Bowel Control Problems (Fecal Incontinence) 310

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What is fecal incontinence?

Fecal incontinence, also called accidental bowel leakage, is the accidental passing of bowel movements—including solid stools, liquid stools, or mucus—from your anus.

The most common type of fecal incontinence is called urge incontinence. When you have urge incontinence, you feel a strong urge to have a bowel movement but cannot stop it before reaching a toilet. If you have urge incontinence, your pelvic floor muscles may be too weak to hold back a bowel movement due to muscle injury or nerve damage.Another type of fecal incontinence is called passive incontinence. When you have passive incontinence, leakage occurs without you knowing it. If you have passive incontinence, your body may not be able to sense when your rectum is full.

Fecal incontinence can be upsetting and embarrassing. Some people may feel ashamed and try to hide the problem. You may be afraid or embarrassed to talk about fecal incontinence with your doctor. However, talking openly and honestly with your doctor is important in diagnosing and treating your fecal incontinence.

Does fecal incontinence have other names?

Fecal incontinence is also called

- accidental bowel leakage
- bowel incontinence
- encopresis—a term used mostly for fecal incontinence in children

How common is fecal incontinence?

Medical experts consider fecal incontinence a common problem, affecting about 1 in 3 people who see a primary health care provider.[1]

- Fecal incontinence is more common in older adults.[2]
- Among adults who are not in hospitals or nursing homes, between 7 and 15 out of 100 have fecal incontinence.[1]
- Among adults who are in hospitals, between 18 and 33 out of 100 have fecal incontinence.[3]
- Among adults who are in nursing homes, between 50 and 70 out of 100 have fecal incontinence.[2]

Fecal incontinence occurs in about 2 out of 100 children.[4]

Who is more likely to have fecal incontinence?

You may be more likely to have fecal incontinence if you

- are older than age 65
- are not physically active
- have certain chronic diseases, medical conditions, or health problems
- have had your gallbladder removed
- are a current smoker

Children who were born with certain birth defects of the spinal cord, anus, or rectum are more likely to have fecal incontinence. Children who are constipated are also more likely to have fecal incontinence.

What other health problems do people with fecal incontinence have?

If you have fecal incontinence, you may also have other health problems, including

- diarrhea
- poor overall health
- chronic diseases and disorders such as
- irritable bowel syndrome
- type 2 diabetes
- diseases that affect the nerves of your anus, pelvic floor, or rectum
- inflammatory bowel disease
- damage to or weakness of the muscles of your anus, pelvic floor, or rectum
- damage to the nerves in your anus, pelvic floor, or rectum
- urinary incontinence
- proctitis

What problems may fecal incontinence cause?

The problems that fecal incontinence may cause include

- discomfort or irritation of the skin around the anus
- emotional and social distress, such as fear, embarrassment, social isolation, loss of self-esteem, anger, or depression NIH external link
- quality-of-life issues, such as not being able to exercise, work, attend school, or go to social gatherings

Symptoms & Causes

What are the symptoms of fecal incontinence?

The symptoms of fecal incontinence depend on the type.

- If you have urge fecal incontinence, you will know when you need to pass stool but not be able to control passing stool before reaching a toilet.
- If you have passive fecal incontinence, you will pass stool or mucus from your anus without knowing it.

Some medical experts include streaks or stains of stool or mucus on your underwear—called soiling—as a symptom of fecal incontinence.

When should I see a doctor for fecal incontinence?

You should see a doctor if your fecal incontinence is frequent or severe. Although some people are able to manage mild or infrequent fecal incontinence on their own, you should see a doctor if your fecal incontinence is affecting your quality of life or causing emotional or social distress.

What causes fecal incontinence in adults?

Fecal incontinence has many causes, including digestive tract disorders and chronic diseases. Some causes of fecal incontinence, such as childbirth by vaginal delivery, happen only in women.

