Tools for Assessing and Monitoring Faecal Incontinence: The Revised Faecal Incontinence Scale (RFIS)

Background

The RFIS is a short, reliable and valid five item scale that can be used to assess faecal incontinence and to monitor patient outcomes following treatment. It was originally developed by selecting the best performing faecal incontinence items (selected from standardised measures such as the Wexner Faecal Continence Grading Scale and faecal incontinence items developed by specialist clinicians) which were tested in a large community survey of 2,915 Australians adults in 2006. The RFIS has recently been validated in clinical settings (Sansoni et al., 2006; 2011) with support from the Department of Health and Ageing. This has shown that the RFIS is a valid and reliable measure of faecal incontinence. Internal consistency reliability is Cronbach's alpha α = 0.78 (faecal incontinence sample, N = 61), α = 0.91 (all incontinence patients N = 256) and α = 0.89 (adults, community sample N = 2,915). It has high and statistically significant correlations with other measures of faecal incontinence and other indicators of incontinence severity and has better measurement properties than comparable scales (Sansoni et al., 2011).

With 5 items the RFIS is short and simple to use and score. Most patients will only take a minute to complete it.

Why Use a Standardised Measure of Faecal Incontinence?

This means you are using the same yardstick to assess all patients. This combined with your clinical judgement will help to inform the best treatment for the patient. The use of such measures can also provide effective feedback to clinicians concerning the effectiveness of their treatments, can facilitate the systematic review and monitoring of patients, and can assist in identifying ways to improve practice. It is also useful information to demonstrate the effectiveness of your service. Continence clinics treating incontinence patients or aged care assessors should find it easy to use both as assessment measure and as an outcome evaluation measure for routine practice. The **RFIS** contains the following items:

1. Do you leak, have accidents or lose control with solid stool?

- ☐ ***Never*** *0*
- ☐ ***Rarely*** *i.e. less than once in the past four weeks* *1*
- ☐ ***Sometimes*** *i.e. less than once a week, but once or more in the past four weeks* *2*
- ☐ ***Often or usually*** *i.e. less than once a day but once a week or more* *3*
- ☐ ***Always*** *i.e. once or more per day or whenever you have a bowel movement* *4*

2. Do you leak, have accidents or lose control with liquid stool?

- ☐ ***Never*** *0*
- ☐ ***Rarely*** *i.e. less than once in the past four weeks* *1*
- ☐ ***Sometimes*** *i.e. less than once a week, but once or more in the past four weeks* *2*
- ☐ ***Often or usually*** *i.e. less than once a day but once a week or more* *3*
- ☐ ***Always*** *i.e. once or more per day or whenever you have a bowel movement* *4*

3. Do you leak stool if you don't get to the toilet in time?

- ☐ ***Never*** *0*
- ☐ ***Rarely*** *i.e. less than once in the past four weeks* *1*
- ☐ ***Sometimes*** *i.e. less than once a week, but once or more in the past four weeks* *2*
- ☐ ***Often or usually*** *i.e. less than once a day but once a week or more* *3*
- ☐ ***Always*** *i.e. once or more per day or whenever you have a bowel movement* *4*

4. Does stool leak so that you have to change your underwear?

- ☐ ***Never*** *0*
- ☐ ***Rarely*** *i.e. less than once in the past four weeks* *1*
- ☐ ***Sometimes*** *i.e. less than once a week, but once or more in the past four weeks* *2*
- ☐ ***Often or usually*** *i.e. less than once a day but once a week or more* *3*
- ☐ ***Always*** *i.e. once or more per day or whenever you have a bowel movement* *4*

5. Does bowel or stool leakage cause you to alter your lifestyle?

- ☐ ***Never*** *0*
- ☐ ***Rarely*** *i.e. less than once in the past four weeks* *1*
- ☐ ***Sometimes*** *i.e. less than once a week, but once or more in the past four weeks* *2*
- ☐ ***Often or usually*** *i.e. less than once a day but once a week or more* *3*
- ☐ ***Always*** *i.e. once or more per day or whenever you have a bowel movement* *4*

Scoring

The RFIS total score is then calculated by adding up a person's score for each question. Adding the score for each of the five questions results in a possible score range of 0 - 20

Interpreting Scores

The average score for patients receiving treatment for faecal incontinence is 9.66. A score of less than 4 indicates that the patient has no faecal incontinence or very mild symptoms. People with a score of 4 in screening surveys require further assessment by a continence practitioner. Scores from 4-6 are considered mild, scores of 7-12 moderate, and a score of 13 or above is considered severe. These cut points are supported by comparison with other clinical indicators and clinician and patient ratings of incontinence severity.

