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INFORMATION ABOUT

# FAECAL INCONTINENCE

WHAT WHY  
WILL HOW OR  
IF WHEN

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FIGHTING GUT AND LIVER DISEASE

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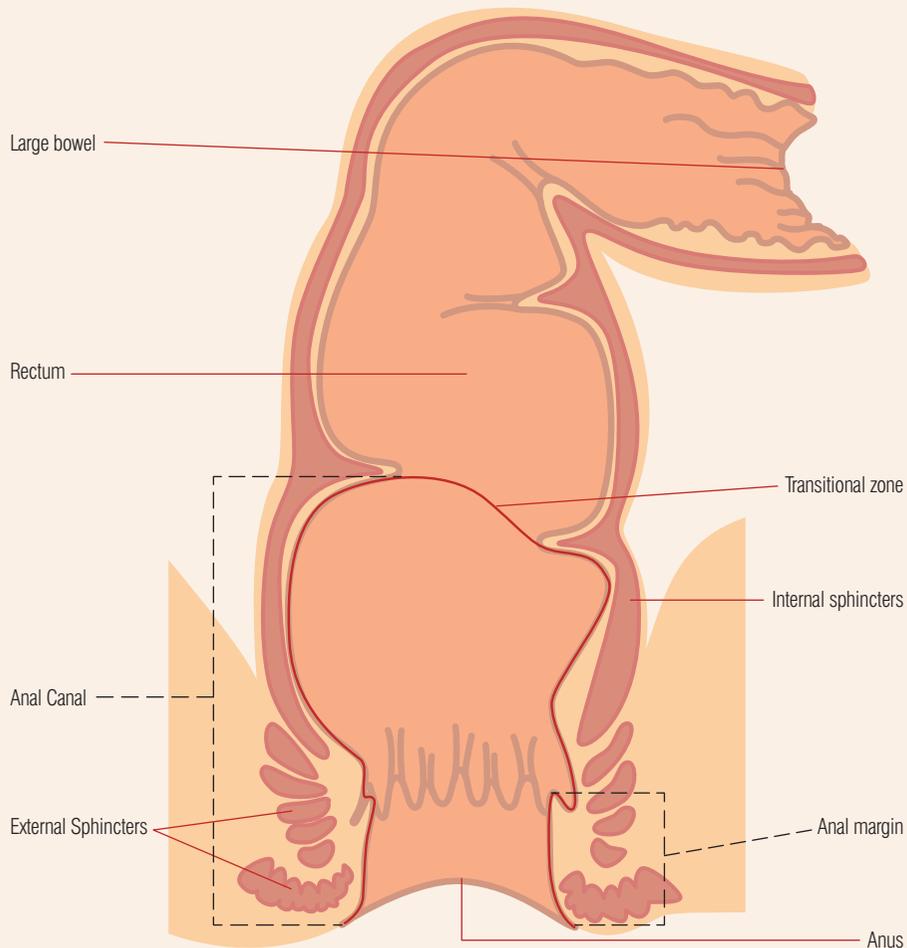
**PCSG**  
Primary Care Society  
for Gastroenterology

# FAECAL INCONTINENCE

Most of us take it for granted that we can control our bowels. We barely have to think about controlling the release of wind (gas), liquid or solid (stools or faeces) from the bowel.

We do not have 'accidents' nor are we likely to be 'caught short', unless perhaps we suffer a short-lived bout of diarrhoea.

Sometimes, however, control is lost because the bowel or the muscular ring (sphincter) around the back passage (anus) does not function properly and bowel contents escape.

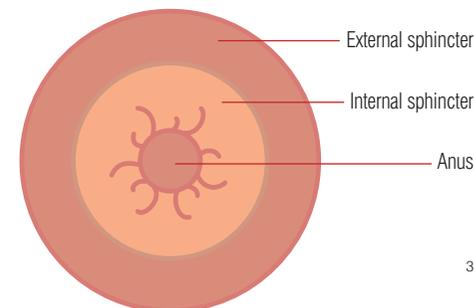


Faecal (or anal) incontinence, is the loss of stool, liquid or gas from the bowel at an undesirable time. It can occur at any age and may affect up to one in 10 people<sup>2</sup>, being more common as we get older. It is certainly more common than was thought some years ago. Simple tests can often show where the problem is, and treatment is frequently successful.