Diarrhea - Loose, watery stools from diarrhea fill your rectum quickly and are harder to hold in than solid stools. Diarrhea is the most common risk factor for fecal incontinence for people not staying in hospitals, nursing homes, or other similar institutions. Diarrhea may be caused by digestive tract problems such as

- inflammatory bowel disease
- irritable bowel syndrome
- proctitis

Constipation - Constipation can lead to large, hard stools that are difficult to pass. The hard stools stretch and, over time, weaken the muscles in your rectum. The weakened muscles let watery stools that build up behind the hard stool leak out.

Muscle injury or weakness - If the muscles in your anus, pelvic floor, or rectum are injured or weakened, they may not be able to keep your anus closed, letting stool leak out. These muscles can be injured or weakened by

- surgery to
  - remove cancer in the anus or rectum
  - remove hemorrhoids
  - treat anal abscesses and fistulas
- trauma

Nerve damage - If the nerves that control your anus, pelvic floor, and rectum are damaged, the muscles can't work the way they should. Damage to the nerves that tell you when there is stool in your rectum makes it hard to know when you need to look for a toilet. Nerves can be damaged by

- a long-term habit of straining to pass stool
- brain injury
- spinal cord injury

Neurologic diseases - Neurologic diseases NIH external link that affect the nerves of the anus, pelvic floor, or rectum can cause fecal incontinence. These diseases include

- dementia
- multiple sclerosis
- Parkinson's disease
- stroke
- type 2 diabetes

Loss of stretch in the rectum - If your rectum is scarred or inflamed, it becomes stiff and can't stretch as much to hold stool. Your rectum can get full quickly, and stool can leak out. Rectal surgery, radiation therapy NIH external link in the pelvic area, and inflammatory bowel disease can cause scarring and inflammation in your rectum.

Hemorrhoids - Hemorrhoids can keep the muscles around your anus from closing completely, which lets small amounts of stool or mucus to leak out.

Rectal prolapse - Rectal prolapse—a condition that causes your rectum to drop down through your anus—can also keep the muscles around your anus from closing completely, which lets small amounts of stool or mucus leak out.

Physical inactivity - If you are not physically active, especially if you spend many hours a day sitting or lying down, you may be holding a lot of stool in your rectum. Liquid stool can then leak around the more solid stool. Frail, older adults are most likely to develop constipation-related fecal incontinence for this reason.

Childbirth by vaginal delivery - Childbirth sometimes causes injuries to the anal sphincters, which can cause fecal incontinence. The chances are greater if

- your baby was large
- forceps were used to help deliver your baby
- you had a vacuum-assisted delivery
- the doctor made a cut, called an episiotomy, in your vaginal area to prevent the baby's head from tearing your vagina during birth

Rectocele - Rectocele is a condition that causes your rectum to bulge out through your vagina. Rectocele can happen when the thin layer of muscles separating your rectum from your vagina becomes weak. Stool may stay in your rectum because the rectocele makes it harder to push stool out.

What causes fecal incontinence in children?

For children older than age 4, the most common cause of fecal incontinence is constipation with a large amount of stool in the rectum. When this happens, a child may not be able to sense when a new stool is coming into the rectum. The child

may not know that he or she needs to have a bowel movement. A large amount of stool in the rectum can cause the internal anal sphincters to become chronically relaxed, which lets soft stool seep around hard stool in the rectum and leak out.

Birth defects of the anus, rectum, or colon, such as Hirschsprung disease, can cause fecal incontinence in children. These birth defects may weaken pelvic floor muscles or damage nerves in the anus or rectum. Injuries to the nerves in the anus and rectum can also cause fecal incontinence, as can spinal cord injuries and birth defects of the spinal cord.

Tips for talking with your doctor

- Prepare for your visit and write down how long you've had symptoms and what your symptoms are.
- Write down questions for your doctor before your visit.
- Make sure you tell your doctor about all of your symptoms.
- Be open and honest about your symptoms, even if you feel embarrassed or shy. Remember, fecal incontinence is a medical problem.
- Ask your doctor questions if you don't understand what he or she is saying.
- Tell your doctor if you have concerns about your treatment.
- Tell your doctor if you don't understand his or her instructions.
- Call your doctor if your symptoms get worse.

