

## **Bowel Incontinence**

### **What is Bowel Incontinence and what causes it?**

Bowel incontinence is being unable to control the gas and/or stool (food waste products) from coming out from the anus (back passage). It can be very mild or more severe. This is often a problem which many people find hard to talk about due to embarrassment. Today 1-2 % (1-2 in 100 people) of the population will be experiencing major bowel accidents in their life and it is very common.

Bowel Incontinence is not a disease in itself, but is a symptom or sign and there are many different causes of the muscle damage and weakness in that area which causes bowel incontinence. Finding out the cause is very helpful in order for the right treatment to be given.

### **What are some of the possible causes of bowel incontinence?**

Some of the reasons for muscle damage in this area may be:-

#### 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.

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, a frequent and liquid stool, may be associated with bowel incontinence.

## **What are the symptoms of Bowel Incontinence?**

People with bowel incontinence experience loss of control the gas and/or liquid or solid food waste products coming out from the back passage. Patients often experience a feeling of urgency (rushing to the toilet with little delay) with a loss of control or leakage (loss of stool with no awareness of the accident taking place).

## **When should I seek help without delay or immediately?**

If any blood is passed, patients should seek help from their GP, and they may be referred to a hospital bowel specialist.

Blood in the stool may indicate a local anal cause such as haemorrhoids or piles, an inflammation or infection of the colon (large bowel) called Colitis, a bowel growth, a problem with the lining of the rectum (where the colon joins the anus) called a prolapse (when the area has fallen down out of place and may need to be repaired).

## **What will the doctor do at a consultation for bowel incontinence?**

- Try to find out the cause of the incontinence, how severe the symptoms are and how it affects your life. It is important to tell the doctor about previous medical illnesses, medicines taken and about any childbirth, if a female patient.
- A physical examination will usually take place to see if there is any obvious injury.

Other tests may be carried out to look in greater detail at this area

- An ultrasound probe may be put into the anus to provide a picture of the muscles and to try to see which anal muscles may be damaged.
- Anal Manometry uses a small catheter (flexible tube) to record muscle pressure in a relaxed state and again when the muscle contracts or tightens. This can show how strong or weak the muscle is.
- A balloon may also be placed in the rectum to show how much feeling or sensory awareness is present or how stiff the tissue can become in the back passage.
- Another test may show if the nerves to the anal muscles are functioning properly.

The team who undertake these tests have done this many times before. They understand possible embarrassment and will usually do their best to make the patient feel comfortable.

## **What are the possible treatments of bowel incontinence?**

Mild problems may be treated only by changing diet and giving constipation medication. More severe incontinence often requires hospital treatment and both non-surgical and surgical options may be offered to patients.

**Correcting diarrhoea** - The underlying reasons for diarrhoea will need to be treated and they are caused by diseases such as colitis and irritable bowel syndrome.

**Dietary measures** – changing the diet

**Constipation medication**

**Exercises** which will strengthen the muscles in that area

**Biofeedback** - monitoring body function, and then training the patient to take over more control of that area so that they become aware of needing to go to the toilet before it becomes urgent, and it can also strengthen the muscles.

**Rectal Irrigation** or washing out of the rectum can also help to cut down on accidents.

**Surgical repair** - operation to repair a broken muscle.

**Neuromodulation therapy** stimulates the nerves either by using electrical impulses in the lower back (Sacral Nerve Stimulation) or an outpatient treatment stimulating one of the nerves at the ankle, called Posterior Tibial Nerve Stimulation. Both treatments appear to make the muscles work more effectively. Whilst doctors are unsure how these stimulation treatments work, it is suspected that they may slow down the speed at which food passes through the gut and increase awareness of needing to go to the toilet.

**A Stoma** is sometimes considered for extreme cases of bowel incontinence. A stoma or colostomy is a surgical operation in which an opening is created in the abdominal wall which connects the end of the large intestine or bowel to the outside of the body. The removal of waste products then takes place through this opening into a bag. It can be permanent or temporary. If reversed, the patient can return to removing food waste from their body in the normal way.