

What You Should Know About Fecal Incontinence

Fecal incontinence, also called bowel or anal incontinence, is extremely common in the United States, afflicting approximately 8% of adults.

Despite affecting a high number of people, many often suffer silently, either due to embarrassment and frustration or the belief that nothing can be done to improve their situation. Many otherwise healthy, active individuals of all ages suffer from fecal incontinence. Although not life threatening, fecal incontinence significantly diminishes quality of life.

Fecal incontinence is the involuntary loss of solid or liquid stool sufficient enough to cause distress and impair your quality of life. Frequent or involuntary passage of gas (flatus) or mucus without loss of fecal material, while not clinically defined as incontinence, may also impair your quality of life and warrant investigation and treatment.

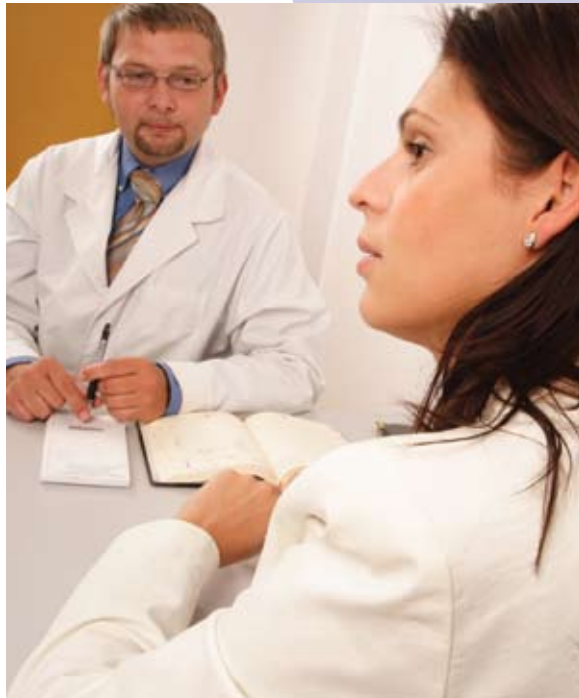
Diagnosing Fecal Incontinence

If you are suffering with fecal incontinence, there is hope. The first step toward reclaiming control lies with taking the initiative to speak with your physician. Your physician may then begin to look into the cause of your problem or he or she may refer you to a specialist in the fields of gastroenterology, colorectal surgery, gynecology, and/or physical therapy. Regardless of the type of specialist you are referred to, it is important that you feel comfortable and confident that your personal concerns are being heard and addressed with care. The purpose of any fecal incontinence treatment should be to help you regain a sense of control over your symptoms.

During your visit with your health care provider, he or she might ask you the following questions so that investigations and treatment can be tailored to meet your specific needs:

- How long has fecal incontinence been present?
- Do you have to wear a pad daily because of fecal incontinence?
- Is fecal incontinence affecting your social, work, and/or sex life?
- Do you have incontinence of mostly solid or liquid fecal matter? Gas?
- Are you aware when you are about to have an episode of incontinence (do you sense a feeling of urgency to get to a bathroom?), or does the episode occur without warning?

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- Do you suffer from diarrhea or constipation?
- Is the volume of fecal incontinence small or large, or are your undergarments soiled?
 - Do you suffer from concurrent urinary incontinence?
 - Do you have a bloody or mucus-like discharge?
 - Have you suffered from any obstetric trauma or undergone any vaginal or rectal surgeries?

While testing is in progress, you may be asked to keep a diary to record any specific concerns or observations that may help your health care provider to better develop treatment options that are custom-made for you.

Based on how you answer these questions and after a thorough review of your history and previous medical evaluations and treatments, your provider may decide to order some simple tests to help assess the degree of your incontinence and help guide treatment. Testing usually consists of a few minimally invasive studies, including anorectal manometry (a simple test used to measure rectal and pelvic muscle strength and coordination) and anorectal ultrasound (a small ultrasound probe that checks for rectal muscle tears). Depending on your past workup and specific symptoms, other tests may be warranted; however, the evaluation should be as efficient and minimally invasive as possible. While testing is in progress, you may be asked to keep a diary to record any specific concerns or observations that may help your health care provider to better develop treatment options that are custom-made for you.

Resources

- The International Foundation for Functional Gastrointestinal Disorders
<http://www.aboutincontinence.org/>
- The Mayo Clinic
<http://www.mayoclinic.com/health/fecal-incontinence/DS00477>
- The American Motility Society
A Registry for GI Motility Laboratories for Patient Evaluation
<http://www.motilitysociety.org/>

Treatment of Fecal Incontinence

Once the workup is complete and you are ready to begin treatment, your health care provider will counsel you about your options. Fecal incontinence is treated in a tiered approach; the most minimally invasive and conservative treatments are tried first (e.g., instruction in how to use fiber and antidiarrheals to minimize accidents), and more aggressive techniques are offered if those conservative treatments fail. Your health care provider may first focus on improving a deranged bowel habit (i.e., improve any underlying diarrhea or constipation), uncovering previously unknown food intolerances that may contribute to your symptoms, recommending biofeedback therapy, or focusing on bowel hygiene. If these interventions produce suboptimal results, many centers also offer more invasive treatments such as sphincter repair, injection of bulking agents into the rectal muscle, or insertion of an artificial bowel sphincter.

Biofeedback Training

Biofeedback training is the most common form of treatment that is offered to patients suffering from fecal incontinence. It is a form of pelvic-floor re-training that is well-tolerated, safe, and effective at helping patients with fecal incontinence. Biofeedback sessions should be conducted in a fully equipped, private room under the supervision of an expert therapist who possesses not only technical expertise, but also the sensitivity to help ensure the successful outcome of the biofeedback sessions. Ideally, patients attend these 60-minute sessions approximately one day a week for 6 weeks. During these sessions, the goal is for you to learn to identify the role of the pelvic-floor and rectal muscles in maintaining continence and how to properly isolate the contraction and relaxation of these muscles.

There is hope for those who suffer from fecal incontinence. The first step is to speak with a caring and specially trained clinician to see what course of evaluation and treatment might best meet your individual needs.

This Patient Handout was prepared by Tisha N. Lunsford, MD, using materials from the International Foundation for Functional Gastrointestinal Disorders Web site; The Mayo Clinic Web site; and The American Motility Society Web site.