Diagnosis

How do doctors diagnose fecal incontinence?

Doctors use your medical history, a physical exam, and medical tests to diagnose fecal incontinence and its causes.

Medical history - In addition to reviewing your general medical history, your doctor may ask the following questions:

- When did your fecal incontinence start?
- Did your fecal incontinence start after
  - the birth of your child?
  - a motor vehicle accident?
  - a fall?
  - the start of another illness?
- How often does your fecal incontinence happen?
- How much stool passes?
- Do you pass liquid or solid stool?
- Do you have a strong urge to have a bowel movement before your fecal incontinence happens?
- Do you know when you need to have a bowel movement before it happens?
- Does your fecal incontinence happen without you knowing?
- Do you leak liquid stool or mucus?
- Do you have fecal incontinence when you have diarrhea or constipation?
- Is your fecal incontinence worse after eating?
- Do certain foods seem to make your fecal incontinence worse?
- How does fecal incontinence affect your daily life?

Your doctor may ask you to keep a stool diary to help answer these questions. A stool diary is a chart for recording details of your daily bowel movements. Your doctor may give you a stool diary form that he or she has created. Or, you can create your own stool diary form or record your bowel movement details in a notebook.

You may feel embarrassed or shy about answering your doctor's questions. However, your doctor will not be shocked or surprised. The more details and examples you can give about your problem, the better your doctor will be able to help you. You can play an active role in your diagnosis by talking openly and honestly with your doctor.

Physical exam - Your doctor will perform a physical exam, including a

- digital rectal exam
- pelvic exam—an exam to check if internal female reproductive organs are normal by feeling their shape and size

What medical tests do doctors use to diagnose fecal incontinence?

Lab tests - Your doctor may use one or more of the following lab tests to look for signs of certain diseases and conditions that may be causing your fecal incontinence.

- Blood tests can show signs of anemia, inflammation, and infection.
- Stool tests can show the presence of blood and signs of infection and inflammation.
- Urine tests can show signs of diseases such as type 2 diabetes.

Bowel function tests - Your doctor may perform one or more of the following tests to see how well the muscles and nerves in your anus, pelvic floor, and rectum are working:

- anorectal manometry—a test that checks how sensitive your rectum is, how well it works, and how well the anal sphincters work
- defecography—an x-ray of the area around the anus and rectum to see how well you can hold and release stool

- electromyography—a test that checks how well the muscles and nerves of your anus and pelvic floor are working

Endoscopy - Your doctor may perform an endoscopy to look inside your anus, rectum, and colon for signs of inflammation and digestive tract problems that may be causing your fecal incontinence. Endoscopies for fecal incontinence include

- anoscopy
- colonoscopy
- flexible sigmoidoscopy
- rectoscopy—a procedure similar to an anoscopy to look inside your rectum

Imaging tests - To look for problems in the anus, pelvic floor, or rectum that may be causing your fecal incontinence, your doctor may perform an imaging test such as

- lower GI series
- magnetic resonance imaging
- ultrasound

Treatment

The first step in treating your fecal incontinence is to see a doctor. Your doctor will talk to you about the causes of fecal incontinence and how they can be treated. Simple treatments—such as diet changes, medicines, bowel training, and exercises to strengthen your pelvic floor muscles—can improve symptoms by about 60 percent.5 These treatments can stop fecal incontinence in 1 out of 5 people.[5]

Your doctor can recommend ways you can help manage and treat your fecal incontinence. Your doctor can also recommend ways to relieve anal discomfort and cope with your fecal incontinence. You can play an active role in your treatment by talking openly and honestly with your doctor about your symptoms and how well your treatments are working.

How can I manage and treat my fecal incontinence?

You can help manage and treat your fecal incontinence in the following ways.

Wearing absorbent pads - Wearing absorbent pads inside your underwear is the most frequently used treatment for fecal incontinence. For milder forms of fecal incontinence—few bowel leakage accidents, small volumes of stool, or staining of underwear—wearing absorbent pads may make a big difference in your quality of life. Wearing absorbent pads can be combined with other treatments.

