THE SIMON FOUNDATION FOR CONTINENCE

fact sheet

PROMOTING CONTINENCE – CHANGING LIVES

BOWEL INCONTINENCE

The bowel is one of the most intricate and amazing parts of the human body. When working correctly, the bowel processes and holds on to stool. A bowel movement occurs when stool is at the end of the bowel near the anus, and has "announced" its presence by making the person aware that it is time to head to the bathroom.

But when the bowel misbehaves, stool and/or gas may leave the body at inappropriate times, called incontinence. When bowel incontinence occurs it can create circumstances that can profoundly change the quality of life.

Bowel incontinence (also may be referred to as bowel leakage, fecal incontinence or anal incontinence) is much more common than most people realize.

Nearly 18 million adults in the United States have bowel incontinence. Bowel incontinence (BI) occurs in about 6 percent of women younger than age 40 and increases to 15 percent of women aged 40 and older. Around 6 to 10 percent of men have BI, and its prevalence increases slightly with age in men. About 50 percent of people with bowel incontinence also have urinary incontinence. (Landefeld CS, 2008)

The impact of BI on the activities of daily living is often tremendous. It causes many people to stop going to work, attending school, going to special events, and from participating in activities with friends and family. Stopping normal activities isolates people, keeping them from living their lives to the fullest.

For older people who develop BI, it can often result in their being institutionalized in a nursing home. The overall prevalence rate for BI in nursing homes in the United States is 45 percent. The perceived stigma and shame individuals often feel about BI keeps many from discussing incontinence issues with their doctor or nurse. However, healthcare providers need to know about all aspects of a person's health in order to be of help, and so it is important to discuss any bowel problems as soon as they begin to happen.

Causes Of Bowel Incontinece

There are several known causes for BI. They include:

- Damage to anal sphincter muscles
- Storage capacity loss in the rectum
- Chronic diarrhea
- Diseases or conditions of the small or large intestine
- Pelvic floor disorders
- Constipation
- Neurological disorders

Damage To The Anal Sphincter Muscles

When the sphincter muscles located at the end of the rectum (see diagram) are strong and performing properly, they will hold stool inside until a person decides to release it. When the muscles are damaged, they allow stool to leak out involuntarily.

This muscle damage often occurs in women as a result of giving birth. Any trauma or surgical procedure may damage these muscles as well.

Storage Capacity Loss In The Rectum

Normally, the rectum will stretch to store stool over a period of time. Once the stool is released, the rectum goes back to its normal size and begins the process all over again, holding and storing the growing quantity of stool until we are ready to pass it out of our body.

Sometimes when there has been rectal surgery, radiation treatments, or if the person has inflammatory bowel disease (IBD), scarring or rigidity can occur, which keeps the rectum from being able to stretch and contain stool. When this happens, incontinence can happen.

Chronic Diarrhea

Diarrhea, or loose, watery stools, is difficult to control. We all know it is much easier to control formed or solid stool. Constant diarrhea can be caused by diseases such as Irritable Bowel Syndrome (IBS) and Inflammatory Bowel Disease (IBD), which includes Crohn's disease and ulcerative colitis.

Some people react badly to spicy or fatty foods, cured or smoked meats, and dairy products (if they are lactose intolerant). Caffeine can also be a culprit. Sometimes just by reducing or eliminating certain foods from a diet, there will be less diarrhea, and thus less incontinence.

Also, by working with a physician or a specialized nurse, you may become more familiar with ways to keep IBD in check.

Diseases Or Conditions Of The Small Or Large Intestine

Diseases or conditions present in the intestines may also cause a person to have bowel incontinence. Some of these are:

- Crohn's disease and ulcerative colitis
- Radiation-induced inflammation and fibrosis
- Infiltration of the rectum by a tumor
- Surgery in this area
- Impaired rectal sensation

Pelvic Floor Disorders

In women, the most common form

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of pelvic floor dysfunction results from pregnancy and the birthing process. There are several reasons why pregnancy and/or childbirth can cause incontinence. While a vaginal delivery can cause incontinence (due to strain on the pelvic floor during labor, complications from an episiotomy, damage with the use of forceps, or a large baby), some studies have found that simply the additional weight of pregnancy can cause incontinence.

There are many other reasons for pelvic floor dysfunction including: decreased perception of rectal sensation; decreased anal canal pressures; decreased squeeze pressure of the anal canal; rectal prolapse or a rectocele (a weakness of the front wall of the rectum that bulges forwards into the back wall of the vagina); and a generalized weakness and sagging of the pelvic floor.

Constipation

The U.S. National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) defines constipation as "a condition in which you have fewer than three bowel movements a week, or hard, dry and small bowel movements that are painful or difficult to pass."

In rare cases, stool that remains in the rectum for too long may stretch and weaken the sphincter muscle, allowing watery stools to leak around this stool. When the stool cannot be expelled after many days of taking a mild laxative it may become compacted and almost impossible to pass: this is called "fecal impaction". Fecal impaction may need an enema and/or a nurse or physician to dislodge or remove the impaction.

