use of TIME-CDST in patients with severe trauma and obesity could reduce the incidence and severity of IAD and promote early healing of dermatitis. (Copyright © 2026 the Author(s). Published by Wolters Kluwer Health, Inc.)

22. Biofeedback electrical stimulation combined with pelvic floor muscle training on postpartum stress urinary incontinence: A meta-analysis

Authors: Tian, Ziying and Ji, Renxin

Publication Date: 2026

Journal: International Journal of Gynaecology and Obstetrics: The Official Organ of the International Federation of Gynaecology and Obstetrics 172(2), pp. 717–747

Abstract: Background: Postpartum stress urinary incontinence (PSUI) is common after childbirth, peaking at 30% incidence at 6 months and affecting about 18% overall. It results from weakened pelvic floor muscles and affects quality of life, with some cases persisting beyond the first postpartum year.; Objectives: To clarify the therapeutic effect of biofeedback electrical stimulation (BFES) combined with pelvic floor muscle training (PFMT) on PSUI through a meta-analysis of relevant studies.; Search Strategy: PubMed, Web of Science, Cochrane Library, Embase, CNKI, VIP Database, and Wanfang Database were searched for studies published up to October, 2024.; Selection Criteria: Randomized controlled trials with adult females diagnosed with PSUI, focusing on clinical efficacy, PFMS, muscle fiber potential, and incontinence frequency were included. Studies were excluded if they involved

severe comorbidities affecting intervention or had inaccessible outcomes.; Data Collection and Analysis: Information was extracted for author, sample size, mean age, publication year, intervention, parity, postpartum time, delivery mode, number of fetuses, and outcome indicators. Risk of bias was assessed using Stata 15.0 and Review Manager 5.4.1, analyzing continuous and binary variables.; Main Results: Twenty studies with 2421 patients were analyzed, showing that BFES plus PFMT significantly improved PSUI clinical effect, pelvic floor muscle strength, and muscle fiber potential, reduced daily urinary incontinence incidence, and improved other urinary parameters compared with BFES or PFMT alone.; Conclusions: BFES combined with PFMT is more effective than BFES or PFMT alone for PSUI patients. However, high heterogeneity was observed in some outcome indicators (e.g. PFMT, number of urinary incontinence events NUI]), potentially affecting the results' precision. Furthermore, there was publication bias in the analysis of NUI. The results should be extrapolated with caution. Future large-scale, multicenter studies are needed to validate these findings. (© 2025 International Federation of Gynecology and Obstetrics.)

23. Change in faecal incontinence pattern after gastric bypass surgery: related to change in anal sphincter thickness?

Authors: Wennerlund, Jeff;Thalén, David;Östevind, Anton;Gunnarsson, Ulf and Strigård, Karin

Publication Date: 2026

Journal: International Journal of Colorectal Disease 41(1), pp. 27

Abstract: Purpose: Faecal incontinence is common in persons with severe obesity. Little is known about how the thicknesses of the internal anal sphincter (IAS) and the external anal sphincter (EAS) change in relation to weight loss following metabolic bariatric surgery (MBS). This study aims to investigate any change in IAS and EAS thickness 6 months after Roux-en-Y gastric bypass surgery (RYGB) and to determine whether any such change correlates with a change in faecal incontinence pattern.; Methods: Thirty-one patients underwent three-dimensional endoanal ultrasound to measure anal sphincter thickness before and 6 months after RYGB. Patients completed the validated Wexner and LARS (low anterior resection syndrome) questionnaires at the same time to evaluate any change in faecal incontinence and urgency symptoms following surgery.; Results: No significant change in the thicknesses of the IAS and EAS was seen. The Wexner score decreased from 18 to 13 (less incontinence). Conversely, the number of patients with LARS increased from 10 to 15 six months after surgery (more urgency).; Conclusion: RYGB had no effect on the thickness of the anal sphincter 6 months after surgery. However, the pattern of faecal incontinence changed, with a decrease in leakage and whole faecal incontinence and an increase in urgency. (© 2026. The Author(s).)

