



The Road to Pelvic Health for All!

Part 5

Bowel Incontinence: Flatus Bowel Incontinence

Report Compiled by Beta Marketing (2019)

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2. Flatus Bowel Incontinence

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IMPORTANT NOTE

The information in this report is for educational purposes only.
It is not medical advice. Should you have any of these issues or problems
please consult your Doctor.

Introduction

Passing wind or flatus/flatulence/gas is an everyday occurrence for us all and on average we pass between 400 to 2,000 millilitres of oxygen, carbon dioxide, hydrogen and methane gases daily, mostly without being noticed.

However, when the passing of gas becomes excruciatingly noticeable and more worryingly, uncontrollable, the embarrassment and humiliation can be quite shattering.

Many sufferers report that frequent loo visits to expel any gases can work in the short term, as can limiting the intake of 'windy' gas inducing foods. But what happens when all else fails and a normal bodily function, that has gone unnoticed for years, becomes a major source of embarrassment, preventing social interaction with others or creating humiliating episodes of awkwardness?

What is Flatus Bowel Incontinence

Uncontrollable flatulence, also known as flatus incontinence, is the medical term used to describe uncontrollable gas, wind or 'farts'. It is one symptom of a weak pelvic floor, rather than an actual medical condition.

2. Flatus Bowel Incontinence

Flatus incontinence (Flatal incontinence) is a symptom of bowel (anorectal) dysfunction. This type of bowel incontinence is defined by being more noticeable when you pass wind and being unable to restrain it, leaving you embarrassed.

Flatulence is part of a normal, healthy digestive system and cannot be completely prevented. The gas you release is a mix of air swallowed as you eat, drink or smoke, alongside gas produced by the colonic microbiota (live microbes) within your digestive system as they break down food.

If your internal sphincter has nerve damage, you may not receive any signs or signals stimulated by the gas as it passes through. Therefore you can pass wind without realising it.

Normally, if you do feel the urge to pass wind, you contract your external sphincter to keep it in until an appropriate time. However, if this external sphincter is damaged or weak, you may once again have no control over stopping the wind from escaping.

60% of people suffering with faecal incontinence also experience flatus incontinence, but the latter can often occur in isolation. Unfortunately the number of people suffering from flatus incontinence cannot be accurately reported on, as many sufferers do not seek diagnosis or treatment for fear of embarrassment. It is thought that the largest group of sufferers are women over 65, however, men and women of any age can suffer. Although not life-threatening, flatus incontinence can lead to social isolation, depression and anxiety.

Flatus incontinence can be treated with conservative, non-medical treatments. Therefore, there is no reason not to get your condition diagnosed and begin a programme of treatment immediately. Often a lifestyle change, as simple as reviewing your diet, can see a great improvement in your flatus incontinence.

Symptoms of Flatus Bowel Incontinence

You may be suffering from flatus incontinence if you:

- are unable to prevent wind from escaping
- pass wind more than 25 times a day
- try and avoid flatulence causing foods
- are often constipated
- visit the toilet just to pass wind, to reduce the risk of passing wind in front of colleagues and friends.

Flatus incontinence can be a symptom of another, more serious, bowel dysfunction or associated condition; such as irritable bowel syndrome (IBS), coeliac disease or food intolerance. Therefore it is important to get a formal diagnosis from your doctor or specialist before seeking treatment.

Causes of Flatus Bowel Incontinence

You can suffer from flatus incontinence after experiencing damage to your internal and/or external sphincter muscles.

This can occur as a result of:

- **Constipation** - When matter sits in the colon for an extended period of time it will produce gas, as it spends longer fermenting.

