Fecal Incontinence

Fecal incontinence is the inability to control your bowels. When you feel the urge to have a bowel movement, you may not be able to wait until you can get to a toilet. Stool may leak from the rectum unexpectedly.
It affects people of all ages, children as well as adults. Fecal incontinence is more common in women than in men and more common in older adults than in younger ones. It is not, however, a normal part of aging.

Loss of bowel control can be devastating. People who have fecal incontinence may feel ashamed, embarrassed, or humiliated. Some do not want to leave the house out of fear they might have an accident in public. Most try to hide the problem as long as possible, so they withdraw from friends and family. The social isolation is unfortunate but may be reduced because treatment can improve bowel control and make incontinence easier to manage.

CAUSES

- Constipation.
- Damage to the nerves of the anal sphincter muscles or the rectum.
- Diarrhea.
- Damage to the anal sphincter muscles.
- Loss of storage capacity in the rectum.
- Pelvic floor dysfunction.

CONSTIPATION

Constipation is one of the most common causes of fecal incontinence. Constipation causes large, hard stools to become lodged in the rectum. Watery stool can then leak out around the hardened stool. Constipation also causes the muscles of the rectum to stretch, which weakens the muscles so they cannot hold stool in the rectum long enough for a person to reach a bathroom.

MUSCLE DAMAGE

Fecal incontinence can be caused by injury to one or both of the ring-like muscles at the end of the rectum called the anal internal and/or external sphincters. The sphincters keep stool inside. When damaged, the muscles are not strong enough to do their job, and stool can leak out. In women, the damage often happens when giving birth. The risk of injury is greatest if the doctor uses forceps to help deliver the baby or does an episiotomy, which is a cut in the vaginal area to prevent it from tearing during birth. Hemorrhoid surgery can damage the sphincters as well.

NERVE DAMAGE

Fecal incontinence can also be caused by damage to the nerves that control the anal sphincters or to the nerves that sense stool in the rectum. If the nerves that control the sphincters are injured, the muscle does not work properly and incontinence can occur. If the sensory nerves are damaged, they do not sense that stool is in the rectum. You then will not feel the need to use the bathroom until stool has leaked out. Nerve damage can be caused by childbirth, a long-term habit of straining to pass stool, stroke, and diseases that affect the nerves, such as diabetes and multiple sclerosis.

LOSS OF STORAGE CAPACITY

Normally, the rectum stretches to hold stool until you can get to a bathroom. But rectal surgery, radiation treatment, and inflammatory bowel disease can cause scarring that make the walls of the rectum stiff and less elastic. The rectum then cannot stretch as much and cannot hold stool, and fecal incontinence results. Inflammatory bowel disease also can make rectal walls very irritated and unable to contain stool.

DIARRHEA

Diarrhea, or loose stool, is more difficult to control than solid stool that is formed. Even people who do not have fecal incontinence can have an accident when they have diarrhea.

PELVIC FLOOR DYSFUNCTION

Abnormalities of the pelvic floor can lead to fecal incontinence. Examples of some abnormalities are decreased rectal sensation, decreased anal canal pressures, decreased squeeze pressure of the anal canal, impaired anal sensation, a dropping down of the rectum (rectal prolapse), protrusion of the rectum through the vagina (rectocele), and/or generalized weakness and sagging of the pelvic floor. Often the cause of pelvic floor dysfunction is childbirth, and incontinence does not show up until the mid-forties or later.

DIAGNOSIS

- The doctor will ask health-related questions and do a physical exam and possibly other medical tests.
- Anal manometry checks the tightness of the anal sphincter and its ability to respond to signals, as well as the sensitivity and function of the rectum.
- Anorectal ultrasonography evaluates the structure of the anal sphincters.
- Proctography, also known as defecography, shows how much stool the rectum can hold, how well the rectum holds it, and how well the rectum can evacuate the stool.
- Proctosigmoidoscopy allows caregivers to look inside the rectum for signs of disease or other problems that could cause fecal incontinence, such as inflammation, tumors, or scar tissue.
- Anal electromyography tests for nerve damage, which is often associated with obstetric injury.

TREATMENT

Treatment depends on the cause and severity of fecal incontinence; it may include dietary changes, medication, bowel training, or surgery. More than one treatment may be necessary for successful control since continence is a complicated chain of events.

Dietary Changes

- Food affects the consistency of stool and how quickly it passes through the digestive system. If your stools are hard to control because they are watery, you may find that eating high fiber foods adds bulk and makes stool easier to control. But people with well-formed stools may find that high fiber foods act as a laxative and contribute to the problem. Other foods that may make the problem worse are drinks containing caffeine, like coffee, tea, and chocolate, which relax the internal anal sphincter muscle.
- You can adjust what and how you eat to help manage fecal incontinence.
- Keep a food diary. List what you eat, how much you eat, and when you have an incontinent episode. After a few days, you may begin to see a pattern involving certain foods and incontinence. After you identify foods that seem to cause problems, cut back on them and see whether incontinence improves.
- Get plenty to drink. You need to drink eight 8-ounce glasses of liquid a day to help prevent dehydration and to keep stool soft and formed. Water is a good choice, but avoid drinks with caffeine, alcohol, milk, or carbonation if you find that they trigger diarrhea.
- Over time, diarrhea can rob you of vitamins and minerals. Ask your doctor if you need a vitamin supplement.
- Foods that typically cause diarrhea, and so should probably be avoided, include:
- Caffeine.
- Spicy foods.
- Fatty and greasy foods.
- Dairy products like milk, cheese, and ice cream.
- Cured or smoked meat like sausage, ham, or turkey.
- Alcohol.
- Fruits like apples, peaches, or pears.
- Artificial sweeteners.