Diet changes - Changing what you eat can help prevent or relieve your fecal incontinence. If diarrhea is the problem, your doctor will recommend avoiding foods and drinks that make your diarrhea worse. To find out which foods and drinks make your fecal incontinence better or worse, your doctor may recommend keeping a food diary to track

- what you eat each day
- how much of certain foods you eat
- when you eat
- what symptoms you have
- what types of bowel movements you have, such as diarrhea or constipation
- when your fecal incontinence happens
- which foods or drinks make your fecal incontinence better or worse

Take your food diary to your doctor to talk about the foods and drinks that affect your fecal incontinence.

If constipation or hemorrhoids are causing your fecal incontinence, your doctor may recommend eating more fiber and drinking more liquids. Talk with your doctor or a dietitian about how much fiber and liquids are right for you.

Over-the-counter medicines - Depending on the cause, over-the-counter medicines can help reduce or relieve your fecal incontinence. If diarrhea is causing your fecal incontinence, your doctor may recommend medicines such as loperamide (Imodium) and bismuth subsalicylate (Pepto-Bismol, Kaopectate). If constipation is causing your fecal incontinence, your doctor may recommend laxatives, stool softeners, or fiber supplements such as psyllium (Metamucil) or methylcellulose (Citrucel).

Bowel training - Your doctor may recommend that you train yourself to have bowel movements at certain times of the day, such as after meals. Developing regular bowel movements may take weeks to months to improve fecal incontinence.

Pelvic floor muscle exercises - Pelvic floor muscle exercises, also called Kegel exercises, can improve fecal incontinence symptoms. Tightening and relaxing your pelvic floor muscles many times a day can strengthen the muscles in your anus, pelvic floor, and rectum. Your doctor can help make sure you're doing the exercises the right way.

How do doctors treat fecal incontinence?

How doctors treat fecal incontinence depends on the cause. Your doctor may recommend one or more of the following treatments:

Biofeedback therapy - Biofeedback therapy uses devices to help you learn how to do exercises to strengthen your pelvic floor muscles. This therapy can also help you learn how to

- sense when stool is filling your rectum if you have passive incontinence
- control strong sensations of urgency if you have urge incontinence

Biofeedback therapy can be more effective than learning pelvic floor exercises on your own. Ask your doctor about getting a biofeedback machine or device.

Sacral nerve stimulation - The sacral nerves control the anal sphincters, colon, and rectum. Doctors use sacral nerve stimulation—a type of electrical stimulation—when the nerves are not working properly. For this treatment, your doctor places thin wires under your skin near the sacral nerves, just above the tailbone. A battery-operated device sends mild electrical pulses through the wires to the sacral nerves.

Electrical stimulation of the sacral nerves helps them work properly. The electrical pulses do not hurt. You can turn the electrical stimulation on or off at any time.

Prescription medicines - If over-the-counter medicines to treat your fecal incontinence aren't helping your symptoms, your doctor may prescribe prescription medicines that are stronger. These medicines may treat the causes of fecal incontinence, such as irritable bowel syndrome, Crohn's disease, and ulcerative colitis.

Vaginal balloons - For women with fecal incontinence, your doctor may prescribe a device that inflates a balloon inside your vagina. The balloon puts pressure on the wall of your rectum through the vaginal wall. Pressure on the wall of your rectum keeps stool from passing. After your doctor makes sure the device fits right, you can add or remove air from the device as needed to control the passing of stool.

Nonabsorbable bulking agents - Nonabsorbable bulking agents are substances injected into the wall of your anus to bulk up the tissue around the anus. The bulkier tissues make the opening of your anus narrower so the sphincters are able to close better.

Surgery - Surgery may be an option for fecal incontinence that fails to improve with other treatments, or for fecal incontinence caused by injuries to the pelvic floor muscles or anal sphincters.

Sphincteroplasty. Sphincteroplasty—the most common fecal incontinence surgery—reconnects the separated ends of an anal sphincter torn by childbirth or another injury.

