



What Comes Next? A Clinician's Guide to Fecal Incontinence Care After First Line Treatment

A primary care provider reviews a follow-up visit with a 68-year-old patient who has been managing fecal incontinence for more than a year. She has tried fiber supplementation, timed toileting, and anti-diarrheal medication. Symptoms have improved, but not enough.

She still wears pads daily. She avoids long car rides. She has stopped accepting invitations to unfamiliar places because she worries she will not know where the bathroom is.

When the provider mentions a possible referral for procedural evaluation, the patient declines.

"I'm not ready for that," she says. "Isn't there something else we can try?"

The provider pauses. This is a familiar clinical moment, and it often comes without a clear next step.

For many clinicians, this is where fecal incontinence management depends not only on what guidelines recommend, but also on what options are realistically available to the patient.

What This Article Covers:

- How to recognize when patients have plateaued after first-line care
- Why treatment decisions often stall at this stage
- Where device-based conservative options fit in the care pathway
- Practical guidance for introducing new options to patients

Recognizing the Treatment Plateau

Fecal incontinence affects approximately 8% of community-dwelling adults and up to 50% of nursing home residents, yet fewer than one-third of affected individuals discuss symptoms with a healthcare provider.^{1,2} For those who do seek care, management typically follows a stepwise approach grounded in clinical guidelines.

First-line conservative care may include dietary and fiber modification, bowel habit optimization, medication management for stool consistency, skin protection, pelvic floor therapy or biofeedback when accessible, and containment products such as pads or briefs.³

For many patients, these strategies improve symptoms enough to restore daily function. But for others, leakage continues. Confidence erodes. Social participation narrows. The patient is still symptomatic and still affected, but may not be ready for or appropriate for procedural intervention.

When symptoms persist, care may shift toward specialist referral and consideration of procedural options, most notably sacral neuromodulation or selected surgical approaches for appropriate candidates.⁴

Between those points, the pathway can become less clear. Conversations often return to "continue the current plan" or "consider referral," even when neither option fully addresses the patient's needs.

The Fecal Incontinence Care Continuum



Device-based conservative options may help expand the pathway before procedural escalation.

Why Patients Get Stuck After First Line Care

The treatment gap does not reflect a failure of the patient or the provider. It often reflects a structural limitation in available options.

Patients may hesitate to escalate care for several reasons:

- **Concerns about risk and recovery.** Procedural interventions carry inherent risks, and some patients, particularly older adults or those with comorbidities, are appropriately cautious.
- **Preference for patient-managed options.** Many patients want to retain control over daily care rather than move toward implanted devices or surgical outcomes.
- **Limited access.** Specialist referrals, insurance coverage, and geography can delay or prevent access to advanced care.
- **Personal or cultural hesitations.** Some patients are not comfortable with procedural intervention, even when it is clinically reasonable to discuss.

The consequences are practical and personal: continued reliance on containment-only strategies, reduced confidence, social withdrawal, increased caregiver strain, and greater difficulty sustaining home-based routines. For patients receiving home-based care, continued leakage can accelerate caregiver burnout and increase the risk of premature institutional placement.⁵

Limitations of Current Approaches

Each category of fecal incontinence management has a role. The challenge is that some patients need more than one category can provide.

Containment Products

Pads and briefs can help manage leakage after it occurs, but they do not prevent episodes. For some patients, ongoing pad dependence contributes to skin irritation, odor concerns, and persistent anxiety about accidents.³

Behavioral and Medical Therapies

Diet changes, fiber, stool-modifying medications, and pelvic floor therapy can be effective, particularly when symptoms are mild or driven by modifiable factors.³ However, response varies, adherence to ongoing regimens can be difficult to sustain, and access to pelvic floor therapy or biofeedback is not always consistent.

Procedural Interventions

Advanced interventions can be effective for appropriately selected patients, but they require referral, candidacy evaluation, patient willingness, and consideration of risk and recovery.

For patients who continue to experience leakage but are not ready for procedures, this is where conservative management may need to expand.

Clinical Insight

The treatment plateau is common—and it's not a dead end. Expanding the range of conservative options can help patients move forward without requiring procedural escalation.