If diarrhea is causing the incontinence, **medication** may help. Sometimes caregivers recommend using bulk laxatives to help people develop a more regular bowel pattern. Or the doctor may prescribe anti-diarrheal medicines to slow down the bowel and help control the problem.

Bowel training helps some people relearn how to control their bowels. In some cases, it involves strengthening muscles; in others, it means training the bowels to empty at a specific time of day.

Biofeedback is a way to strengthen and coordinate the muscles and has helped some people. Special computer

equipment measures muscle contractions as you do exercises--called Kegel exercises--to strengthen the rectum. These exercises work muscles in the pelvic floor, including those involved in controlling stool. Computer feedback about how the muscles are working shows whether you're doing the exercises correctly and whether the muscles are getting stronger. Whether biofeedback will work for you depends on the cause of your fecal incontinence, how severe the muscle damage is, and your ability to do the exercises.

Develop a regular pattern of bowel movements. Some people--particularly those whose fecal incontinence is caused by constipation--achieve bowel control by training themselves to have bowel movements at specific times during the day, such as after every meal. The key to this approach is persistence--it may take a while to develop a regular pattern. Try not to get frustrated or give up if it does not work right away.

Surgery may be an option for people whose fecal incontinence is caused by injury to the pelvic floor, anal canal, or anal sphincter. Various procedures can be done, from simple ones like repairing damaged areas, to complex ones like attaching an artificial anal sphincter or replacing anal muscle with muscle from the leg or forearm. People who have severe fecal incontinence that does not respond to other treatments may decide to have a colostomy, which involves removing a portion of the bowel. The remaining part is then either attached to the anus if it still works properly, or to a hole in the abdomen called a stoma, through which stool leaves the body and is collected in a pouch.

WHAT TO DO ABOUT ANAL DISCOMFORT

The skin around the anus is delicate and sensitive. Constipation and diarrhea or contact between skin and stool can cause pain or itching. Here's what you can do to relieve discomfort:

- Wash the area with water, but not soap, after a bowel movement. Soap can dry out the skin, making discomfort worse. If possible, wash in the shower with lukewarm water or use a sitz bath. Or try a no-rinse skin cleanser. Try not to use toilet paper to clean up--rubbing with dry toilet paper will only irritate the skin more. Pre-moistened, alcohol-free wipes are a better choice.
- Let the area air dry after washing. If you do not have time, gently pat yourself dry with a lint-free cloth.
- Use a moisture barrier cream, which is a protective cream to help prevent skin irritation from direct contact with stool. Talk to your health care professional before you try anal ointments and creams because some have ingredients that can be irritating. Also, you should clean the area well first to avoid trapping bacteria that could cause further problems. Your health care professional can recommend an appropriate cream or ointment.
- Try using non-medicated talcum powder or corn starch to relieve anal discomfort.
- Wear cotton underwear and loose clothes that "breathe." Tight clothes that block air can worsen anal problems. Change soiled underwear as soon as possible.
- If you use pads or disposable undergarments, make sure they have an absorbent wicking layer on top. Products with a wicking layer protect the skin by pulling stool and moisture away from the skin and into the pad.

EMOTIONAL CONSIDERATIONS

Because fecal incontinence can cause distress in the form of embarrassment, fear, and loneliness, taking steps to deal with it is important. Treatment can help improve your life and help you feel better about yourself. If you have not been to a caregiver yet, make an appointment. Also, consider contacting the organizations listed at the end of this fact sheet. Such groups can help you find information and support and, in some cases, referrals to doctors who specialize in treating fecal incontinence.

EVERYDAY PRACTICAL TIPS

- Take a backpack or tote bag containing cleanup supplies and a change of clothing with you everywhere.
- Locate public restrooms before you need them so you know where to go.
- Use the toilet before heading out.
- If you think an episode is likely, wear disposable undergarments or sanitary pads.
- If episodes are frequent, use oral fecal deodorants to add to your comfort level.

FECAL INCONTINENCE IN CHILDREN

If your child has fecal incontinence, you need to see a doctor to determine the cause and treatment. Fecal incontinence can occur in children because of a birth defect or disease, but in most cases it's because of chronic constipation. It may take several months to break the pattern of withholding stool and constipation. And episodes may occur again in the future. The key is to pay close attention to your child's bowel habits.

WHY CHILDREN GET CONSTIPATED

- They were potty-trained too early.
- They refuse to have a bowel movement (because of painful ones in the past, embarrassment, stubbornness, or even a dislike of public bathrooms).
- They are in an unfamiliar place.
- They are reacting to family stress like a new sibling or their parents' divorce.
- They cannot get to a bathroom when they need to go so they hold it. As the rectum fills with stool, the child may lose the urge to go and become constipated as the stool dries and hardens.

FOR MORE INFORMATION

You can get information about fecal incontinence, as well as support, from

American Academy of Family Physicians
11400 Tomahawk Creek Parkway
Leawood, KS 66211-2672
Phone: 1-800-274-2237 or (913) 906-6000
Email: fp@aafp.org
Internet: www.aafp.org

International Foundation for Functional Gastrointestinal Disorders
P.O. Box 170864
Milwaukee, WI 53217
Phone: 1-888-964-2001 or (414) 964-1799
Email: iffgd@iffgd.org
Internet: www.iffgd.org

Information courtesy of the NIH
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The National Digestive Diseases Information Clearinghouse (NDDIC) is a service of the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK).

Document Released: 11/29/2005 Document Re-Released: 03/14/2011
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