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GİRİŞ

Fekal inkontinans (FI), özellikle yaşlılarda ve huzurevi sakinlerinde yaygın olan bir hastalıktır. Bağımsız yaşama yeteneğinin kaybına neden olur ve yaşam kalitesini ciddi şekilde bozabilir. FI'nın önemli sosyal ve ekonomik etkileri olmasına rağmen yeterince bildirilmemesi bir sorundur (1,2).

FI'nın tanısı hem hastaların durumu yeterince bildirmemesi hem de hekimlerin bu konuyu yeterince irdelememesi nedeniyle gecikmektedir. Hastalar açısından sağlık hizmetlerine erişimdeki engeller, FI'nın yaşlanmanın normal bir parçası olduğu varsayımı, bu sorunu kiminle konuşacaklarını bilmemeleri, diğer tıbbi sorunların öncelikli olması, FI için tedavi seçeneklerinin olmadığı algısı ve doktorların yardımcı olamayacağına dair karamsarlık FI tanısının gecikmesine yol açmaktadır.

TANIM

Normal fizyolojik süreçte kontinansın sürdürülmesi, anal sfinkter ve pelvik taban kasları, rektal rezervuar fonksiyonu (örn. kapasite ve uyum), dışkı kıvamı ve nörolojik fonksiyon (örn. kolon transitivitesi ve hareketliliği, zihinsel biliş ve sensörimotor fonksiyon) dahil olmak üzere birden fazla faktö-

rün karmaşık etkileşimine bağlıdır. Bu faktörleri değiştiren durumlar fekal inkontinans ile sonuçlanabilir. FI'nın nedeni multifaktöriyel olabilir ve her bir faktörün göreceli katkısını belirlemek zor olabilir. FI için bağımsız risk faktörleri arasında ileri yaş, sigara kullanımı, obezite, sınırlı fiziksel aktivite, beyaz ırk, nörolojik hastalık, diabetes mellitus, sık ve yumuşak dışkılama ve birden fazla komorbiditeye sahip olmak yer alır (1,3). FI, Crohn hastalığı, ülseratif kolit, çölyak hastalığı, irritabl bağırsak sendromu veya eş zamanlı kabızlığı olan kişilerde daha yaygındır.

FI dışkının anüsten sızmasını önleyememe veya dışkının istemsiz geçişi olarak tanımlanır(4). FI mukus, sıvı veya katı dışkıyla birlikte ortaya çıkabilir. Daha geniş bir terim olan anal inkontinans, aynı zamanda gazın geçişinin engellenememesi olarak tanımlanır.

Avrupa Gastroenteroloji Derneği (UEG), Avrupa Koloproktoloji Derneği (ESCP), Avrupa Nörogastroenteroloji ve Motilite Derneği (ESNM) ve Avrupa Birinci Basamak Gastroenteroloji Derneği (ESPCG), derneklerinin oluşturduğu kılavuz geliştirme grubunun (GDG) makalesinde FI tanımını Roma IV kriterlerine göre “en az 3 ay boyunca fekal materyalin tekrarlayan ve kontrolsüz geçişi”

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