Bowel incontinence

Any changes in your bowel habit should be reported to your GP for further assessment. GPs are used to seeing people with bowel issues. It is not something you should put up with or self-manage, and treatments are available.

What is bowel incontinence?

Bowel incontinence, also known as faecal incontinence or bowel leakage, is the inability to control bowel movements. This includes stool and wind from the back passage.

It can be very distressing to experience these symptoms and many people tend to avoid seeking help and advice for fear and embarrassment. You should be encouraged to know that there are many different options available to help manage and improve bowel incontinence symptoms, so that it does not limit your everyday life.

What is 'normal'?

The pattern of bowel emptying varies from person to person. The normal range is from three times a day to once every third day, for the passing of a formed stool that is not hard or too soft.

What causes bowel incontinence?

There are several factors that can lead to loss of bowel control. Underlying medical conditions, recent surgery or treatments can impact stool consistency and faecal incontinence. Other factors may include dietary intake, food intolerances and medications, including the use of laxatives.

It is not uncommon for bowel incontinence to be caused by a combination of problems. These may include:

- Injury during childbirth. The muscles around the anus (back passage) may be damaged during the process of giving birth. The muscles of the anus may be torn or split. Nerves (which send messages to the brain for the control of movement and feeling) may become damaged in the pelvic floor (muscles in the abdomen) or nerves to the anus. Whilst damage may be seen at the birth, often the weakness does not show until later in life.

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- Operations to the anal area or other causes of damage to the anus and the area close by may affect the anal muscles and result in bowel control problems
- Growing older, the muscles may also weaken so that earlier mild problems become more severe later in life.
- Medical illnesses or diseases of the nervous system are another possible cause.
- Diarrhoea or loose stools. Stool that is loose or liquid due to diarrhoea, is harder for the weakened muscles of the pelvis to control. Liquid stool can pass over the top of the constipated stool (overflow diarrhoea) and can leak out of the bottom.
- Weak sphincter muscle or weakness in the rectum can lead to loss of stool. This can be due to hormonal changes, childbirth or injury.
- Irritable Bowel Syndrome (IBS)
- Coeliac Disease
- Inflammatory Bowel disease (e.g. Crohn's disease)
- Other conditions, which may affect nerves in your bottom e.g. diabetes, stroke, neurological conditions.
- Anxiety can be a trigger, and it is important to have support to manage this.

Food and drink can affect bowel incontinence:

- Some foods act as natural laxatives and sometimes we can eat foods that may trigger our bowel. This can lead to looser stools and bowel incontinence. Examples of these items can be spicy foods, coffee and other caffeinated drinks, alcohol, chocolate, prunes, prune juice, figs, molasses and liquorice.
- Fibre is an important part of a balanced diet. It important to remember that everyone is different, and people react differently to different fibre contents.
- Artificial sweeteners are also known to cause softer stools.
- Foods that are high in fat can cause diarrhoea.
- Food intolerances can cause softer stools.

Medications can also affect bowel incontinence:

- A review and adjustment of medication may be useful, and you should speak to your doctor or nurse. However, some medications may be necessary long term to manage underlying medical conditions.

- Regular use and overuse of laxatives can lead to softened stools that become more difficult to control. Reducing or stopping these medications may resolve the issue. This should be done in consultation with your healthcare professional.

How are people affected by bowel incontinence?

We know that bowel incontinence can affect people in differing ways and may include:

- A sudden need to dash to the toilet or urge to poo that you are unable to control
- Leakage or soiling, without realising you need the toilet
- Leakage when passing wind
- Bowel incontinence refers to a continued issue (not a one-off incident that may be due to an upset tummy and diarrhoea)
- The impact on day-to-day life and activity restriction

What tests might I have?

It is important to understand the cause of your bowel incontinence and treat you correctly and your specialist may advise that you have certain tests. These may include any or all of the following:

- Blood tests to check the thyroid gland is working correctly and check your calcium levels.
- Physical examination. Your specialist might examine both your abdomen (tummy) and perform an internal finger examination of the back passage inserting a gloved finger into your anal canal (bottom). They may ask you to 'squeeze' your anal canal so they can assess your anal tone (strength of your muscles).
- Colonoscopy / CT Colonoscopy/ Flexible sigmoidoscopy – a fine endoscopic tube is passed into the anal canal and examines the inner lining of the bowel. Either the full length of the bowel is viewed (colonoscopy) or the examination is limited to the rectum and last section of the large bowel (flexible sigmoidoscopy). This test is used to eliminate any other problems within the bowel.

