THE digestive health CENTRE

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Faecal incontinence

Faecal incontinence refers to the involuntary loss of liquid, stool or gas (minor incontinence) or the involuntary loss of solid stool (major incontinence). This condition probably affects 5% of the population. Fecal incontinence is also more common in older adults. Fecal incontinence is a treatable condition: treatment can lessen symptoms in most cases and can often completely cure incontinence.

Causes of faecal incontinence

Continence requires the normal function of both the lower digestive tract and the nervous system. The anal sphincters, along with the pelvic muscles, which surround the terminal part of the digestive tract, help ensure controlled movement of digestive tract contents. There are many possible causes of fecal incontinence; in most cases, incontinence results from some combination of these causes.

- **Damage of the anal sphincters (muscles)** during vaginal childbirth or anal surgery or trauma
- **Neurologic diseases**—multiple sclerosis, spinal cord and nerve damage during vaginal childbirth
- **Decreased rectal relaxation** - Conditions such as inflammatory bowel disease and radiation proctitis.
- **Faecal impaction** — Collection of hardened faeces in the rectum can cause the anal sphincters to relax
- **Idiopathic incontinence** - where a clear cause cannot be found

Investigations that may be needed:
- Colonoscopy (examination of the entire colon and anal canal
- Anorectal manometry measurement of sphincter tone, rectal sensation and rectal reflexes
- Nerve conduction tests — Pudendal nerve conduction studies may reveal nerve damage.
- Rectal ultrasound for identifying structural abnormalities of both anal sphincters.
- Defecography - a barium paste is placed in the rectum and x-rays are taken during straining, and defecation
- Stool tests —may reveal a cause of fecal incontinence in people who have diarrhoea.

Medical therapy via Jenny Porch our continence physiotherapist

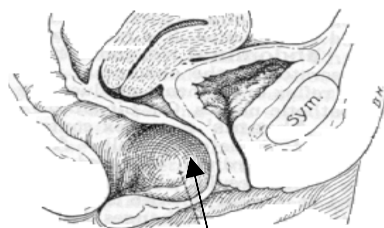
- Pelvic floor exercises

  Squeeze the muscles you would use to stop the flow of urine when you are sitting on the toilet or to stop passing gas. Don't hold your breath. Work up to 10 to 15 repeats each Do your exercises for 5 minutes, at least three times a day, in three positions: lying, sitting, and standing. Squeeze your pelvic muscles tightly and hold on until *after you* sneeze, lift, or jump.

- Bulking substances (fibre by adsorbing stool water thereby thickening the consistency of stool.
- Medications that reduce stool frequency —Loperamide can also increase internal anal sphincter tone.
- Anticholinergic medications work by reducing contractions in the colon.
- Treatment of faecal impaction
- Biofeedback —sensors are placed on an anus to help identify muscles that help maintain continence.

Surgery —These procedures include direct repair of damaged sphincters, reinforcement of anorectal structures,

Colostomy — If all other treatment measures fail, colostomy is a treatment alternative for relieving fecal incontinence. Colostomy diverts stool into an appliance attached to the skin, thereby eliminating leakage of stool from the rectum.



Rectocele

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