



# *The Road to Pelvic Health for All!*

## *Part 4* *Bowel Incontinence: 1. Faecal Incontinence*

# Part 4

## Bowel Incontinence:

### 1. Faecal 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

Faecal incontinence can range in severity, from passing a small piece of stool when passing wind, through to complete loss of bowel control. But no matter the severity of the problem, bowel incontinence can really damage self-esteem and quality of life.

So with bowel incontinence, it's important not to just wear incontinence pads and hope that the problem will go away. It's important to see your doctor to establish the cause, and execute Kegel exercises to strengthen your pelvic floor. A strong pelvic floor means that your muscles can better support your pelvic organs and help to prevent faecal incontinence.

Much of the suffering from faecal incontinence is needless, as in a great many cases, regular pelvic floor exercises can make incontinence entirely preventable.

## What is Bowel Incontinence

Bowel incontinence is the loss of bowel control, causing you to pass stool and/or gas unexpectedly. This can range from sometimes leaking a small amount of stool when passing gas, to not being able to control bowel movements.

# How the Bowels Work

The bowel is the lower part of the digestive system. It begins after the stomach with the small bowel (small intestine), and includes the large bowel (colon/large intestine) and rectum, ending at the anus.

The purpose of the bowel is to absorb nutrients and fluid from the food and drink we consume, before it is removed from the body as waste.

Food is moved along this path of organs by a series of muscles. At the top of the system they unconsciously contract and relax, and at the bottom you voluntarily control them.

For waste to exit the body it passes into the upper anal canal (rectum), which is supported by the levator ani muscles of the pelvic floor.

The nerve endings in the rectum are stimulated by the waste, giving you the urge to have a bowel movement. This stimulates the internal sphincter muscle to involuntarily relax and open. You consciously keep your external sphincter contracted, until you are on a toilet, at which point you can voluntarily relax it to allow for defecation.

When you strain to move your bowels the puborectalis muscle, of the pelvic floor, moves from an angle of 90° to 135° to release its pressure on the anal canal to make the movement of waste easier.

The coordination of these muscles and sphincters is essential in order to have a smooth bowel movement.

The rectum, anus, pelvic muscles, and nervous system must work together to control bowel movements. If there is a problem with any of these, it can cause incontinence.

Issues can also arise if you have a weak or damaged pelvic floor and sphincters, or if the muscles often spasm. This can lead to incontinence, where you involuntarily leak stool and/or gas.

Individuals suffering from bowel incontinence (also known as anal incontinence) rarely seek treatment. Whether for fear of embarrassment, or maybe it's seen as inevitable with age or childbirth.

Even though incontinence is rarely life threatening, it can be much more than an inconvenience, severely affecting your quality of life. You can suffer from social isolation in an attempt to avoid the embarrassment, depression and anxiety.

Only up to 15% of the population seek treatment for bowel incontinence, with the number of individuals suffering likely to be much higher.

**As with most medical issues, the earlier you seek treatment, the quicker the resolution.**

A GP will diagnose the type of incontinence you are suffering from by the causes and when it occurs. This leads to a specific treatment plan being developed, which looks to resolve issues permanently by looking at conservative therapies first, which include amending your lifestyle alongside any non-surgical treatments.

Bowel incontinence can be diagnosed even more specifically by the matter that escapes.

## Types of Bowel Incontinence

- **Faecal Incontinence** - Inability to control leakage of faeces (stool) and gas.
- **Flatus Bowel Incontinence** - Inability to control the leakage of gas.

# 1. Faecal Incontinence

Faecal incontinence is a symptom of bowel (anorectal) dysfunction, occurring as a result of a dysfunctional co-ordination of the internal and external sphincter muscles, and pelvic floor muscles.

If you suffer from faecal incontinence you will uncontrollably pass gas, and leak liquid and/or solid faeces occasionally or multiple times a day.

The internal sphincter is unconsciously contracted throughout the day, holding waste matter in the rectum until there is enough to warrant a bowel movement. If the sphincter becomes damaged then you can lose the sensation to go to the bathroom, and it can open to allow soft or small pieces of stool to leak without you realising. This often occurs when you are moving, and is known as **passive faecal incontinence**.

In contrast, the external sphincter is voluntarily relaxed until your rectum becomes full, at which point the internal sphincter gives the sensation to go to the toilet and you contract the external sphincter. You will then relax both sphincters to relieve yourself in a toilet. However, if the external sphincter gets damaged you can expect the urge to go the bathroom to be quickly followed by a uncontrollable bowel movement, as you are unable to contract the external sphincter enough. This is known as **urge faecal incontinence**.