Chronic constipation may sometimes be helped by dietary changes, with an increase of foods high in dietary fiber and more liquids. Dietary changes take time to take effect, however, and are not an immediate solution.

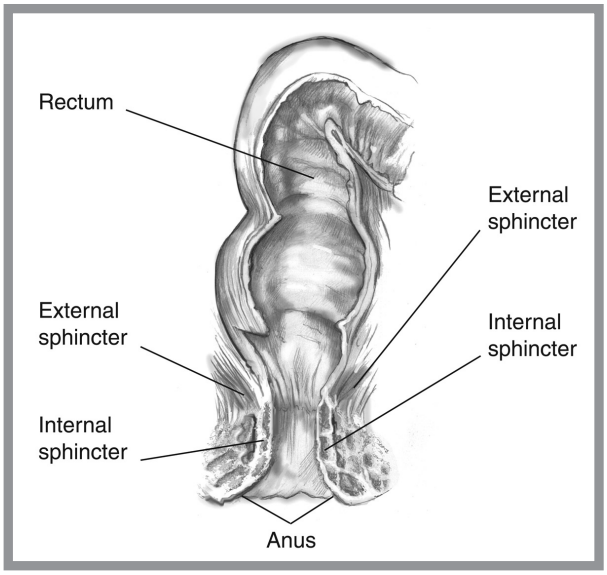
Neurological Disorders

There are numerous diseases and conditions that can affect the nerves that control our bowels: Parkinson's disease, diabetes, spina bifida, and multiple sclerosis are examples. Likewise, there are rectal surgeries, stroke, spinal cord injuries and severe falls that may damage the nerves.

These diseases and conditions may result specifically in injury to the nerves that control the bowel, the sphincter muscles, or the nerves that sense when stool is present in the rectum.

Diagnosis Of Bowel Incontinence

When you have bowel incontinence, the most important thing you can do is to seek out a doctor that specializes in diseases of the colon and rectum, usually a gastroenterologist or colorectal specialist. These specialists will be able to diagnosis the cause of the problem and then help you to plan a course of treatment or management.



BI is not a normal part of aging, nor is it untreatable. Like all types of incontinence, it will not go away if it is ignored. It is important to know the reason for all incontinence in the slight chance that it is an indication of something else going on in the body.

A specialist will ask you many questions and also do a physical examination. Some of the tests that specialists may use for diagnosis include: digital rectal examination, anorectal manometry, rectal compliance test, MRI, EMG, flexible sigmoidoscopy or colonoscopy, ultrasound of the anal muslces,and defecography. (Rao SSC, 2004)

Treatments And Management

Once a diagnosis has been established, you and your healthcare provider can select a course of treatment or management tailored specifically for your situation.

Because there are many different things that cause bowel incontinence, there are many potential treatments and ways to manage it.

The treatments listed here may or may not be appropriate for your situation. In some cases, a combination of treatments may be appropriate. All of these should be used on the advice and direction of your personal healthcare provider.

1. Bowel training – used to develop a predictable time(s) to have a bowel movement. The approach may take time to work, and persistence is key.
2. Bowel retraining – a technique for those with frequency and urgency that involves the practice of holding and waiting once you feel the urge (best started while on the toilet and you may only be able to hold or wait for a second or two to start).

   Like bowel training, it takes time and persistence to learn this approach. Coaching from a healthcare provider on both bowel training and retraining will also help.
3. Pelvic floor strengthening exercises – strengthening the pelvic floor through correctly and regularly done exercises may help. Just like any strengthening program, to keep any positive changes you must continue to do the exercises.

   Physical therapists often are helpful in teaching you how to do these exercises properly, and can help monitor your progress.
4. Biofeedback and electrical stimulation – if your anal muscles are very weak, it may be very helpful to include biofeedback with or without electrical stimulation as you exercise and gain strength in your pelvic floor and your anal muscles.

   Biofeedback also helps you improve awareness of sensations in your rectum, helping you coordinate the squeezing of your external sphincter muscle with the sensation of rectal filling.

5. Suppositories and enemas – these are used to help start the rectum to empty at a convenient time for you.
6. Laxatives – these may be recommended to help develop a more regular bowel pattern.
7. Antidiarrheal medications – these are prescribed to slow down the bowel and help with control.
8. Bowel irrigation – this is a kit that is used for washing out the lower bowel with water.
9. Manual evacuation – if you have a neurological condition where your rectum cannot empty on its own, a gloved, lubricated fingertip might be used to gently (every day or two) help the stool out.
10. Surgery (some of these procedures are done in a hospital, while others can be done in a surgeon's office):

a. Sphincter repair – surgical repair of the anal sphincter may be appropriate for people who have not responded to non-invasive therapies who have had an injury to the pelvic floor, or anal sphincter
b. Sacral nerve stimulator – small electrode implant that provides continual nerve stimulation to help provide bowel control
c. Sphincter bulking agents – injection of a bulking agent (collagen is an example) in the anus to bulk up the tissue around the anus
d. Artificial anal sphincter – placement of an inflatable cuff around the anus and implant of a small pump beneath the skin that the person activates to inflate or deflate the cuff
e. Stimulated graciloplasty – placement of an implanted pacemaker. The patient uses an external device to switch off the pacemaker when it is time to have a bowel movement or expel gas.
f. Colostomy or bowel diversion – the surgeon creates a stoma (artificial opening) on the surface of the abdomen. A portion of the bowel is removed and the "new" end is reconnected to the stoma opening where the stool leaves the body and is collected in an external plastic pouch.