- **Childbirth** - In otherwise healthy women, childbirth is the leading cause of flatus incontinence. You are at a greater risk if you have a complicated childbirth where forceps or a vacuum are used, or if the weight of the baby was over 4000 g, and/or if you experienced a tear. These factors leave your pelvic muscles weak and your sphincters damaged. Multiple births further advance this risk.
- **Disease and injury** - If you suffer from Parkinson's disease, multiple sclerosis (MS), stroke, a spinal cord injury, Alzheimer's, spina bifida or diabetes, you are at a greater risk of developing flatus incontinence due to the nerve damage that you may have. You can lose the sensation of needing to pass wind, and as a result, lose the awareness of it occurring.
- **Surgery** - During a lower abdominal or urological surgery, accidental nerve damage can occur. This can prevent your muscles from functioning correctly leaving you unable to hold wind until an appropriate time.
- **Carrying excess body weight** - Excess body weight puts unnecessary pressure on your pelvic floor, causing the pelvic muscles to weaken. This weakness can lead to your sphincters failing to function at their optimum thus challenging your ability to hold in wind and as a result, allowing gas to escape.
- **Age** - Your risk of suffering from flatus incontinence increases over the age of 35.
- **Smoking** - Its no secret that smoking can lead to a huge list of health problems. There are many diseases and dysfunctions that it can cause in your digestive system, including; cancers, peptic ulcers, liver disease, increased symptoms of Chrohn's disease, colon polyps and pancreatitis. In addition, the chronic cough that often accompanies smoking will also strain and weaken your pelvic floor.
- **Food intolerance** - This can increase the production of wind.

Treatment of Flatus Bowel Incontinence

Treatments look to decrease the amount of wind being produced and strengthen the internal and external sphincters and pelvic floor muscles, thus enhancing your ability to hold in wind.

Conservative Therapies

Conservative therapies, such as lifestyle changes and non-surgical medical treatments, resolve 25% of bowel incontinence cases and are the first course of treatment.

They include:

- **Pelvic floor (Kegel) exercises** - Your pelvic floor is responsible for supporting your bowels. Peristaltic waves together with the pelvic floor muscles are responsible for moving waste through the lower digestive system and out of the anus. Regularly exercising the pelvic floor will improve the strength of your sphincters and the co-ordination of their contraction to prevent wind escaping. Biofeedback therapy and electronic pelvic toners (using NMES) can make your pelvic floor exercises more effective.
- **Review your diet** - If you suffer from lactose intolerance, avoid dairy. Other foods that increase the production of wind include cabbage, cauliflower, onions, beans and carbonated drinks. Peppermint tea can settle your stomach.
- **Eat more slowly** - Chew food more slowly and take your time as you eat. Avoid eating as you walk.
- **Stop smoking and chewing gum** - When you smoke and chew gum you can swallow air, which then makes it through to your digestive system and will find a way out via a burp or wind.
- **Review medications with your GP** - Excessive wind can be the result of taking laxatives, statins, ibuprofen and antifungal medicines. Never stop prescribed medications without first consulting your GP.

- **Supplement with enzymes** - The digestive enzyme galactosidase breaks down complex carbohydrates in an earlier section of the digestive system - in the small bowel instead of the large bowel, where the bacteria otherwise produce gas as they metabolise. Lactase can be taken to break down lactose.
- **Treat and prevent constipation** - Increase your intake of fibre and drink more water. Pelvic floor exercises can also improve the ease of your bowel movements, with 50% of constipation due to pelvic floor dysfunction. Your doctor can prescribe stool softeners or laxatives if you are unable to treat the constipation without them. You may be offered a tap-water enema or rectal suppository as a quicker resolution.
- **Exercise** - Exercise can help keep all the functions in the body working to their best ability.

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Important Notices

FIND 1x DOWNLOADABLE PDF BONUS ON THE PART 5 REPORT PAGE

1. **Bowel Diary.pdf**

KEEP AN EYE OUT FOR PART 6

Urinary Incontinence: Types of Urinary Incontinence

**With BONUS: Guide to Retraining Urge
Incontinence.pdf**

Medical knowledge is always advancing and in light of this we acknowledge that this information herein is current as of the date of publication (July 2019) and that some information may no longer be valid in the future.

For updates and a first world understanding of what the current medical practices are, visit the National Institute for Health and Care Excellence (www.nice.org.uk) for advice into procedures you are offered .

If you have not yet subscribed for the full 8-part report titled, **The Road to Pelvic Health for All**, you can do so here:
www.pelvichealthsubscribe.betamarketing.co.za

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