Flatus: As it is a measure of faecal (vs. anal) incontinence the RFIS does not contain an item on flatus. If flatus is an issue the following items from the Wexner Incontinence Scale (Jorge and Wexner, 1993) or the Colorectal Anal Distress Scale (CRADI-8; Barber et al., 2005) could be used as a separate exercise:

Wexner

Do you leak, have accidents or lose control with gas (flatus or wind)?

- ☐ ***Never*** *0*
- ☐ ***Rarely*** *i.e. less than once in the past four weeks* *1*
- ☐ ***Sometimes*** *i.e. less than once a week, but once or more in the past four weeks* *2*
- ☐ ***Often or usually*** *i.e. less than once a day but once a week or more* *3*
- ☐ ***Always*** *i.e. once or more per day or whenever you have a bowel movement* *4*

CRADI-8

Do you lose gas from your rectum beyond your control?

- ☐ ***Never*** *0*
- ☐ ***Rarely i****.e. less than once in the past four weeks* *1*
- ☐ ***Sometimes*** *i.e. less than once a week, but once or more in the past four weeks* *2*
- ☐ ***Often*** *i.e. less than once a day but once a week or more* *3*
- ☐ ***Usually*** *i.e. once per day* *4*
- ☐ ***Always*** *i.e. several times per day* *5*

If so, how much does this bother you?

- ☐ ***Not at all*** *0*
- ☐ ***Somewhat*** *1*
- ☐ ***Moderately*** *2*
- ☐ ***Quite a bit*** *3*

For patients that identify as experiencing flatus often or usually (3) or always (4) on the Wexner item referral for continence assessment could be considered. For the CRADI-8 items it is suggested that the scores from the 2 items are summed. If the patient scores 6 or above it is recommended they are referred for further continence assessment. The Wexner item is simpler to use but the CRADI-8 items are slightly more sensitive to flatus status.

Sensitivity to Detecting Improvement and Change in Patient Incontinence

The RFIS is sensitive to change as a result of treatment. In the clinical study (Sansoni et al., 2011) it was shown that there was an average improvement of 3 RFIS scores following treatment and that all types of treatment (conservative treatment and surgery) were effective. It was equally or more sensitive to change than other faecal incontinence scales. You can demonstrate that you have made a difference to patient outcomes. You can also easily identify those patients that have not improved or have deteriorated and this can be very useful for patient review and referral.

Further Information

This is a very brief summary concerning the RFIS. Further Information can be found at www.bladderbowel.gov.au where copies of the Validation Report and the Technical Manual for the RFIS can be found. This instrument is copyright to the University of Wollongong with a license to the Commonwealth of Australia and the University of Melbourne. These instruments are available free of charge but permission for use should be sought from Associate Professor Jan Sansoni at janet.sansoni@grapevine.com.au.

Relevant Reports

Sansoni J, Hawthorne G, Marosszeky N, Moore K, Fleming G and Owen E. (2011), *Technical Manual and Instructions for the Revised Incontinence and Patient Satisfaction Tools*. Centre for Health Service Development, University of Wollongong.

Sansoni J, Hawthorne G, Marosszeky N, Moore K, Fleming G, and Owen E (2011), *Validation and Clinical Translation of the Revised Continence and Patient Satisfaction Tools: Final Report.* Centre for Health Service Development, University of Wollongong.

Sansoni J, Marosszeky N, Sansoni E and Hawthorne G (2006), *Refining Continence Measurement Tools (Final Report)*. Centre for Health Service Development, University of Wollongong and the Department of Psychiatry, University of Melbourne.

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