

FECAL INCONTINENCE

Patient Information Fact Sheet

What is fecal incontinence?

Most of us take it for granted that we can control our bowels. We barely have to think about controlling the release of gas, liquid or solid (stools or feces) from the bowels. We do not have “accidents” nor are we “caught short,” unless perhaps we suffer a short-lived bout of diarrhea. Sometimes, however, control is lost because the bowels or the muscular ring (anal sphincter) around the anus do not function properly. Bowel contents can then escape.

Fecal (or anal) incontinence is the loss of stool, liquid or gas from the bowels at an undesirable time. It can occur at any age and may affect 1 in 20 people. It is certainly more common than was thought some years ago. Simple tests can often show where the problem is, and treatment is frequently successful.

Normally, the bowels and anal sphincter work together to ensure that the contents are not passed until we are ready. The bowels' contents move along the bowels gradually. The sphincter has two main muscles that keep the anus closed; the inner (internal anal sphincter) ring, which keeps the anus closed at rest, and the outer (external anal sphincter) ring, which provides extra protection when we exert muscles ourselves or when we cough or sneeze. These muscles, the nerves supplying them, and the sensation felt within the bowel and sphincter all contribute to the sphincter remaining tightly closed. This balance enables us to stay in control (or continent).

What causes fecal incontinence?

Fecal incontinence occurs most commonly because the anal sphincter is not functioning properly. Damage to the sphincter muscles or to the nerves controlling these muscles, excessively strong bowel contractions, or alterations to bowel sensation can all lead to this disturbance of function.

Who suffers from fecal incontinence?

Males and females of any age may be incontinent, for example:

- Children and teenagers if they are born with an abnormal sphincter or if they have persistent constipation.
- Mothers following childbirth, due usually to a tear in the sphincter muscles.
- People of any age who experience an injury or infection of the sphincter; that may be affected immediately or later in life.
- People suffering from inflammatory bowel disease (colitis) or irritable bowel syndrome (alternating constipation or diarrhea together with abdominal pain) because the bowel is very sensitive and squeezes strongly.
- Elderly people because of constipation and overflow from the bowel due to failing mental capacity, or sphincter damage persisting from a younger age.



Easy-to-use, trustworthy, and accurate...

MONTHLY PRESCRIBING REFERENCE

eMPR.com/patientinformation

- People suffering from disorders such as multiple sclerosis, stroke and epilepsy resulting in damage to the nerves supplying the sphincter.

What tests confirm a diagnosis of fecal incontinence?

Tests of sphincter function are relatively simple, do not require preparation, are quick to perform and are usually pain-free. The strength of the muscles, sensation and nerve function, for example, can all be tested using simple measuring devices. An ultrasound can provide a clear picture of both the sphincter muscle rings, showing if one or both is damaged. This test is not uncomfortable, takes only 5 minutes, and involves no radiation. These tests are performed by doctors who specialize in continence. Your primary care physician will be able to put you in contact with a specialist who has expert knowledge about fecal incontinence. These problems are common so you do not need to feel embarrassed about discussing them. Most of the treatments are simple and effective, so do not hesitate to seek advice.

How is fecal incontinence treated?

Drugs

Drugs may be useful when:

- the bowel is squeezing too strongly (urgency to get to the bathroom quickly)
- the stool is very loose
- the sphincter muscles are weak

Sometimes doctors recommend using **bulk laxatives** to help people develop a more regular bowel pattern. Or the doctor may prescribe antidiarrheal medicines such as **loperamide** (Imodium) or **diphenoxylate** (Lomotil) to slow down the bowels and help control the problem.

Surgery

When the sphincter has been injured, leading to a gap in the sphincter muscles, an operation performed through the skin around the anus can cure the problem for many patients. When there is nerve damage to sphincter muscles a different operation to tighten the sphincter will sometimes help.

Other treatment

Techniques such as “biofeedback” are now available to retrain the bowel to be more sensitive to the presence of stool, so that the sphincter contracts when necessary.

In the very rare situation where nothing can be done to decrease incontinence, lifestyle modifications and advice are available which can make life much more comfortable.

Further information

National Digestive Diseases Information Clearinghouse (NDDIC): <http://digestive.niddk.nih.gov/ddiseases/pubs/fecalincontinence/>

Last reviewed: July 2011



Easy-to-use, trustworthy, and accurate...

MONTHLY PRESCRIBING REFERENCE

eMPR.com/patientinformation