Artificial anal sphincter. This surgery involves placing a cuff around your anus and implanting a small pump under the skin so that you can inflate or deflate the cuff. Inflating the cuff controls the passage of stool. This surgery is not a common treatment because it may cause side effects.

Colostomy. Colostomy is a surgery in which the colon is brought through an opening in the abdominal wall, and stools are collected in a bag on the outside of the abdomen. Doctors may recommend this surgery as a last resort for the treatment of fecal incontinence. However, this surgery is rarely used to treat fecal incontinence because of the colostomy's effect on quality of life.

Other surgeries. Doctors may perform other surgeries to treat the causes of fecal incontinence, such as

- hemorrhoids
- rectal prolapse
- rectocele

What should I do about anal discomfort?

Fecal incontinence can cause anal discomfort such as irritation, pain, or itching. You can help relieve anal discomfort by

- washing the anal area after a bowel movement
- changing soiled underwear as soon as possible
- keeping the anal area dry
- using a moisture-barrier cream in the area around your anus
- using nonmedicated powders
- using wicking pads or disposable underwear
- wearing clothes and underwear that let air pass through easily

Talk with your doctor or a health care professional about which moisture-barrier creams and nonmedicated powders are right for you.

How do I cope with my fecal incontinence?

Doing the following can help you cope with your fecal incontinence:

- using the toilet before leaving home
- carrying a bag with cleanup supplies and a change of clothes when leaving the house
- finding public restrooms before one is needed
- wearing absorbent pads inside your underwear
- wearing disposable underwear
- using fecal deodorants—over-the-counter pills that reduce the smell of stool and gas
- taking over-the-counter medicines to help prevent diarrhea before eating in restaurants or at social gatherings

As part of coping with your fecal incontinence, remember that fecal incontinence

- isn't something to be ashamed of—it's simply a medical problem
- can often be treated—a wide range of successful treatments are available
- isn't always a normal part of aging
- won't usually go away on its own—most people need treatment
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What should I do if my child has fecal incontinence?

If your child has fecal incontinence and is older than age 4 and toilet trained, you should see a doctor to find out the cause. How the doctor treats your child's incontinence depends on the cause.

Eating, Diet, & Nutrition

How can my diet help prevent or relieve fecal incontinence?

Depending on the cause, changing what you eat and drink can help prevent or relieve your fecal incontinence.

What should I eat if I have fecal incontinence?

You should eat a healthy, well-balanced diet. Your doctor or a dietitian can recommend a healthy eating plan that is right for you.

If your fecal incontinence is caused by constipation or hemorrhoids, eating more fiber and drinking more liquids can improve your symptoms. Talk with your doctor or a dietitian about how much fiber and liquids are right for you.

What should I avoid eating if I have fecal incontinence?

If your fecal incontinence is caused by diarrhea, you should avoid foods that make your symptoms worse, such as

- alcoholic beverages
- drinks and foods containing caffeine
- dairy products such as milk, cheese, and ice cream
- fatty and greasy foods
- drinks and foods containing fructose
- fruits such as apples, peaches, and pears
- spicy foods
- products, including candy and gum, with sweeteners ending in "–ol," such as sorbitol, mannitol, xylitol, and maltitol

Keeping a food diary

Your doctor or dietitian may recommend keeping a food diary, which can help you find out which foods and drinks make your symptoms better or worse. After a few days, the diary may show a link between certain foods and drinks and your fecal incontinence. Changing the foods and drinks linked to your fecal incontinence may improve your symptoms.

Clinical Trials

The National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) and other components of the National Institutes of Health (NIH) conduct and support research into many diseases and conditions.

What are clinical trials, and are they right for you?

Clinical trials are part of clinical research and at the heart of all medical advances. Clinical trials look at new ways to prevent, detect, or treat disease. Researchers also use clinical trials to look at other aspects of care, such as improving the quality of life for people with chronic illnesses.

What clinical trials are open?

Clinical trials that are currently open and are recruiting can be viewed at www.ClinicalTrials.gov NIH external link.

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About IFFGD

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