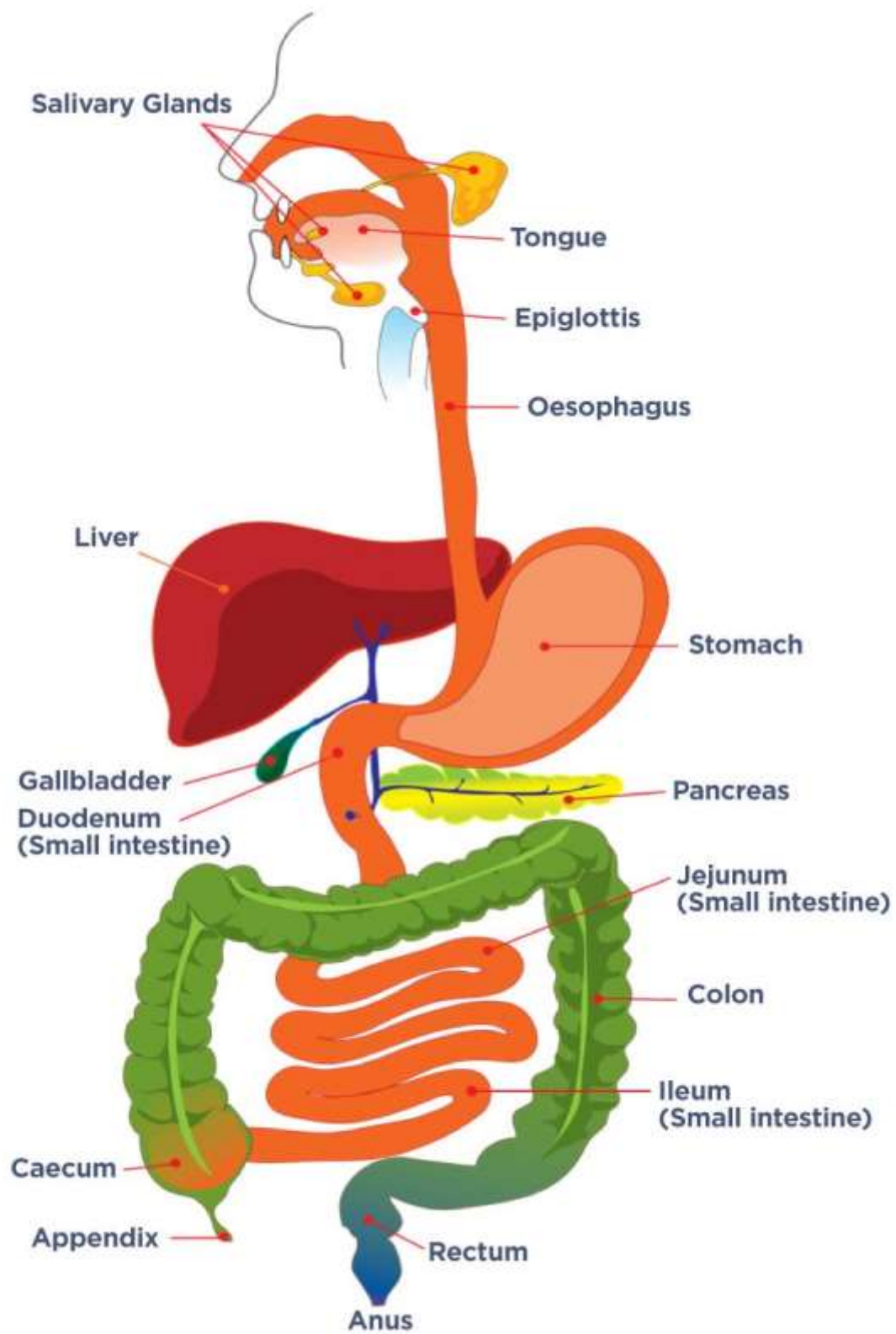


THE DIGESTIVE SYSTEM



Faecal Incontinence Information Leaflet

This factsheet is about faecal incontinence

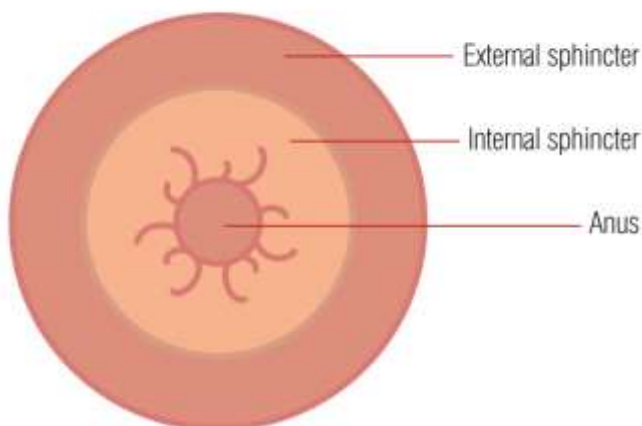
Faecal (or anal) incontinence is the loss of stool, liquid or gas from the bowel at an undesirable time. Males and females of any age may be incontinent, it can occur at any age and may affect up to one in 10 people, being more common as we get older. It is certainly more common than was thought some years ago and simple tests can usually determine the cause. Treatment is frequently successful.

What are the causes of faecal incontinence?

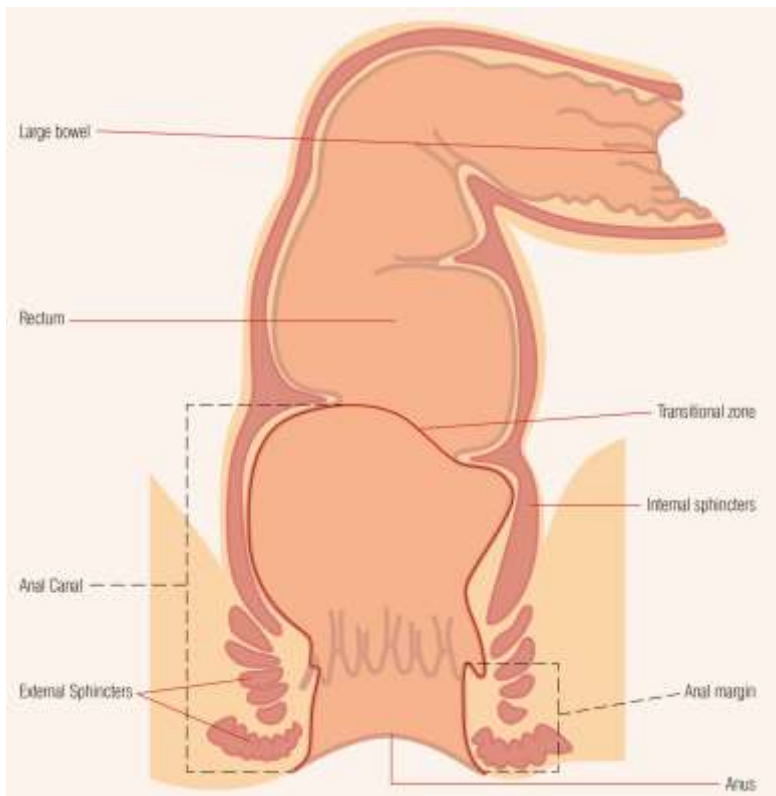
Normally the bowel and rings of muscle around the back passage (anal sphincter) work together to ensure that bowel contents are not passed until we are ready. The bowel contents move along the bowel gradually. The sphincter has two main muscles which keep the anus closed: the inner (internal anal sphincter) ring, which keeps the anus closed at rest, and the outer (external anal sphincter) ring, which provides extra protection when the urge to open the bowel is felt and when we exert ourselves or cough or sneeze. These muscles, the nerves that supply them and the sensation felt within the bowel and sphincter all contribute to the sphincter remaining tightly closed unless required. This balance enables us to stay in control (or 'continent'). Faecal Incontinence occurs when this balance is not working correctly.