Bowel incontinence can really damage your self-esteem and quality of life. It can result in depression, anxiety, and social isolation, as you become no longer comfortable leaving the house. It is the number one reason for an elderly person to be institutionalised, with 30-50% of nursing home residents suffering from faecal incontinence.

If you are suffering, take comfort in knowing that you are not alone. Bowel incontinence is more common than asthma and diabetes. Reports suggest it affects over 53 million Europeans (figure from Bladder & Bowel Community, 2018) and 5.5 million Americans (figure from American College of Gastroenterology, 2013), however, the true figure is likely to be even greater.

# Symptoms of Faecal Incontinence

You may be suffering from faecal incontinence if you:

- pass small pieces of stool when you pass wind
- pass very soft and liquid stool (diarrhoea), often without realising it
- are unable to prevent wind from escaping
- occasionally experience a complete loss of bowel control and pass solid stool
- suffer from chronic diarrhoea
- suffer from **\*fecal impaction** or constipation
- frequently soil your underwear
- often suffer from stomach pain
- suffer from urinary incontinence

**Get a formal diagnosis from your GP** to confirm that the symptoms you are experiencing are not part of another more serious condition, such as rectal cancer or Irritable Bowel Syndrome (IBS) or Inflammatory Bowel Disease (IBD). Other symptoms of these more serious conditions include; rectal bleeding, abdominal pain, constipation, diarrhoea, a feeling of never having an empty bowel, dark or black stools, and/or unexplained weight loss or malnutrition.

*\*What is fecal impaction - A fecal impaction is a solid, immobile bulk of faeces that can develop in the rectum as a result of chronic constipation. Fecal impaction is a severe bowel condition in which a hard, dry mass of stool becomes stuck in the colon or rectum. Without treatment, fecal impaction can cause severe damage. Therefore, people experiencing any of the symptoms should visit their doctor as soon as possible.*

# Causes of Faecal Incontinence

Damage to your internal and external anal sphincter and pelvic floor muscles can occur as a result of one or more of the following causes:

- **Childbirth** - In otherwise healthy women, childbirth is the leading cause of incontinence. Reports suggest that up to 13% of women that have had a single birth have symptoms of faecal incontinence. With multiple births increasing this risk to 20%. These figures are predicted to be much higher than reported, as many women do not seek diagnosis due to embarrassment. Childbirth can damage and weaken the sphincter muscles, often causing nerve damage and in some cases tear the anal sphincter.
- **Pelvic floor dysfunction** - A weak pelvic floor can lead to a rectocele (rectal prolapse) where the rectum protrudes into the vagina. It can also cause an enterocele, where the small intestine prolapses into the space between the rectum and vagina. It should also be noted that 50% of constipation is caused by pelvic floor dysfunction, where the muscles are unable to relax when you attempt to defecate.
- **Constipation** - Constipation can lead to faecal incontinence in two ways:
  1. Chronic straining can weaken your pelvic floor, preventing your muscles from being able to support your colon, and move matter through it.
  2. If you have extremely hard, impacted faeces, your body will produce more liquid in an attempt to soften it. This can lead to orange/light brown diarrhoea that can easily leak.
- **Diarrhoea** - Temporary (acute) diarrhoea can occur as a result of a mild infection or food reaction. Chronic recurring diarrhoea can occur as a symptom of Irritable Bowel Syndrome and Crohn's disease. Diarrhoea can easily leak through a damaged or weak sphincter. Even if your sphincters would normally function acceptably, extremely loose and wet stool can leak.

