Faecal Incontinence

What is faecal incontinence?

Bowel incontinence is being unable to control the gas and/or stool (food waste products) from coming out from the anus (back passage). It can be from very mild or more severe. This is often a problem which many people find hard to talk about due to embarrassment. Today, 1-2% of the population will experience a major bowel accident, which is very common.

What are some of the possible causes of faecal incontinence?

Some of the reasons for damage to the muscle controlling continence include:

- Injury during childbirth – the muscles around the anus (back passage) may be damaged during the process of giving birth vaginally and may be torn or split. Nerves (which send messages to the brain for control of movement and feeling) may become damaged in the pelvic floor (muscles in the pelvis) or anus.
- Operations in then anal area
- Increasing age – the muscles may weaken so that earlier mild problems become more severe in later life
- Medical illnesses or disease of the nervous system
- Diarrhoea – a frequent and liquid stool

What are the symptoms of faecal incontinence?

People with bowel incontinence experience loss of control of the gas/liquid/solid food waste products coming out of the back passage. Patients often experience a feeling of urgency (rushing to the toilet with little delay) with a loss of control or leakage (loss of stool with no awareness of the accident taking place).

When should I seek help without delay/immediately?

If any blood is passed, patients should seek help from their GP, and they may be referred to a hospital bowel specialist. Blood in the stool may indicate a local anal cause such as haemorrhoids (piles), an inflammation or infection of the colon (large bowel) called colitis, a bowel growth, a problem with the lining of the rectum (where the colon joins the anus) called a prolapse (when the area has fallen down out of the place and may need to be repaired).

What will the doctor/clinician do at a consultation?

- Attempt to identify the cause of the incontinence, how severe the symptoms are and how the symptoms are affecting your life. It is important to tell them about your previous medical illnesses, medication that your take regularly and if relevant, your history relating to childbirth.
- A physical examination of the abdomen and rectum to see if there are any obvious injuries.

Other tests may be carried out to look in greater detail at this area:

- Endoanal ultrasound – An ultrasound probe which is put into the anus to provide a picture of the muscles and to see if any of those muscles may be damaged.
- Anorectal manometry/physiology - A small catheter (flexible tube) is inserted into the rectum to record muscle pressure in a relaxed state and again when the muscle contracts or tightens. This can show how strong or weak the muscle is. The catheter can be inflated slowly to show how much feeling or sensory awareness is present, or how stiff the tissue can become in the back passage.

What are the possible treatments of faecal incontinence?

Mild problems may be treated only by changing the diet and giving constipating medication. More severe incontinence often requires hospital treatment and both non-surgical and surgical options may be offered to patients.

Correcting diarrhoea – The underlying reasons for diarrhoea will need to be treated, which may include diseases such as colitis or irritable bowel syndrome.

Dietary measures – manipulating the diet to the symptoms.

Constipating medication – For example loperamide (Imodium).
Exercises – Referral to our pelvic floor physiotherapists for a programme tailored for you.

Biofeedback – This trains the patient to monitor bodily functions and take control so that they become aware of the need to go to the toilet before it becomes urgent. It can also strengthen the muscles.

Rectal irrigation – washing out the rectum at home can also help to reduce accidents.

Neuromodulation therapy – Posterior Tibial Nerve Stimulation (PTNS) is an outpatient treatment that stimulates a nerve near the ankle, or Sacral Nerve Stimulation (SNS), which stimulates the nerves in the lower back using electrical impulses, both appear to make the muscles responsible for continence work more effectively. Whilst doctors are unsure how these stimulation treatments work, it is suspected that they may slow down the speed at which food passes through the gut and increase awareness of needing to go to the toilet.

Stoma – Sometimes considered for extreme cases of faecal incontinence. A stoma, or colostomy, is an operation in which an opening is created in the abdominal wall which connects the end of the bowel to the outside of the body. The removal of waste products then takes place through this opening into a stoma bag. It can be permeant or temporary.

For further information about this, please consider reviewing the Pelvic Floor Society website:
https://thepelvicfloorsociety.co.uk/patients/default.aspx

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