Sheffield Teaching Hospitals NHS
NHS Foundation Trust

Faecal incontinence

Information for patients
Gastrointestinal Physiology

PROUD TO MAKE A DIFFERENCE
SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST

Faecal incontinence is a symptom and not a diagnosis and it is important that you are assessed by your doctor to find out why you are having this problem.

It is far more common than you may realise. This is because definitions of incontinence are very subjective and people often under-report their symptoms, because of embarrassment. It is understandably distressing and we hope that by gaining knowledge of some of the causes, and importantly some of the treatments available, you will be on the way to gaining better bowel control.

Why do I have faecal incontinence?

Faecal incontinence occurs when a person loses the ability to control their bowel movements and results in leakage of stool.

Some patients may experience urgency (urge incontinence), they may have no sensation of wanting to pass stool and will leak stool onto their underwear (passive incontinence) or may find that they manage to hold on to solid stool but cannot manage to hold on to liquid stool, mucous or wind.

Your symptoms may be combined with other problems, for example:

- diarrhoea
- constipation
- wind and bloating
- abdominal cramps
- you may also have bladder control problems in addition to faecal incontinence and some therapies can treat both problems at the same time.

Faecal incontinence may be caused by particular conditions, for example diabetes or spinal injury, or by damage to the anal sphincters, for example during surgery or as a result of childbirth.

How can diabetes cause incontinence?

Diabetes affects the myelin sheath (the wrapping) arond nerve fibres and in some patients the disease process affects the nerves which control bowel function. Patients have reduced rectal sensation and may be unaware that the rectum is full. If this is combined with weakened sphincters then soiling may occur.

Why does damage to the anal sphincters cause incontinence?

There are two anal sphincters; the internal and external anal sphincter (IAS and EAS).

The IAS is under involuntary control and should remain closed until the rectum is filled with stool and wind. This filling increases the pressure within the rectum and there is then an automatic, reflex relaxation of the IAS. When this occurs, you should get the urge to pass stool or wind. If this is not appropriate then you will voluntarily squeeze the EAS to prevent the passage of the contents of the rectum.

Damage to either of these sphincters will cause either passive leakage (IAS damage) or urge incontinence (EAS damage) or both. Any damage to these sphincters either due to trauma or some types of surgery may lead to a degree of incontinence.

I had my baby many years ago, why would I be incontinent now?

Approximately 1% of all deliveries will result in some damage to the anal sphincters and 40% of women who suffer 3rd or 4th degree tears will suffer from incontinence. The damage is usually obvious and is repaired at the time of the delivery. However, in some cases there is no visible damage despite considerable damage to the anal sphincters.

There may be no symptoms of incontinence until the muscles of the pelvic floor become weakened in later life.

What treatment is available?

With treatment, the outlook for incontinence is very good.

Treatment options include:

- **Simple lifestyle and dietary changes**; a diet and bowel diary may show that you are consuming foods or drinks that can cause you urgency, diarrhoea and incontinence. If the sphincters are deficient or have been damaged during childbirth, then diarrhoea and loose stool can be difficult for you to manage. The aim of modifying your diet is to ensure that you are not "overdoing" healthy eating advice. To achieve a firm and bulky stool you need a moderate amount of fibre and the correct amount of fluid intake. Insoluble fibre such as bran, whole grains, fruit with seeds and vegetable skins will pass through the gut virtually unchanged until it reaches the colon, where the naturally occurring bacteria within your gut, start to break it down. The by-products of this process include hydrogen and methane, which you will expel as wind.

  If your sphincters are damaged or deficient in any way then you may be finding that wind is problematic. By simply cutting back on the insoluble, high residue fibre you may find that urgency, wind and bloating and incontinence episodes are reduced.

  Fruit contain sorbitol, which is a naturally occurring sugar. It has the effect of drawing water into the bowel which stimulates the bowel. Eating large volumes of fruit can cause bloating, abdominal pain and diarrhoea. Sorbitol, aspartame and saccharin are often used in low calorie drinks as an artificial sweetener and may all be a cause of diarrhoea.

Caffeinated drinks have a stimulating effect on the bowel so may cause the gut to move the digested food through quickly, causing you urgency and to be fearful of having an incontinence episode.

Eating excessive amounts of fatty foods may also cause diarrhoea. For some people, just moderating the intake of these foods can have a dramatic effect on stool consistency. Also many patients who are significantly overweight are troubled by faecal leakage. The good news is that research in the USA has shown that if these patients achieve weight loss the symptoms often go away. Therefore if you are overweight your doctor will probably advise weight loss as part of your care.

- **A programme of exercises**; pelvic floor exercises / retraining (sometimes referred to as biofeedback training) are very effective and can prevent incontinence episodes by strengthening your pelvic floor and also teach you how to defer going to the toilet. In many people these exercises and modification of diet is enough to significantly reduce the incontinence.

- **Medication**; the aim of modifying the diet is to alter stool consistency. If this continues to be problematic then there are medications such as loperamide (Imodium) which will help slow down the passage of food through the gut and allow more water to be absorbed along the way. This action results in firmer stools, which you will be more aware of and allow you time to find a toilet. You will learn how to use loperamide in syrup and/or capsule form and in a way which helps you achieve firmer stools. You may also be offered advice on the use of glycerin or bisacodyl suppositories. These soften the stool and lubricate the rectum to allow the rectum to be emptied quickly and more completely. You can then time your visits to the toilet at more convenient times.

- **Percutaneous Tibial Nerve stimulation**; this is an approved neuromodulation procedure for faecal incontinence, it has also been used to treat urinary incontinence for many years. It involves having a very fine needle inserted above the ankle and a reference lead attached to the sole of your foot. Whilst you are sitting on a couch, the needle is stimulated for 30 minutes. It is not painful and you will only feel a humming or tapping sensation in your foot. You will attend for up to 12 sessions on a weekly basis and you may require 'top up' visits later. [Please note; At this hospital you will need to have been through the above treatments first before you will be offered PTNS]

- **Rectal self-irrigation**; this may be offered to you if the other treatments are unsatisfactory. You will have an initial appointment with a specialist nurse who will teach you how to perform this procedure. It involves sitting on the toilet and filling the rectum with warm water and the water and contents of the bowel will then drain into the toilet. It is usually performed every one to two days and you will learn to get into a routine which is convenient for you.

- **Surgery**; In some cases, your doctor may feel that surgery is an option and he or she will discuss the best treatments available and what is appropriate for you. These may include sacral nerve stimulation (which is another form of neuromodulation), sphincter repair or stoma.

Useful sources of information

https://www.bladderandbowel.org/

https://www.coloplast.co.uk/

www.nhs.uk/conditions/Incontinence-bowel/Pages/Introduction.aspx

www.NICE.org.uk/

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