- **Disease and injury** - If you suffer from Parkinson's disease, multiple sclerosis, stroke, a spinal cord injury, Alzheimer's, spina bifida or diabetes, you are at a greater risk of developing faecal incontinence. Owing to the nerve damage that your pelvis may have incurred, you can lose the sensation of needing the toilet and not realise when your bowel is full or whether you will pass wind, solid or liquid stool. If your muscles are damaged, you will lose control over how and when you open your bowels.
- **Sexual abuse** - Some forms of sexual abuse damage the sphincter muscles. Sexual abuse can also cause anxiety around defecation.
- **Medications** - Some medications can interfere with the absorption of dietary fats in the intestine. Antibiotics can loosen your stools and cause diarrhoea, making your symptoms worse. However, never stop taking a prescribed medication without first consulting your GP.
- **Surgery** - Any pelvic surgery can damage the sphincter. Surgeries which occur in or around the anus are more likely to cause damage, with anorectal (anus and rectum) and colorectal (colon) surgeries having the greatest risk.
- **Carrying excess body weight** - Carrying excess weight puts unnecessary weight on your pelvic floor and increases the intra-abdominal pressure. If you were previously obese and underwent surgery in an attempt to resolve it, such as a gastric bypass, you are likely to still experience bowel incontinence as the surgery does not resolve any previous damage done.
- **Age** - As you age your diet will change as a result of losing your appetite, or if you can no longer eat certain things. **67% of bowel incontinence in elderly patients can be treated by reviewing the sufferers diet.** Another age associated cause of incontinence is muscle atrophy as you become less mobile, this includes your pelvic floor muscles, which will be less able to support normal bladder and bowel function.
- **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. The chronic cough that often accompanies smoking will also strain and weaken your pelvic floor, which can lead to bowel and/or bladder incontinence.

# Treatment of Faecal Incontinence

Faecal incontinence should be considered a lifelong condition, which you treat by amending your lifestyle.

## Conservative Therapies

Treatments for faecal incontinence are widely available, and often bowel incontinence can be treated with conservative therapies alone.

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

Lifestyle changes to implement are:

- Stop smoking
- Maintain a healthy weight (BMI under 30)
- Exercise, other than daily pelvic floor (Kegel) exercises consider walking. Avoid high-impact exercise like running, aerobics, squats and lunges.
- Review your diet - An altered diet can be successful in treating bowel incontinence in 67% of elderly sufferers, and 1/3 of other sufferers.

Dietary-wise consider:

- Adding soluble fibre to make your faeces firmer.
- Taking probiotic & prebiotic capsules to introduce healthy bacteria into your gut.
- Eating tomatoes, bananas and garlic - they stimulate the growth of good bacteria as they contain prebiotics.
- Avoiding caffeine, which stimulates and relaxes the internal sphincter muscle.
- Avoiding dairy, fruit and artificial sweeteners which make your faeces loose.
- Reducing your intake of sodium (salt) and protein (especially beans), which can increase the production of wind.

### Non-Surgical Treatments include:

- **Pelvic floor (Kegel) exercises** - Your pelvic floor is responsible for supporting your bowels, which by a series of muscle contractions known as peristalsis are responsible for moving waste through the lower digestive system and out of the anus. Regularly exercising your pelvic floor muscles will improve the strength of your sphincters and the co-ordination of their contraction in response to the urge to go.
- **Biofeedback therapy** - Learning how to effectively contract and relax the pelvic floor muscles can help you learn how best to defecate. This is the role of biofeedback therapy, where your doctor/physiotherapist will ensure you are correctly exercising your pelvic floor. It can also be done using an electrical device with an anal probe, vaginal probe or external skin electrodes. Biofeedback devices read and display the movements of the muscles with a score, so you are able to see an improvement as you progress with your exercises. Biofeedback therapy can also include rectal sensitivity training, which aims to improve the sensitivity of the rectum so you can detect the urge to defecate earlier. This involves an intra-rectal balloon, which is placed in the rectum and progressively shrunk over repeated re-inflations. This can also be used in a patient that suffers from hypersensitivity as it teaches them to tolerate progressively larger volumes before defecating.
- **Neuromuscular stimulation (NMES)** - To enhance the effectiveness of your pelvic floor(Kegel) exercises you can use an electronic pelvic toner together with an anal probe, vaginal probe or external skin electrode pads. Many toners use NMES, which stimulate the nerves with electrical pulses to contract the muscles artificially, targeting both fast twitch and slow twitch fibres to increase both endurance and your ability to resist sudden urges to defecate. NMES also increases circulation, the bulk and strength of your muscles and, by association, the function of the pelvic floor in maintaining normal bowel movements.
- **Treat and prevent constipation** - In this case, 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 or you may be offered a tap-water enema or rectal suppository, as a quicker resolution.

- **Treat acute diarrhoea** - If you are suffering from temporary (acute) diarrhoea, you will be advised to drink more water to prevent dehydration. However, contact your GP, if it does not stop within a few days, for further advice. At this point you may be prescribed an anti-diarrheal agent; such as loperamide, codeine or diphenoxylate. These pharmaceuticals increase the time that faecal matter is in the intestine, by inhibiting the muscles. So, by the time the faeces reaches your rectum, they are firmer. These drugs also enhance the strength of the sphincter to resist urges. A common side effect of these drugs is constipation when they are taken in too high a dose.