This surgical procedure is used only for severe cases and when all other treatments have failed. A colostomy can be temporary or permanent.

11. Diet changes – what you eat can affect how soft or hard your stool is. Eating foods that are high in fiber (fresh vegetables, whole grains, etc.) may help add bulk to stools that are too loose or watery. Add extra fiber to your diet slowly to allow your body time to adjust.

If your stool is already well-formed, adding fiber may act as a laxative and make your situation worse. Foods that tend to worsen bowel incontinence, because they speed transit of stool through the bowel, are: coffee, tea and chocolate.

Some people find that spicy foods, onions, citrus, and dairy products cause problems. You may find that eating smaller meals more frequently will help. It is important to include water in your diet to help prevent constipation. A food diary may help you pinpoint problem foods in your diet. Record everything you eat for at least two weeks and also record your bowel movements to find any patterns where bowel control is more difficult after eating certain foods.

Discuss these findings with your healthcare provider and consider eliminating certain foods from your diet. Be sure not to remove important vitamins and minerals from your diet, and discuss with your physician when it might be important to then take a supplement.

12. Weight control – recent studies are showing an important role in weight control in reducing the symptoms of incontinence. If you are overweight, discuss a sensible and nutritious weight loss program that may help lessen your symptoms.

Prevention

There are things that can be done to help prevent bowel incontinence, but they are not guarantees. Perhaps the most important step to preventing BI is having a diet that has adequate fiber. Eating servings of whole grain foods, fruits, yogurt (probiotics) and vegetables each day helps the gastrointestinal tract stay healthy, so that formed stool is pushed through consistently and easily.

This helps prevent constipation, which may cause you to strain. Straining while trying to pass stool may weaken the sphincter muscles, which in turn increases the risk of BI. Exercise can also help prevent constipation. Eliminate foods (including caffeine) that are irritating and that may cause diarrhea. Increase consumption of fluids to help stool stay soft. And always work with your medical team to keep any bowel disorders under control.

Changes That Require Immediate Medical Attention

There are certain changes in your bowel that require you seek medical attention quickly. Make an appointment with your healthcare provider if you have any of the following symptoms: blood or color changes in your stool; changes in shape or size of your stool lasting over two weeks; undigested food in stool along with diarrhea or unexplained weight loss; and foul-smelling stools that are accompanied by other symptoms like color change, mucus, fever, pain and/or weight loss.

Next Steps

If you have been diagnosed with BI, be sure to continue contact with a physician that you trust and with whom you can openly discuss incontinence issues. Continue to educate yourself about BI, and be an advocate for yourself and others with the condition.

Watch for news of new treatments and management options that can improve your quality of life. You may also be interested in learning more about clinical trials. Clinical trials are research studies that look at safe and effective new ways to prevent, detect, or treat disease. They also may study other aspects of care, such as quality of life issues.

To learn more about clinical trials, why they matter, and how to participate, you can access the NIH Clinical Research Trials and You website at www.nih.gov/health/clinicals and for information on current studies access www.ClinicalTrials.gov.

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U.S. National Institute of Diabetes and Digestive and Kidney Diseases. *Treatment for constipation.* Online. Page accessed 27 July 2015. www.niddk.nih.gov/health-information/health-topics/digestive-diseases/constipation/Pages/treatment.aspx

FURTHER READING & RESOURCES

American College of Gastroenterology. 6400 Goldsboro Road, Suite 200, Bethesda, MD 20817. (310) 263-9000. www.acg.gi.org

American Gastroenterological Association, 4930 Del Ray Avenue, Bethesda, MD 20814. (301) 654-2055. www.gastro.org

American Neurogastroenterology and Motility Society, 45685 Harmony Lane, Belleville, MI 48111. (734) 699-1130. www.motilitysociety.org

Continence Central website. Provides information on a wide range of products, including bowel management products. www.continencentral.org.

Continence Foundation of Australia. Faecal incontinence [online]. www.continence.org.au/pages/faecal-incontinence.html

International Foundation for Functional Gastrointestinal Disorders. About Incontinence website. www.aboutincontinence.org/

The Bladder and Bowel Foundation. SATRA Innovation Park, Rockingham Road, Kettering, Northants, NN16 9JH, UK. www.bladderandbowelfoundation.org/

U.S. National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) Bowel Control Awareness Campaign. www.bowelcontrol.nih.gov

Voices for PFD, American Urogynecologic Society Foundation, 2025 M Street NW, Suite 800, Washington, DC 20036. (202) 367-1167. www.voicesforpfd.org

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This Fact Sheet has been made possible by an educational grant from

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