



## Faecal Incontinence

### Introduction

Many people - about one in 100 - suffer from the embarrassing condition in which they have difficulty controlling their bowels. As a result they pass faeces, or stools, at the wrong time or in the wrong place. This problem of “faecal incontinence” becomes more common as you get older, but a lot of younger people are also affected. Even more people suffer from constipation - which surprisingly is sometimes linked to faecal incontinence.

### CAUSES

There are several causes of faecal incontinence. Some are more common than others and some causes may demand urgent medical attention.

#### Muscle Weakness

Weakness of your anal muscles or sphincter may result in leakage of stool. Typical causes of such weakness include:-

- childbirth;
- some types of surgery - for example, for haemorrhoids (piles).

#### Severe Diarrhoea

This may be intermittent or constant depending upon the cause. Common causes include:

- infection - the most common cause;
- side-effects of some medicines, such as antibiotics;
- some specific (and relatively uncommon) diseases, in particular colorectal disease, ulcerative colitis, Crohn’s disease and diverticular disease;
- reduced absorption of liquids from the bowel, which in some cases is the result of surgery;
- radiotherapy;
- irritable bowel syndrome (IBS).

#### Constipation and Impaction

This is probably the most common cause among older and disabled people. When you become constipated, especially when the faeces become extremely hard or “impacted”, your body tries to soften the stool by adding liquid to it. This can

result in a type of diarrhoea, known as “spurious diarrhoea”, which is characteristically orange or light brown in colour.

Faecal incontinence of this type is characterised by periods of no bowel movement followed by a few days of incontinence. A number of factors can contribute to constipation. These include:-

- poor diet - low in fibre;
- poor fluid intake;
- poor mobility;
- some medicines - for example, some pain killers.

#### Disorders of the Nervous System

Incontinence can sometimes be the result of disease or injury to the nerves. This may result in:

- a lack of sensation so that you do not feel the need to empty your bowel. This can be either because the nerves in your bowel do not send the normal signal to the brain or because your central nervous system does not process the signal to make you aware of the situation;
- loss of nerve input to keep the sphincter muscles contracted and so keep the anus closed.

Sometimes you are unable to distinguish between the passage of solid (stool), gas (wind) or liquid (diarrhoea).

The following neuropathic disorders can sometimes cause incontinence:-

- spina bifida;
- spinal injury;
- multiple sclerosis;
- stroke;
- dementia.

#### ASSESSMENT

With so many different possible causes, a detailed assessment is essential so that the right one is identified and treatment can be commenced. Any assessment should include a medical examination to ensure that there is no serious or (rarely) life-threatening condition.

*If you have any of the following consult your doctor as soon as possible:*

- *bleeding or pain;*
- *a feeling your bowel is never completely empty;*
- *dark or black stools;*
- *weight loss.*

In many cases you will need to visit a hospital for tests. These may include an ultrasound examination of your muscles. In fact, your doctor may refer you to one or more of the following to complete the assessment:

- district nurse
- continence nurse specialist
- consultant physician
- gastroenterologist
- physiotherapist
- colorectal nurse specialist
- colorectal surgeon.

## TREATMENT AND MANAGEMENT

The general principle of any treatment is to treat the underlying condition. Remember: incontinence is a *symptom* and not a disease. With this principle in mind, you will understand that the treatment will depend on what is identified as the cause of the problem. Here are some of the more likely treatments.

### **Severe Diarrhoea**

- *resulting from infection:*

This condition is usually left to run its course. Increased fluid intake is usually advised. If the condition does not improve in a few days, you should seek medical advice.

- *resulting from medication:*

Treatment is dependent upon the medicine responsible. Your doctor may recommend an alternative medication. Never stop taking a prescribed medicine without consulting your doctor.

- *resulting from other causes:*

Treatment of diarrhoea resulting from colorectal disease may involve medication or surgery. If the problem is due to radiotherapy or follows surgery, your consultant may prescribe a medicine to firm up the stool or to slow down its movement through your bowel.

### **Constipation and Faecal Impaction**

Constipation and faecal impaction can be caused by a number of factors. Where possible these should

be addressed before you use a prescription medicine. In particular:

**Diet** Your diet should be rich in fibre, including brown bread, fruit, vegetables and natural bran.

**Fluids** You should maintain a good fluid intake of at least 1½ - 2 litres (three pints) each 24 hours.

**Exercise** Wherever possible, you should take gentle exercise, such as walking.

If these fail, your doctor may resort to laxatives. These medications fall into four groups:

1. *Bulk forming laxatives*, which work in the same way as increased fibre in the diet. They add bulk to the stool which stimulates the bowel to move it quicker. Medications in this group include Fybogel, Isogel and Regulan. When you take such medications be careful that you drink plenty of fluid or they can actually *cause* constipation.

