

Loss of Control of Bowel Movements (Fecal Incontinence)

What is fecal incontinence?

Fecal incontinence is trouble keeping control of your bowel movements. It means that you have bowel movements that you cannot stop from coming out.

Having an urgent need for a bowel movement but having enough control to get to a toilet in time and avoid bowel accidents is not incontinence. However, it may mean that you have a bowel problem.

How does it occur?

Loss of bowel control can happen to anyone. The loss of control may be a one-time accident. Or it may happen several times in a short period of time. In some cases it is an ongoing problem that cannot be cured.

Bowel accidents can happen because you don't feel the warning urges, and the movement just happens. This type of incontinence can happen if you have had a stroke, a paralyzing accident, or illness. It may result from being confused or having dementia. It can also happen because the bowel is irritated.

Loss of bowel control can happen if you have:

- Inflammatory bowel disease, like Crohn's disease or ulcerative colitis
- An injury in the rectal area
- Irritation or infection of the rectum, anus, or the area around the anus
- Radiation therapy to the rectal area
- Spinal cord injury
- A brain condition such as head injury, stroke, or coma
- Alzheimer's disease or another type of dementia
- Weakening of the muscles and ligaments that control your bowels as you get older,

Bowel accidents that happen despite your efforts to stop them are called urge incontinence. Bowel habit problems or diseases that irritate the bowel and cause diarrhea are common causes of urge incontinence.

Sometimes constipation causes incontinence. The bowel movements (stool) get dry and hard and difficult to pass. As a result, the muscles of the rectum and intestines stretch and weaken. The weakened muscles may then allow some stool to leak out. Lack of activity and not getting enough fiber in the diet make constipation worse.

Medicines can cause incontinence. They may make it harder for you to know when your rectum is full. As a result, you may have a delayed and sudden need for a bowel movement. Some medicines also can cause severe constipation, leading to irritation and overflow incontinence. For example, some narcotic pain

killers have a strong constipating effect and often are overlooked as something that may be causing fecal incontinence.

What are the symptoms?

The main symptom is having a complete or partial bowel movement when you don't want one. You then have to clean up your clothes. If it happens often, you may need to wear protective underwear (usually called incontinence briefs).

If you have weak anal control, you may leak bowel material. If you are paralyzed, you may not know about your bowel accidents because you have no feeling in that area.

If you have more irritation than weakness, you may have urgency that gets too strong for your control.

How is it diagnosed?

Your healthcare provider will ask about your symptoms and examine you.

You may have some tests. For example:

- Your provider will probably test sensation around your anus. You may have a rectal exam that allows your provider to use his or her finger to feel for lumps, scars, or enlarged glands pressing into the rectum. The exam can also help your provider learn how strong your rectal and anal muscles are.
- Your provider may check spinal cord and nerve functions in your back, groin, and legs. Fecal incontinence can be a sign of spinal nerve problems.
- You may have a test called anal manometry to check the pressure your anal and rectal muscles can produce.
- A nerve conduction study or an electromyogram can check the nerves directly. For these tests, very thin needles are put into various muscles or alongside certain nerves in your buttocks area.

All this helps your healthcare provider find if the problem is a nerve, muscle, or coordination problem.

How is it treated?

Treatment depends on the cause.

If constipation is the cause, or if constipation is making bowel movements more irritating, the treatment may include:

- Stool softeners
- Laxatives
- More fiber and liquid in the diet
- Increased physical activity
- Regularly going to the toilet to try to have a bowel movement (scheduled toileting)
- Trying certain medicines to see if they help

In rare cases, surgery may be needed. It may be done to:

- Repair the muscle at the opening of the rectum.
- Remove a problem area of the bowel (colon resection).
- Attach part of the colon to an opening in the wall of the abdomen (a colostomy). Bowel movements then pass through this opening instead of the rectum. They are collected in a bag outside the body.

When damage to the brain or spinal cord causes fecal incontinence, planning a schedule for regular bowel movements and wearing incontinence pads or briefs are the main treatments. Suppositories often are needed to help empty the bowel on a schedule.

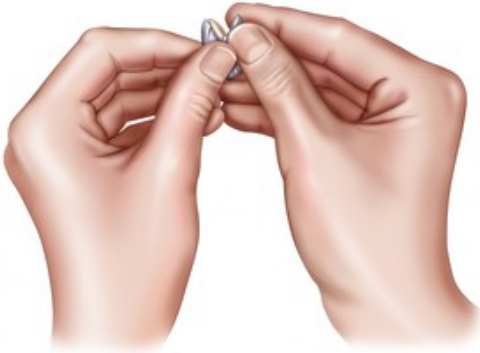
How can I help take care of myself and prevent accidents?

- You can wear protective pads inside your clothing.
- Clean the rectal area after each bowel movement to protect the skin.
- Strengthen your pelvic floor muscles by doing Kegel exercises.
- Try sitting on the toilet at certain times every day. Having a routine helps your brain and body learn when to have a bowel movement. Also, having a more empty bowel lessens the extent of problems if you have incontinence later in the day. For people with dementia, scheduled toileting is managed by family caregivers or nursing staff.

Developed by RelayHealth.

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How to Insert a Rectal Suppository



1. Remove foil wrapper.

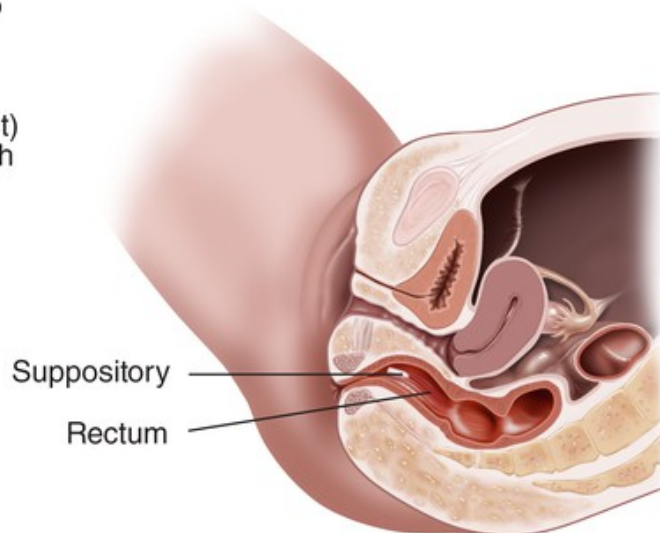


2. Moisten the suppository with water or water-based lubricating jelly (such as K-Y).



3. Lie on your left side and bend your right knee up towards your chest. Gently push the suppository into your rectum (pointed end first) so that it is deep enough not to come out. Keep lying down for about 5 minutes.

Ask your healthcare provider or pharmacist if you should wear gloves when you insert a suppository.



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