- Children and teenagers can be born with an abnormal sphincter, or if they have persistent constipation this can damage the sphincter.
- During childbirth a tear (hidden or obvious) can occur in the sphincter muscles during labour. Women often present with symptoms many years after their childbirth injury occurs.
- People of any age who experience an injury or infection of the sphincter: they may be affected immediately or later in life.
- Inflammatory Bowel Disease (colitis) or Irritable Bowel Syndrome (altered bowel function together with abdominal pain) can cause the bowel to become overactive and squeeze strongly at inappropriate times.
- Patients with neurological illnesses (such as multiple sclerosis or spinal injury) often get faecal incontinence.
- Continence issues can occur following cancer treatment, such as radiotherapy to the pelvic organs.

View across - 'rings of muscle'



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What are the usual symptoms of faecal incontinence?

Faecal (or anal) incontinence is the loss of stool, liquid or gas from the bowel at an undesirable time.

How is faecal incontinence diagnosed?

Most patients do not need formal testing as a careful history and examination of the area will give the information needed to treat many cases. When needed, tests of sphincter function are relatively simple and do not require preparation. They are quick to perform and are usually pain-free⁽⁵⁾. The strength of the muscles, sensation and nerve function, for example, can all be tested using simple pressure measuring devices. An ultrasound scan 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 five minutes and involves no radiation. A physical examination by a trained clinician can provide helpful information about the muscle and sphincter strength. There are increasing numbers of specialist physiotherapists who may be able to provide this service. These tests are usually performed in units with a special interest in continence and your GP can advise on the most appropriate test for you.

How can faecal incontinence affect you?

This condition can often be embarrassing and inconvenient. Being in control and organised can help you to manage the day-to-day symptoms of faecal incontinence until a successful treatment is implemented. This includes planning ahead when leaving the house. For example, knowing how long the outing will be, finding out where toilets are, taking a bag of spare clothes and wearing products such as pads to help absorb any leakage. It is also important to protect the skin around the back passage by keeping it dry and clean.

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What treatment is available for faecal incontinence?

Simple self help measures improve symptoms for most patients. Changes to diet and bowel habit can be helpful for many people. It is worth experimenting with your diet to see if certain foods worsen the situation. In particular, an excessive high fibre diet (too much bran, cereal, fruit etc.), too much caffeine or alcohol, and a lot of artificial sweeteners can worsen faecal incontinence.

Drugs may be helpful when the bowel is squeezing too strongly (urgency to get to the toilet quickly), the stool is very loose or the sphincter muscles are weak. Drugs can decrease movement in the bowel, make the stool more formed and make the sphincter muscle tighter. These drugs are well established, with relatively few side effects and are safe to use. Occasionally faecal incontinence is due to not emptying the bowel completely and then use of suppositories or laxatives might be helpful.

Exercise and biofeedback

Special exercises to strengthen the anal sphincter muscles help many people. Techniques such as biofeedback are now available to re-train the bowel to be more sensitive to the presence of stool, so that the sphincter contracts when necessary. Some specialist centres offer a new form of outpatient therapy called posterior tibial nerve stimulation which is beneficial to some patients.

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 improve the problem for many patients. When there is nerve damage to sphincter muscles a different operation to tighten the sphincter will sometimes help. There are many different types of surgery that can improve symptoms if other management techniques have failed, although each may carry risks and should be carefully discussed with your surgeon.

Devices and advice

In the very unusual situation that nothing can be done to decrease incontinence, appliances and advice are available which can make life much more comfortable, including devices to help empty the bowel at a convenient time, so reducing the risk of incontinence. In addition there are "anal plugs" which can be very effective in forming a physical barrier to prevent leakage

Advice should be sought from a local continence advisor and your GP can refer you.

How can faecal incontinence affect me over time?

Long term faecal incontinence can result in feelings of frustration and hopelessness. It is important to discuss any negative feelings with your doctor, so that appropriate support can be organised.

What to ask your doctor?

- What dietary changes would you recommend?
- Do I need medications?
- Should I be referred for exercise and biofeedback?
- May I be referred to the continence specialist?

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For more information about research in this area please contact Guts UK Charity on

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