2. *Stimulant laxatives*, which stimulate the bowel to move the stool along more quickly. Medications in this group include senna and co-danthrasate (Normax). Such medications are available in a variety of forms including tablets, capsules, granules and syrup. Over-use of such medication may actually result in loose stools and incontinence. Normally a specific regime is required which differs from patient to patient, so please consult your doctor or pharmacist for advice.

3. *Osmotic laxatives* - drugs which pass through the bowel almost unabsorbed and draw water into the stool. This softens the stool, making it easier to pass. Medications in this group include Lactulose. A good fluid intake is essential when taking this type of medication. Small "micro-enemas" such as Microlax, Relaxit and Microlette work in a similar way when administered directly into the rectum.

4. *Stool softeners*, which are used to soften the stool and irritate the lining of the bowel, thus helping the transit of the stool through the bowel. Medications in this group include Dioctyl, Fletchers' enemette, Arachis oil enemas. Suppositories and enemas, which are administered into the rectum to enable you to empty your bowel, are used where medicines taken by mouth have failed.

### **Muscle Weakness**

If your problem is one of muscle weakness, you will require assessment by a doctor, physiotherapist or continence nurse specialist. They will look at your anal sphincter muscles (probably using anal ultrasound equipment) and pelvic floor muscles.

Once they have discovered if your muscles are weak or have been damaged, they will start you on a programme of treatment. This may include pelvic floor exercises, electrical stimulation of the muscles or surgery.

The best management is usually to establish a regular bowel habit and routine.

### ***Neuropathic Disorders***

Faecal incontinence related to neuropathic disorders sometimes presents difficulties. Occasionally a regime of deliberate constipation (perhaps induced by medicines) followed by bowel evacuation using suppositories or enema is the best way to manage the problem and it can be highly effective for many people once the right regime is established.

Where faecal incontinence is a result of dementia or confusion, the problem can be quite complex to manage. Some confused people lose awareness of the need to find a toilet. Many have a poor diet and low fluid intake. Even when constipated patients do take laxative tablets the problem is not solved because they do not experience the "call to stool" (the awareness that they need to go to the toilet). Again routine is important. In these cases, the use of suppositories or enemas may be indicated because they produce results.

Behavioural training which includes getting the confused person to sit on the toilet after meals for about ten minutes is sometimes successful.

### **Further Reading**

Bowel Control: Information and Practical Advice by Christine Norton and Dr Michael Kamm (1998: Beaconsfield Books). *Available through the Continence Foundation - address below - £6.50 incl. p&p.*

Let's Get Things Moving - Overcoming Constipation by Pauline Chiarelli and Sue Markwell (1992 revised 2003: Neen Healthbooks, Dereham, Norfolk). *Available through the Continence Foundation - address below - £5.50 incl. p&p.*

Bowel Control, a free leaflet for women with bowel control problems following childbirth (1998: St Mark's Hospital, Northwick Park) *Available from the Continence Foundation - send large (A5) s.a.e.*

### **FURTHER HELP**

Your own doctor or local continence advisor (details from the Continence Foundation Helpline or see the website - see below) can give advice.

### **The Continence Foundation**

307 Hatton Square, 16 Baldwins Gardens  
London EC1N 7RJ  
Tel: 020 7404 6875

Fax: 020 7404 6876

Email: [continence-help@dial.pipex.com](mailto:continence-help@dial.pipex.com)

Website: [www.continence-foundation.org.uk](http://www.continence-foundation.org.uk)

*The Foundation has a range of literature that may be of help - send an s.a.e. asking for a free copy of the publications list.*

Helpline: 0845 345 0165

Monday - Friday 9.30am - 1.00pm

*The Helpline nurses offer confidential advice and information on the causes and treatment of incontinence and on products that can help manage it. They can also tell you where to find your local continence advisor (specialist nurse) or check the website.*

### **Digestive Disorders Foundation**

3 St Andrew's Place  
London NW1 4LB  
020 7486 0341

*The DDF has a range of helpful leaflets on bowel disorders.*

### **Incontact**

United House, North Road  
London N7 9DP  
Tel: 0870 770 3246  
Fax: 0870 770 3249  
Email: [info@incontact.org](mailto:info@incontact.org)  
Website: [www.incontact.org](http://www.incontact.org)

*A support organisation for people with continence problems.*

For detailed information on bowel control problem see their website on [www.bowelcontrol.org.uk](http://www.bowelcontrol.org.uk).

*Factsheet by Christine Norton from an original draft by John Unsworth..*

ã January 2004 Continence Foundation, a company limited by guarantee (registered in England, no. 2662838) and a registered charity (no. 1014429)