

Tables from Protocol for the Rehabilitation of the Pelvic Floor in Patients with Fecal incontinence.

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The Pescatori score

A	Incontinence for flatus/mucous	Less than once a week	1
		At least once a week	2
		Every day	3
B	Incontinence for liquid stool	Less than once a week	1
		At least once a week	2
		Every day	3
C	Incontinence for solid stool	Less than once a week	1
		At least once a week	2
		Every day	3

AI degree	Points	AI frequency	Points	AI score
A	1	1	1	2
A	1	2	2	3
A	1	3	3	4
B	2	1	1	3
B	2	2	2	4
B	2	3	3	5
C	3	1	1	4
C	3	2	2	5
C	3	3	3	6

AI score = AI degree + AI frequency.

AI, anal incontinence.

The Wexner score

Type of Incontinence	Never	Rarely	Sometimes	Usually	Always
Solid	0	1	2	3	4
Liquid	0	1	2	3	4
Gas	0	1	2	3	4
Wears pad	0	1	2	3	4
Lifestyle Alteration	0	1	2	3	4

Never, 0; rarely, <1/month; sometimes, <1/week, >1/month; usually, <1/day, >1/week, always. >1/day

0, perfect; 20, complete incontinence.

The newly developed incontinence score

	Never	Rarely	Sometime s	Weekly	Daily
Incontinence for solid stool	0	1	2	3	4
Incontinence for liquid stool	0	1	2	3	4
Incontinence for gas	0	1	2	3	4
Alteration for lifestyle	0	1	2	3	4

	No	Yes
Need to wear a pad or plug	0	2
Taking constipating medicines	0	2
Lack of ability to defer defecation for 15 minutes	0	4

Never, no episodes in the past four weeks; rarely, 1 episode in the past four weeks; sometimes, >1 episode in the past four weeks but <1 a week; weekly, 1 or more episodes a week but <1 a day; daily, 1 or more episodes a day.

Add one score from each row: minimum score = 0 = perfect continence; maximum score = 24 = totally incontinent

Diary card. Each positive answer resulted in a numerical score as listed. Maximum score per day = 10 = worst incontinence

Today

1. Did you leak, without being aware of it at first? Yes/No

If yes, was it:	gas	<input type="text"/>	(1)	small stain	<input type="text"/>	(0,5)
	liquid	<input type="text"/>	(1.5)	Large stain	<input type="text"/>	(1)
	solid	<input type="text"/>	(2)	Half an egg cup	<input type="text"/>	(1.5)
		<input type="text"/>		Whole motion	<input type="text"/>	

2. Did you have great urgency when you felt you would not make it to the toilet in time to open your bowels? Yes/No (1)

If yes, did you actually lose some stool before getting to the toilet?

	Yes/No	<input type="text"/>
If yes, was it:	pea sized	<input type="text"/> (1)
	half an egg cup	<input type="text"/> (1.5)
	whole motion	<input type="text"/> (2)

3.	Did you wear pad or use a plug of tissue paper?	Yes/No		(0,5)
	If yes, did it get soiled?	Yes/No		(0,5)

4.	Did you take Imodium (loperamide), codeine or any other medicine today?	Yes/no		(1)
	If yes, what			