## Surgical Treatments

Incontinence should be considered as a life-long condition that we all have to manage and prevent throughout our life. Hence, surgery should not be considered as a one-time solution to resolve incontinence. Even if you do have surgery, your surgeon will expect you to review your lifestyle and introduce pelvic floor (Kegel) exercises into your routine to prevent incontinence from returning.

Although most surgeries aim to enhance the strength of the internal and external anal sphincters, if these fail, the additional surgeries performed do not have the same aim, rather they are done to re-route the problem and in so doing do not treat the cause of bowel incontinence.

The list of surgeries include:

- **Injectable bulking agents** - Under local anaesthetic, bulking agents can be injected into your weak or damaged sphincters to increase their strength.
- **Sphincter repair** - This surgery overlaps weak or damaged internal and external sphincters to increase bulk and create a complete ring of muscle.

- **Artificial sphincter** - A damaged (or significantly weak) anal sphincter can be added to with an inflatable cuff. This cuff is connected to a pump (placed in the labia in women and scrotum in men) and a balloon (in the abdomen). The cuff is filled with fluid to keep the anus closed. When you go to the toilet, you activate the pump to move the fluid to the balloon, allowing the cuff to empty and relax, allowing for defecation. The National Institute for Health and Care Excellence in UK currently recommend that this procedure is only done within the context of research.
- **Implanted magnetic bead band** - If you have weak or damaged sphincters, you may be offered this relatively new procedure. A tunnel is made around the anus, into which a ring of magnetic beads is placed. The magnets keep the sphincter closed, until stool presses against it to interfere and open the ring. The National Institute for Health and Care Excellence (UK) recommend this procedure due to the significant improvement in quality of life that it can provide. However they do highlight that more research into the procedures effectiveness and safety, needs to be done.
- **Nerve stimulation** - In a series of outpatient sessions, a mild electric current is passed from a needle into the tibial nerve, which is above the ankle. This nerve connects to the pelvic floor and hence these electrical pulses can strengthen its muscles. If you have a weak, but otherwise intact sphincter, you can have a procedure where electrodes are semi-permanently implanted under the skin of the lower back. They are connected to a pulse generator which produces electrical pulses through the sacral nerve, keeping the anal sphincter closed. When you need to defecate you use a magnet to interrupt the pulses of electricity to allow your sphincter to relax. A series of testing and training allows your surgeon to adjust the device to work most effectively for you, and for you to learn how best to use it.

Non-surgical sacral nerve stimulation can also be achieved using an electronic pelvic toner together with a probe, or if you prefer, electrode pads specifically placed on the lower back to successfully treat incontinence. The device can also be used to increase the strength of the sphincter and pelvic floor muscles for them to work together more effectively.

- **Muscle transposition** - A segment of the gracilis muscle, from the patients thigh, is added to the anus as extra bulk. An electric pulse generator is implanted into the abdomen, which continuously stimulates the muscle, turning it into a slow twitch endurance muscle.
- **Ileostomy/colostomy** - These permanent \*stomas are considered as a suitable treatment where other surgeries have failed. An ileostomy is where the small bowel (small intestine) is diverted through an opening in the abdomen into a bag. A colostomy is where the end of the colon is diverted through an opening in the abdomen into a bag. These avoid the lowest part of the digestive system, and does not treat the causes of incontinence.
- **Weight reduction** - Surgery to reduce obesity i.e. gastric bypass, does not treat bowel incontinence, as it does not resolve the damage to the sphincter muscles. It can, however, treat one of the causes of incontinence and be successful in preventing incontinence from getting worse.

If you are suffering with depression, associated with your incontinence, speak to your doctor/specialist about support during your treatment.

*\*What is a stoma- It is a small artificial opening made into the abdomen, surgically created in order to divert the flow of faeces and/or urine.*

-----END OF PART 4 -----

# Important Notices

## **FIND 1x DOWNLOADABLE PDF BONUS ON THE PART 4 REPORT PAGE**

### 1. The Bristol Stool Chart.pdf

Since it can be difficult to state what is normal and what is abnormal, some health professionals use a scale to classify the type of stool passed. This chart helps assess how long the stool has spent in the bowel.

## **NEXT WEEK - KEEP AN EYE OUT FOR PART 5**

### **Types of Bowel Incontinence: 1. Flatus Bowel Incontinence**

### **With BONUS: Bowel Diary.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](http://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](http://www.pelvichealthsubscribe.betamarketing.co.za)

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