

Fecal Incontinence



ASCRS
American Society of
Colon and Rectal Surgeons

What is fecal incontinence?

Fecal incontinence is the impaired ability to control the passage of gas or stool. Symptoms can range from mild difficulty in controlling gas to severe loss of control over liquid and formed stools.

Incontinence to stool is a common problem, but it is unfortunately not often discussed due to embarrassment. Failure to seek treatment can result in social isolation and a significant decrease in one's quality of life.

What causes fecal incontinence?

Causes of incontinence include:

- Injuries during childbirth
- Trauma to the anal muscles which control stool passage
- Diminished anal muscle strength with age
- Neurologic diseases

There are many causes of incontinence. Injury during childbirth is the most common cause and often results in a tear in the anal muscles. The nerves supplying



the anal muscles may also be injured, which can lead to altered continence. While some injuries may be recognized immediately following childbirth, many others may go unnoticed and not become a problem until later in life. In these situations, a prior childbirth may not be recognized as the cause of incontinence, when in fact, it is.

Anal operations or traumatic injury to the tissues surrounding the anal region similarly can damage the anal muscles and lessen bowel control. Some individuals experience loss of strength in the anal muscles as they age. As a result, a minor control problem in a younger person may become more significant later in life.

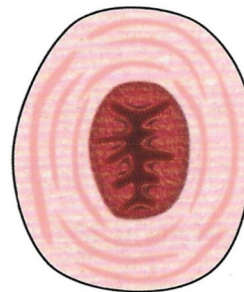
Patients who have had a severe stroke or suffer from other neurologic conditions, such as advanced dementia or spinal cord injury, may develop incontinence due to the lack of control over the anal muscles.

Diarrhea may be associated with a feeling of urgency or stool leakage due to the frequent liquid stools passing through the anal opening. If bleeding accompanies lack of bowel control, consult your physician. These symptoms may indicate inflammation within the colon (colitis), a rectal tumor, or rectal prolapse – all conditions that require prompt evaluation by a physician.

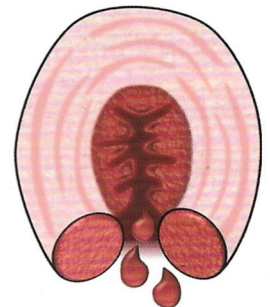
How is the cause of fecal incontinence determined?

An initial discussion of your symptoms with your physician will help establish the degree of incontinence and its impact on your lifestyle. Many clues to the causes of fecal incontinence are found in patient medical histories. Multiple pregnancies, large weight babies, forceps deliveries, or episiotomies (surgical incisions to aid childbirth) may contribute to muscle or nerve injury at the time of childbirth. In some cases, medical illnesses and medications play a role in problems with control. Any history of prior anal or rectal surgeries should be discussed with your physician.

A physical examination of the anal region should be performed. It may readily identify an obvious injury to the anal muscles. In addition, an ultrasound probe may be used within the anal area to provide a picture of the muscles and show areas in which the anal muscles may have been injured. Additional testing may be



Normal Anal Sphincter Muscle



Severed Anal Sphincter Muscle

required to assess the function of the muscles and nerves involved in controlling bowel movements. Your physician will help determine what testing is necessary.

What can be done to correct the problem?

After a careful medical history, physical examination and testing to determine the cause and severity of the problem, treatment can be addressed. Treatment of incontinence may include:

Non-surgical options

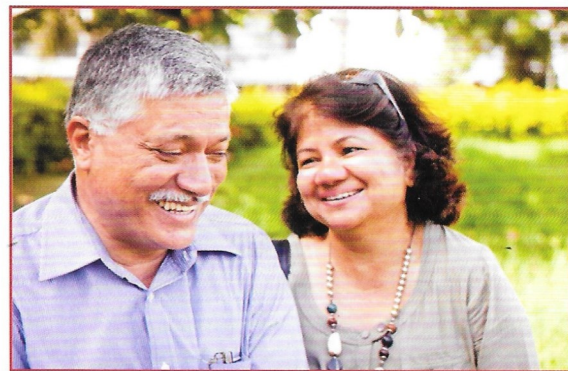
- Dietary changes
- Constipating medications
- Medications for co-existing colitis (inflammation of the colon) or diarrhea
- Muscle-strengthening exercises
- Biofeedback (re-training the muscles involved in controlling stool)

Surgical options

- Surgical muscle repair
- Stimulation of the nerves that control the muscles and skin of the anus
- Injection of bulking agents into the anus
- Surgical colostomy (creation of an opening between the colon and the body surface)

Non-surgical Options

Mild problems may be treated very simply with dietary changes and the use of some constipating medications, as a firm stool is easier to control than loose stool. Diseases causing inflammation in the colon and rectum may contribute to anal control problems. Treating these diseases may eliminate or improve symptoms of incontinence. Sometimes a change in prescribed medications may help. Your physician also may recommend simple home exercises to strengthen the anal muscles in mild cases. A type of physical therapy called biofeedback can also be used to help patients sense when stool is ready to be evacuated and help strengthen the muscles.



Surgical Options

There are several surgical options for the treatment of fecal incontinence. Injuries to the anal muscles may be repaired with surgery. Insertion of a nerve stimulator into the nerves that control the muscles and skin of the anus has been shown to

be an effective treatment for incontinence. Injection of bulking agents into the anus may also help with symptoms of incontinence. In extreme cases, patients may find that a colostomy is the best option for improving their quality of life. Not all surgical options will be right for every patient, and you should discuss your options with your physician.