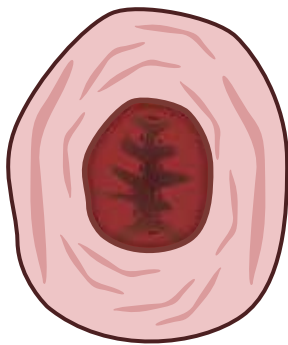


# FECAL INCONTINENCE

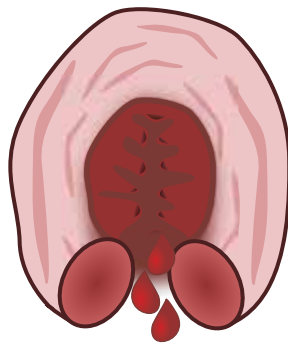
## WHAT IS FECAL INCONTINENCE?

Fecal incontinence (also called anal or bowel incontinence) is the impaired ability to control the passage of gas or stool. This is a common problem, but often not discussed due to embarrassment. Failure to seek treatment can result in social isolation and a negative impact on quality of life.

## FECAL (BOWEL) INCONTINENCE



Normal Anal  
Sphincter Muscle



Severed Anal  
Sphincter Muscle

## WHAT ARE THE CAUSES OF FECAL INCONTINENCE?

There are many causes of fecal incontinence such as injury, disease and age.

- **Childbirth-related injury:** The most common cause of fecal incontinence results from a tear in the anal muscles during childbirth. Additionally, the nerves controlling the anal muscles may also be injured, leading to incontinence. Some injuries may be detected immediately following childbirth, though many go unnoticed until they cause problems later in life. Since it may be years after giving birth, childbirth is often not recognized as the cause of the problem.
- **Trauma to anal muscles:** Anal operations or traumatic injury to the tissues near the anal region can damage the anal muscles and/or nerves and lessen bowel control.

- **Age-related loss of anal muscle strength:** Some people gradually lose anal muscle strength as they age. A mild control problem may have existed when they were younger may progress later in life.
- **Neurological diseases:** Severe stroke, advanced dementia or spinal cord injury can cause lack of control of the anal muscles, resulting in incontinence.

## SYMPTOMS OF FECAL INCONTINENCE

Symptoms can range from mild to severe. Mild cases may only involve difficulty controlling gas, while severe cases can lead to an inability to control both liquid and formed stools. A patient may have a feeling of urgency or experience stool leakage due to frequent liquid stools or diarrhea.

If there is bleeding with lack of bowel control, consult your physician as soon as possible. Bleeding may indicate a rectal tumor, rectal prolapse, inflammation within the tissues of the colon and rectum, or conditions that include Ulcerative Colitis and Crohn's disease. All of these conditions require prompt evaluation by a physician.

## HOW DO YOU DIAGNOSE FECAL INCONTINENCE?

An initial discussion of symptoms with your physician will help determine the degree of incontinence and the effect it has on your life. Possible underlying factors are often found during a review of your medical history, such as:

- Multiple pregnancies, large weight babies, forceps deliveries or prior episiotomies (surgical incisions to aid childbirth)
- History of prior anal or rectal surgeries
- Medical illnesses or conditions
- Medication side effects

A physical examination of the anal region should be performed, and may easily identify an obvious injury to the anal muscles. Your physician will decide if additional tests are needed to confirm the diagnosis. One test involves an ultrasound probe that can examine the anal area to identify and provide photographs of injured anal muscles. Additional tests may be required in order to assess the function of the muscles and nerves that help control bowel movements.

## HOW DO YOU TREAT FECAL INCONTINENCE?

There are nonsurgical and surgical treatment options that can be used based on the cause and severity of the problem. Your colon and rectal surgeon will discuss the different treatment methods and help you decide on the approach that is best for you.

### NON-SURGICAL OPTIONS

- **Dietary changes:** Mild problems may be treated simply by changing one's diet.
- **Constipating medications:** Specific medications can result in firmer stools, enabling improved bowel control.
- **Medications:** Inflammatory bowel diseases (such as Ulcerative Colitis or Crohn's disease) can cause diarrhea and contribute to bowel control problems. Treating these underlying diseases may improve or even eliminate symptoms of incontinence.
- **Muscle strengthening exercises:** Simple home exercises to strengthen the anal muscles can help in mild cases.
- **Biofeedback:** A type of physical therapy which helps patients strengthen anal muscles and sense when stool is ready to be evacuated.

### SURGICAL OPTIONS

There are several surgical options for the treatment of fecal incontinence. Keep in mind that surgery is not the right choice for every patient.

- **Surgical muscle repair:** Injuries to the anal muscles may be surgically repaired.
- **Stimulation of the nerves:** Insertion of a nerve stimulator can help nerves that control muscles and skin of the anus work more efficiently.
- **Bulking agent injections:** Injecting a substance into the anal canal can bulk it up and strengthen the "squeeze" mechanism of the anal muscles used during bowel movements.
- **Surgical colostomy:** In severe cases, a colostomy may be the best option for improving quality of life. During this procedure, part of the colon (large intestine) is brought out through the abdominal wall to drain into a bag.



## WHAT IS A COLORECTAL SURGEON?

Colorectal surgeons are experts in the surgical and non-surgical treatment of diseases of the colon, rectum and anus. They have completed advanced surgical training in the treatment of these diseases as well as full general surgical training. Board certified colon and rectal surgeons complete residencies in general surgery and colon and rectal surgery, and pass intensive examinations conducted by the American Board of Surgery and the American Board of Colon and Rectal Surgery. They are well-versed in the treatment of both benign and malignant diseases of the colon, rectum and anus and are able to perform routine screening examinations and surgically treat conditions if indicated to do so.

*Source: American Society of Colon and Rectal Surgeons*

To learn more, visit [TCRSColonDoctors.com](http://TCRSColonDoctors.com).



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