## HOW DO WE NORMALLY CONTROL THE BOWEL?

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 supplying 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').

## View across - 'rings of muscle'



## WHO SUFFERS FROM FAECAL INCONTINENCE?

Males and females of any age may be incontinent, for example:

- Children and teenagers – if they are born with an abnormal sphincter or if they have persistent constipation.
- Mothers, following childbirth – due usually to a tear (hidden or obvious) in the sphincter muscles that can occur 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.
- People suffering from Inflammatory Bowel Disease (colitis) or Irritable Bowel Syndrome (alternating diarrhoea and constipation together with abdominal pain) – the bowel can become overactive and squeeze strongly at inappropriate times.

Patients with neurological illnesses (such as multiple sclerosis or spinal injury) often get faecal incontinence.<sup>4</sup>

## WHAT TESTS MAY BE NEEDED?

Tests of sphincter function are relatively simple and do not require preparation. They are quick to perform and are usually pain-free<sup>5</sup>. 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.

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.

## WHAT IS THE TREATMENT?

### Simple self help measures improve symptoms for most patients; these include:

- 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.<sup>6</sup>

## 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. A new form of therapy is emerging as beneficial for some patients, often being offered as an alternative to biofeedback in some centres: it is called posterior tibial nerve stimulation and is an out-patient therapy<sup>7</sup>.

## 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<sup>8</sup>. There are many different types of surgery that can improve symptoms after other management techniques have failed. These can be adjusted for children too.

## WHAT ELSE MIGHT HELP?

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. Advice should be sought from a local continence advisor; your GP can help you with finding out who this is.

## WHERE SHOULD I GO FOR HELP?

Your GP will be able to put you in contact with a specialist who has expert knowledge about faecal incontinence. These problems are common so you need not feel embarrassed about discussing them. Most of the treatments are simple and effective; so do not hesitate to seek advice. Becoming part of a support group may help you in talking about your symptoms and becoming more comfortable with your situation.

To find your local Continence Service ask your GP or call the Bladder and Bowel Foundation (B & BF) on **01536 533255**. If you would like to talk to a nurse in confidence call the B & BF Helpline on **0845 345 0165** or visit their web site at [www.bladderandbowelfoundation.org](http://www.bladderandbowelfoundation.org).

## THE NEED FOR RESEARCH

The causes and treatments for faecal incontinence are still not fully understood and more work is needed to improve treatments and practical help for sufferers. New techniques to identify the causes, and monitor management are important. Less invasive therapies for patients who don't respond to simple options are also essential.

# YOU CAN HELP COMBAT GUT AND LIVER DISEASE BY MAKING A DONATION.

Conditions that affect the gut, the liver and the pancreas (collectively known as digestive diseases) are widespread but little known. They can cause significant health problems for people who live with them and, sadly, they are a factor in 1 in 8 UK deaths. Core is the only national charity working to change this by fighting all digestive diseases. As a charity, Core:

- Supports important medical research that looks for cures and for ways of improving the lives of patients;
- Provides evidence-based information that enables patients and families to understand and control their condition;
- Works to raise awareness of these conditions, their symptoms and impact.

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- Text **CORE14** plus your donation amount to **70070**
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You can find more information about digestive diseases and about Core's work by visiting our website at **[www.corecharity.org.uk](http://www.corecharity.org.uk)** or by calling **020 7486 0341** during office hours.

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This leaflet was published by Core in 2014 and will be reviewed during 2016. If you are reading this after 2016 some of the information may be out of date. This leaflet was written under the direction of our Medical Director and has been subject to both lay and professional review.

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