Faecal impaction is defined as refractory constipation with faecal loading of the rectum and/or colon. The defining situation for faecal impaction is the presence of a large mass of faecal matter within the rectum or colon which cannot be expelled by the patient. This can result in overflow incontinence.

Faecal impaction is a distressing and potentially serious condition. This clinical condition has been studied for many years and a number of significant complications have been described. One study noted complications in 24.6 % of 130 cases with infection, heart and lung problems and systematic inflammatory response being the most common problems. Death occurred in one patient in this study and it was concluded that faecal impaction could be regarded as a medical emergency. Another study described significant urinary problems related to faecal impaction and a number of other case reports have described surgical complications including ulceration, perforation and extensive colonic gangrene. It is thus important that faecal impaction is prevented, where at all possible, and treated promptly and completely where it occurs.

A number of predisposing factors to faecal impaction in adults have been noted. Medication which tends to cause constipation and neuropsychiatric illness are major factors. Thus the population in care homes is particularly at risk of faecal impaction.

It is important to realise that faecal incontinence is well recognised as one presentation of faecal impaction and this diagnosis should always be considered when faecal incontinence presents, particularly for the first time.

Increasing age and debility are known to increase the risk of faecal impaction and some work describes a continuity between chronic constipation and obstipation (obstructed constipation) and faecal impaction. Studies have shown that the prevalence of faecal impaction increases with age and was present in 42 % of patients in a geriatric ward setting.
A number of therapies have been recommended for faecal impaction over the past 30 years. These include manual removal of faeces by irrigation or digital removal. These procedures are often undertaken by nursing or medical staff and care home staff may be asked to provide assistance such as helping with positioning of the patient and general reassurance.

In most recent times, the trend has been to manage faecal impaction with the use of oral medications (laxatives) sometimes in higher doses than those given for constipation. In all cases, a diagnosis of faecal impaction should be established by a healthcare professional and medicines should be formally prescribed including dose and duration of treatment.

The management of faecal impaction is well recognised and includes the use of local preparations such as enemas and suppositories, manual breakdown and evacuation of the faecal mass and the judicious use of oral laxatives to allow expulsion of collected faecal matter and the regularisation of bowel function. Expert advice recommends a three step programme, firstly disimpaction, secondly oral polyethylene glycol (PEG) and thirdly maintenance treatment with laxatives to prevent recurrence. A further study also supported the view that PEG plus electrolytes was effective in the treatment of faecal impaction and further, recommended ongoing use of osmotic laxatives to prevent recurrence. The advice to patients should also include general measures such as maintaining fluid intake when taking osmotic laxatives.

Therefore a patient who has had an episode of faecal impaction may require longer term laxative treatment and it is important that this is given as directed. If issues arise about the acceptability of the medicine or the ability of the patient to take the medicine then this should be discussed with the prescriber.

Care home staff, have an important role in preventing faecal impaction. Studies have shown that regular toileting and early response to requests for toileting assist in the prevention of faecal impaction. Encouraging good diet, fluid intake and mobility also helps to prevent this condition.

The adverse effects of macrogol laxatives (such as PEG) are abdominal discomfort and increased noise from the tummy. Flatulence may also occur. Rarely patients may have rashes or allergic reactions – any rash or swelling should be reported immediately. If a patient becomes distressed or breathless, then this may be a sign of a fluid shift in the body and must be reported immediately. Caution should be exercised when giving macrogol laxatives to patients with known heart conditions. Always follow the instructions on the leaflet enclosed with the medicine. Adverse reactions to macrogols are usually mild in nature. If a patient develops a watery stool or fails to pass a stool then
this should be discussed with your line manager. They may wish to seek the advice of a healthcare professional.

Macrogol preparations contain a range of polyethylene glycol molecules and the suffix 3350 refers to the average molecular weight of the preparation. The macrogol exerts its therapeutic effect by drawing water into the gut lumen thus increasing faecal water content and allowing easier expulsion of faeces (Ungar, 2000). There is no absorption of the macrogol through the gut lumen and no systematic effect has been reported.

Initially macrogol preparations did not contain additional electrolytes but more modern preparations contain electrolytes in order to offset any potential electrolyte shift as a result of the osmotic effect of the macrogol. There is no suggestion in the published literature that the effect of these compounds is related to anything other than the osmotic effect of the macrogol and all preparations will have a degree of variability of the size of polymer molecules. In addition, the added electrolytes are identical in various preparations.

Summary

Macrogol preparations such as CosmoCol® (P) (Stirling Anglian Pharmaceuticals) contain both macrogol 3350 and electrolytes and are currently licensed for the treatment of faecal impaction. SPC for Cosmocol lemon and lime – https://www.medicines.org.uk/emc/medicine/28902
SPC for Cosmocol orange – https://www.medicines.org.uk/emc/medicine/28903

The use of PEG with electrolytes is well established and is increasingly the treatment of choice in both adult and paediatric patients (Candy et al, 2009, Savino et al, 2012) where manual methods of disimpaction can be particularly distressing. The relatively minor adverse effects of PEG treatment are well recognised and the therapy is both effective and well tolerated.

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