



Bladder & Bowel Community

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Factsheet: Faecal Incontinence

Faecal incontinence is more common than you would think. Unfortunately, it is a subject which is still not as openly talked about as it should be. Faecal incontinence affects over 53 million people in Europe making it more prevalent than many well known diseases such as asthma or diabetes.

Many people consider their bowel and its functions as a private area and most of us are embarrassed when something goes wrong with it.

Some people who suffer with faecal incontinence learn how to cope and do not let it interfere with their daily life. However others can become depressed and anxious about their condition or problem and feel that their problems are, in some way, their own fault.

People begin to feel alone and isolated if they cannot talk to anyone about their problems. Some people avoid any kind of social occasion or event and even avoid relationships and everyday activities. Some people never go out at all.

What is faecal incontinence?

If you are unable to control the passing of a liquid stool (diarrhoea) or a solid motion until an appropriate place is reached, then you have faecal incontinence. This may be a daily problem or happen from time to time. You may also experience involuntary loss of wind.

Causes of faecal incontinence

There are several causes of faecal incontinence and some are more common than others. The most common cause of faecal incontinence is damage to one or both of the anal sphincter muscles usually from childbirth, as well as constipation, disease or injury to the nerves, and surgery. Some disorders such as Alzheimers, Parkinsons disease, Multiple Sclerosis, Stroke and spinal cord injury can also sometimes cause faecal incontinence.

External anal sphincter muscle

The external anal sphincter is responsible for delaying bowel emptying once the rectum fills and the urge to empty the bowel is felt. The muscle may weaken or may even have a tear or disruption inside where it cannot be seen.

People with a weak or damaged external sphincter muscle typically experience urgency and if they can't reach a toilet in time, they become incontinent. This is because the weak or damaged muscle cannot squeeze hard enough to stop the stool from coming straight out.

Internal anal sphincter muscle

People with a damaged internal anal sphincter usually complain of 'passive soiling'. Soft stool or small pellets of stool just leak out without the person realising it is happening. They have no control over these leaks. This can sometimes happen even after the bowels have been emptied and loss of stool can also occur with physical exertion.

Causes of weak sphincter muscle

Typical causes of weakness include: -

- Childbirth
- Some types of surgery, for example haemorrhoids (piles).

Diarrhoea

Diarrhoea can be a cause of faecal incontinence.

Diarrhoea can be chronic, i.e. on-going and reoccurring, or acute, i.e. sudden and unexpected.

Common causes include:

- Infection is the most common cause in an acute episode. This condition is usually left to run its course. Increased fluid intake is advised to prevent dehydration. If the condition does not improve in a few days, you should seek medical advice.
- Side-effects of some medicines, such as antibiotics. Treatment is dependent upon the medicine responsible. Your doctor may recommend an alternative medication. Never stop taking a prescribed medicine without consulting your doctor.
- Some specific (but relatively uncommon) diseases of the colon e.g. ulcerative colitis, Crohn's disease and diverticular disease.
- Reduced absorption of liquids from the bowel, which in some cases is the result of surgery.
- Radiotherapy.
- Irritable bowel syndrome (IBS).

Constipation

This is probably the most common cause of faecal incontinence in the elderly and for disabled people. When you become constipated, especially when the faeces become extremely hard or "impacted", your body tries to soften the stool by adding liquid to it. This can result in a type of diarrhoea, known as "spurious diarrhoea", which is characteristically orange or light brown in colour.

Faecal incontinence of this type is characterised by prolonged periods of no bowel movement followed by a few days of incontinence. A number of factors can contribute to constipation. These include:

- A diet that is low in fibre. Your diet should be rich in fibre, including brown bread, fruit, vegetables and natural bran.
- Low fluid intake. You should maintain a good fluid intake of at least 1½ - 2 litres (three pints) each 24 hours.
- Poor mobility. Wherever possible, you should take gentle exercise, such as walking.
- Some medicines, for example continual use of pain killers such as codeine phosphate.

Other Causes

Incontinence can sometimes be the result of disease or injury to the nerves. Nerve injury and disease can cause a loss of sensation so that you do not know the bowel is full or that you need to empty your bowel. This may mean that sometimes you can't distinguish between the passage of solid (stool), gas (wind) or liquid (diarrhoea). It can also cause a loss of control over the muscles so that you cannot choose to delay opening the bowel in the usual way.

Diagnosis

With so many different possible causes, a detailed assessment is essential so that the right treatment can be commenced. Any assessment should include a medical examination to ensure that there is no serious or (rarely) underlying life-threatening condition.

If you have any of the following you must consult your doctor as soon as possible:

- Bleeding or pain;
- A feeling your bowel is never completely empty;
- Dark or black stools;
- Unexplained weight loss.

If you have weak sphincter muscles, you will require a proper assessment by a doctor, physiotherapist or continence nurse specialist. They will look at your anal sphincter muscles. The anal sphincter is part of the pelvic floor. Your health care professional will check for damage to the sphincter muscles (probably by carrying out an endoanal ultrasound) and they will test the strength of the anal sphincter and the general strength of your pelvic floor. Once they have determined the integrity of your muscles, they will start you on a programme of treatment. This may include specific sphincter exercises, pelvic floor exercises, electrical stimulation of the muscles, biofeedback or surgery.

Further Information

If you think you may have faecal incontinence it is most important to make an appointment to see your doctor straight away. It is useful to keep a bowel diary for a week or so before your appointment to record things such as how many times you go to the toilet, any accidents you have and what you eat or drink. This will be useful for the doctor as it may highlight an underlying cause of your symptoms.

You may also wish to seek advice from your local continence clinic. The continence clinics are run by the NHS and you don't always need to be referred to a clinic by your GP, as some clinics will allow you to book an appointment yourself. To find your nearest continence clinic please refer to our website www.bladderandbowel.org and click on Find a Health Care Professional which is in the Help and Info section

Products Available

There are products available that can help you manage your symptoms. Products including pads and pants and pelvic floor toners may be useful to you, but it is recommended that you always seek advice from a health professional before you try any product as there may be other more appropriate options available to you.

If you are struggling with incontinence speak to your GP who can arrange for you to be assessed and issued with pads and pants. As an individual you can also choose to buy your products directly from a supplier.

The Bladder and Bowel Community provides information and support for people with bladder and bowel issues. We publish a wide range of user friendly booklets and factsheets.

For more information please call us on 01926 357220, email help@bladderandbowel.org or write to us at The Bladder and Bowel Community, 7 The Court, Holywell Business Park, Northfield Road, Southam, CV47 0FS.

www.bladderandbowel.org

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