- Ano-rectal physiology studies (manometry). This test is done in an out-patient clinic. A catheter probe with a small balloon is inserted into your anus. The other end is attached to a machine which measures the pressure in the balloon as you are asked to squeeze and relax the muscles in your rectum. The balloon is also filled gradually to measure the volume and compliance of the rectum. This provides information as to how toned the muscles in your rectum and anal canal are and how well the muscles and nerves work together to coordinate a bowel motion.
- Endoanal ultrasound. This test is done in an out-patient clinic. An internal probe is passed into the anal canal and uses ultrasound to image the anal sphincter muscles.
- Defaecating proctogram. This test is done in the radiology department. A special barium paste enema, which shows up on x-rays, is inserted into the anal canal. A series of x-rays are then taken as the enema is passed naturally into a specially designed toilet. Although the test can cause some embarrassment it may be necessary to provide information to help to understand your bowel symptoms and every effort will be taken to maintain your dignity and privacy.

What non-surgical treatment might your doctor recommend to help with bowel incontinence?

It is important to understand what is causing bowel incontinence to treat it correctly. However, for many people it is possible to improve symptoms through dietary and lifestyle changes.

Try reducing your intake of caffeine (coffee, tea, cola and energy drinks) and fizzy drinks as these stimulate the bowel to work quicker and cause loose stool.

There is a difference between insoluble fibres (that are not digested by the bowel) and soluble fibres (that are). To improve symptoms of bowel incontinence, you might try to reduce your intake of insoluble fibre, including seeds, wholegrain breads, bran, high fibre cereals, nuts and skins on fruit and vegetables. Soluble fibre is needed as it helps to absorb water in the bowel helping the stool to bind together and not be as loose. Oats are a good source of soluble fibre.

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If adjusting medications and dietary manipulation has not helped to bulk or firm up your stool, there are some medications that may be considered. A bulking agent such as ispaghula husk can be used for both soft stools and constipation. It bulks the stool by absorbing water in the gut, therefore promoting normal movement. It is important to drink adequate amounts of fluid with this medication. The medicine comes as granules in a sachet which are mixed with cold water. It is important to follow the manufacturer's guidance on preparation and consumption. Your doctor, nurse or pharmacist will be able to further advise.

Medicines such as loperamide or Immodium slow the gut's normal activity. This medication works by keeping stool in the bowel for longer and allows more water to be absorbed by the body, causing a firmer stool. It can be used to help reduce bowel urgency and leakage. It is best taken half an hour before meals where possible. The amount of loperamide to slow the gut is individual to each person; the dose is slowly increased to avoid constipation. It is important to speak to your doctor, nurse or pharmacist, and they will further advise. A liquid formulation is available on prescription only, which enables smaller doses to be used than the tablet or capsule formulation. Capsules can be bought over the counter or obtained on prescription.

Non-surgical management options may also include anal sphincter or pelvic floor muscle exercises. These exercises can help to strengthen the muscles around the back passage and pelvic floor, which are used to control your bowel (and bladder). You may be referred to a specialist nurse/physiotherapist, who will be able to further assess.

Your healthcare professional might recommend bowel training. This can involve making dietary changes to reduce diarrhoea or constipation, advice on toilet routines, being instructed on correct sitting position on the toilet to help empty your bowel.

There are a number of products to help contain leakage or soiling. These include plugs or anal inserts that are placed in your bottom, and pads that can be worn inside your underwear.

Trans anal irrigation is performed to remove any stool that has not been passed naturally and help with bowel management and control. If this treatment is offered, you will be instructed on use and you will be given ongoing support and review. Trans anal irrigation systems (both large and small volumes) are available on prescription following clinical assessment.

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Percutaneous tibial nerve stimulation (PTNS) might be a treatment option. Its availability varies by area. It is a treatment that can sometimes improve symptoms in patients who have bowel incontinence or urgency by stimulating the sacral nerves that regulate bladder and bowel function. It may help defer defaecation and dashing to the toilet, resulting in a decrease in episodes of incontinence. The advantage of PTNS is that it can be given in the outpatient clinic and is a non-surgical technique.

Other treatments may be considered if non-surgical measures do not help. These options include Sacral Nerve Stimulation (SNS) and surgery which your healthcare professional would discuss with you.

Further information

Find more information about child bladder and bowel health in our information library at www.bbuk.org.uk. You can also contact the Bladder & Bowel UK confidential helpline (0161 214 4591).

For further advice on bladder and bowel problems speak to your GP or other healthcare professional.