24. Assistive technology products for toilet-use and continence containment problems in the home setting: A mapping review

Authors: Woodhouse, Marjolein;Avery, Miriam;Woods, Lois;Scott, David Alexander;Fader, Mandy;Macaulay, Margaret;Ashton, Karen and Murphy, Catherine

Publication Date: 2026

Journal: International Journal of Nursing Studies 173, pp. 105264

Abstract: Purpose: This study aimed to identify common toilet-use and continence containment problems among community-dwelling adults, explore the range of assistive products available for these issues, and map the products identified to the problems they address.; Design: A mapping review methodology was employed, modified to include grey literature, to identify the full range of toilet-use and continence containment assistive products that are designed for use in the home setting.; Methods: An initial inventory of toilet-use and continence containment problems was derived from toilet-use task sequence analysis and commonly occurring containment challenges. This was supplemented by scoping searches of grey literature and refined with feedback from partner representatives. Assistive products were identified through structured online searches and review of

seminal texts. A nurse researcher with community health experience then mapped the categories of assistive products to the identified problems.; Results: Thirty-three toilet-use and containment problems were identified, stratified into 295 subproblems based on end-user characteristics, including physical and cognitive function, and urinary or faecal voiding needs. The search revealed 163 categories of assistive products and mapping these to the subproblems resulted in more than 1500 product-to-problem links. No suitable assistive product options were identified for six sub-problems.; Conclusion: Given the diversity of toilet-use and containment challenges faced by community-dwelling individuals and the array of available assistive products, this novel study highlights the complexity of matching products to individual needs. These findings emphasise the need for better resources to support individuals, caregivers and healthcare professionals in optimising decision-making on and selection of toilet-use and continence containment products. (Copyright © 2025 The Authors. Published by Elsevier Ltd.. All rights reserved.)

25. Are ChatGPT Answers to Patient Questions Regarding Fecal Incontinence Accurate, Complete, and Consistent With the American Society of Colorectal Surgeons Clinical Practice Guidelines?

Authors: Welton, Lindsay L.; Gunderson, Melissa A.; Rajamani, Geetanjali; Liu, Ying; Trang, Karen; Weaver, Lauren; Troester, Alexander M.; Zhang, Rui; Gaertner, Wolfgang B.; Welton, Mark L.; Wick, Elizabeth C. and Melton, Genevieve B.

Publication Date: 2025

Journal: Diseases of the Colon and Rectum

Abstract: Background: ChatGPT, an artificial intelligence large language model chatbot, transforms how patients obtain information regarding health concerns including sensitive questions.; Objective: Assess and compare the accuracy, completeness, and consistency of ChatGPT-3.5, 4, 5 and 5 Plus's answers to common questions regarding fecal incontinence.; Design: Thirty questions written in lay language based on American Society of Colon and Rectal Surgeons Clinical Practice Guidelines for fecal incontinence were presented in sequential order twice to all ChatGPT versions. Question categories included general/background, diagnosis, treatment, and miscellaneous. Three board certified professors of colorectal surgery with expertise treating fecal incontinence rated the answers "yes" or "no" for accuracy, completeness, and consistency with guidelines. A "no" prompted a free text response. Quantitative and qualitative analysis was performed.; Settings: ChatGPT-3.5, ChatGPT-4, ChatGPT-5 (free access), ChatGPT-5 Plus (paid subscription).; Intervention: Patient questions.; Main Outcome Measures: Accuracy, completeness and consistency with practice guidelines.; Results: Reviewers rated 61% of answers accurate, 65% complete, and 68% consistent for ChatGPT-3.5, 72%, 73%, and 69% for ChatGPT-4, 50%, 73%, 68% for ChatGPT-5 free, and 83%, 95%, and 82% for ChatGPT-5, respectively. Three questions triggered ChatGPT's content warning, flagging them as inappropriate and terminating the chat. Qualitative analyses revealed 10 emergent sub-themes; the most frequent was inaccuracy of treatment recommendations.; Limitations: The current set of chatbots is not intended for medical use.; Conclusions: No version of ChatGPT provided answers that were entirely accurate, complete, or consistent with clinical practice guidelines, however the paid version performed markedly better than the rest. Analysis of ChatGPT-5 free vs Plus highlighted a dimension of disparity introduced by paywall-contingent model performance. Our study emphasizes the necessity for patient and provider education on the positives and pitfalls of this technology regarding health information. See Video Abstract. (Copyright © The ASCRS 2025.)

Sources Used

The following databases are searched on a regular basis in the development of this bulletin:
British Nursing Index, Cinahl, Medline, King's Fund & Health Foundation

Disclaimer

The results of your literature search are based on the request that you made, and consist of a list of references, some with abstracts. Royal United Hospital Bath Healthcare Library will endeavour to use the best, most appropriate and most recent sources available to it, but accepts no liability for the information retrieved, which is subject to the content and accuracy of databases, and the limitations of the search process. The library assumes no liability for the interpretation or application of these results, which are not intended to provide advice or recommendations on patient care.