Expanding the Conservative Pathway

Device-based conservative options are gaining attention because they address a different clinical need. Unlike containment products, which manage leakage after it occurs, these approaches are designed to help prevent episodes before they happen.^{6,7}

For selected patients, they may offer:

- A non-surgical, patient-managed approach
- A trialable option without permanent commitment
- A way to reduce reliance on absorbent products
- Support for autonomy and daily independence

Clinical reviews suggest anal insert devices may be useful for fecal incontinence in selected patients, particularly with newer silicone-based designs that improve comfort and adaptability.^{6,7} Evidence quality, patient selection, and tolerability remain important considerations.

These approaches are not intended to replace first-line therapies. They expand the conservative pathway when those therapies alone are not enough.

Where StaySure™ Fits Clinically

StaySure™ is one example of a device-based conservative option within this emerging category.

It is a prescription-only silicone anal insert that seals the anal canal to help prevent accidental bowel leakage. This soft, fluid-filled insert may be worn for up to 24 hours and may be removed manually or expelled naturally during a bowel movement.

StaySure™ fits within the conservative management spectrum—after first-line behavioral and medical strategies have been tried, and before or alongside consideration of procedural escalation.

For appropriate patients, StaySure™ may serve as:

- A next step when containment alone is not sufficient
- A bridge for patients who want more than pads but are not ready for procedures
- Part of a broader plan that includes diet, medication, skin protection, and therapy

StaySure™ is not a cure for fecal incontinence and is not appropriate for every patient. Clinical judgment, patient education, and review of the Instructions for Use remain essential before recommending any device-

Practical Guidance for Clinicians

Device-based options are most useful when introduced as part of shared decision-making, not as a last resort.

When To Consider a Device-Based Option

- The patient has persistent leakage despite first-line conservative strategies
- The patient is dissatisfied with containment-only management
- The patient prefers a non-surgical, patient-managed approach
- The patient is motivated and able to use the device independently or with caregiver support

Helpful Ways to Introduce the Conversation

- “There’s a prescription option that may help prevent leakage rather than just absorb it—would you be open to learning more?”
- “This is something you would manage yourself. It’s not a procedure.”
- “It’s not a cure, but for some patients it helps improve confidence for daily activities.”

Integration Into Care Plans

Device-based options can be used alongside dietary management, skin protection, and pelvic floor therapy. They do not preclude future procedural referrals if needed. For some patients, they may support independence while other care decisions are being considered.

Decision Point

Consider additional conservative options when:

- ✓ Leakage persists despite stool optimization
- ✓ Containment is not meeting the patient's goals
- ✓ Procedural care is not preferred or appropriate
- ✓ Daily confidence and participation remain affected

Key Takeaways for Clinicians

- Many patients plateau after first-line FI management but are not ready for procedural care
- The treatment gap reflects a structural limitation in available options, not clinical failure
- Device-based conservative approaches may help prevent leakage rather than manage it after it occurs
- StaySure™ is a prescription, non-surgical option within the conservative care spectrum
- Patient selection, education, and shared decision-making are essential for successful use
- Expanding the conversation about available options can help patients feel less stuck and more supported

Moving Toward More Complete Continence Care

The patient in the opening scenario—the one who asked, “Isn’t there something else we can try?”—represents many patients clinicians see regularly.

Clinicians across primary care, gastroenterology, colorectal surgery, home health, and continence care encounter this moment often. The answer no longer needs to stop at “continue pads” or “consider referral.”

For patients caught between first-line management and procedural care, device-based conservative options such as StaySure™ may offer a practical next step. The goal is not to replace established therapies, but to give clinicians one more way to match care to the patient’s symptoms, preferences, and daily life.

That is what more complete continence care can do: keep the conversation moving, preserve dignity, and help patients find an option that fits.

Important Safety Information

StaySure™ is a prescription-only medical device designed to help manage symptoms of accidental bowel leakage. It is not a cure for underlying conditions. Individual results may vary. Please review the Instructions for Use for indications, contraindications, warnings, and precautions.

References

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