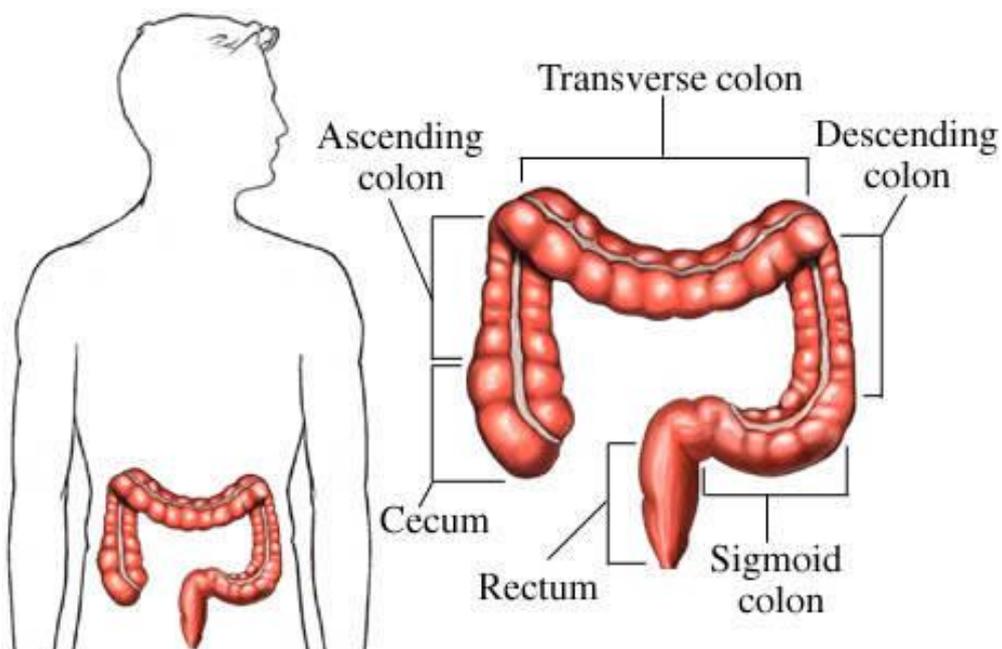


Faecal incontinence

Information for adults



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Role of the large intestine

- The large intestine (also known as the colon) is responsible for transforming waste into semi solid stools for excretion.
- It does this by absorbing fluid from the waste as it moves through.
- Stool consistency can vary between hard lumps to loose and mushy depending on how long the stools have been in the large intestine and how much water has been reabsorbed from them.
- Ideally, stools should be formed into soft, smooth sausage shapes which are comfortable to pass.

Bristol Stool Chart	
No.1 	Separate hard lumps, like nuts (hard to pass)
No.2 	Sausage-shaped but lumpy
No.3 	Like a sausage with cracks on its surface
No.4 	Like a sausage, smooth and soft 
No.5 	Soft blobs, clear cut edges (passed easily)
No.6 	Fluffy pieces, ragged edges, mushy stool
No.7 	Watery, no solid pieces. Entirely liquid



Mass movements in the large intestine

- The descending colon and the rectum are the storage tank at the end of the large intestine
- Normally the rectum is relatively empty, although some stool enters the rectum regularly
- However, most stool arrives all at once in the rectum as a result of mass movements, which happen from time to time, especially before the need to go to the toilet is experienced
- These mass movements are major waves of pressure which are capable of moving the stool through the whole length of the colon, like toothpaste being squeezed along a tube.

What causes these mass movements?

- Food arriving in the stomach when you eat a meal sets off a pressure wave in the colon a few minutes later.
- This is why people often need to empty the bowel, sometimes urgently, soon after eating.
- This is also why, for many people, the bowel is relatively quiet at night
- The first meal of the day, along with the physical activity of getting ready in the morning, stimulates contractions in the colon and mass movements. Thus many people experience the “urge” to evacuate their bowels shortly after breakfast.

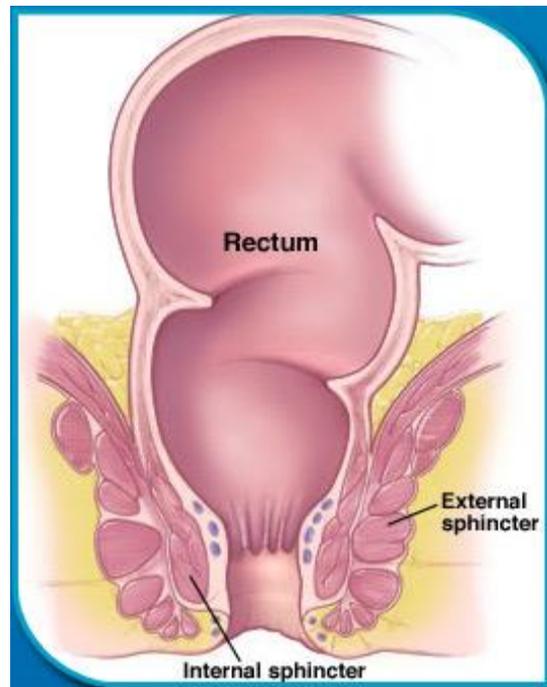
- The rate of movement through the digestive system is highly variable. Depending on what you have eaten, food USUALLY takes an average of 1-3 days to be processed. 90% of this time is spent in the colon.
- “Normal” bowel function varies between different people
- Some people move their bowels 3 times a day while others move their bowels once every 3 days. Anything in between this is normal.

Normal bowel emptying

When stool enters the rectum, the **internal anal sphincter** muscle automatically relaxes to open up the **anal canal**. This allows stool to enter the upper anal canal. Here, very sensitive nerve cells figure out whether there is wind, diarrhoea or normal stool present. Most people know that stool is in the rectum without really having to think about it.

The **external anal sphincter** is a much thicker ring of muscle wrapping around the outside of the internal anal sphincter. We have “voluntary” control of this muscle – this means that you can deliberately squeeze / use this muscle, just like you could with a muscle in the arm or leg.

If a normal stool is sensed and it is NOT convenient for you to find a toilet at that time, you can DELAY bowel emptying by squeezing the external anal sphincter. Stool will be pushed back up and out of the anal canal. Most people do this without even thinking about it.



Thus the urge to empty the bowel is resisted and will wear off. The external sphincter can relax, and stool will not enter the anal canal again until the next mass movement action. When this occurs, you will feel another urge to empty your bowels. These urges will continue at intervals until the bowel is emptied.

Continually resisting the urge to empty your bowel or ignoring the urge to empty the bowel can lead to constipation. This is because the stool is forced to

spend a longer amount of time in the colon, allowing more fluid to be reabsorbed. The stool will become harder and more difficult to pass.

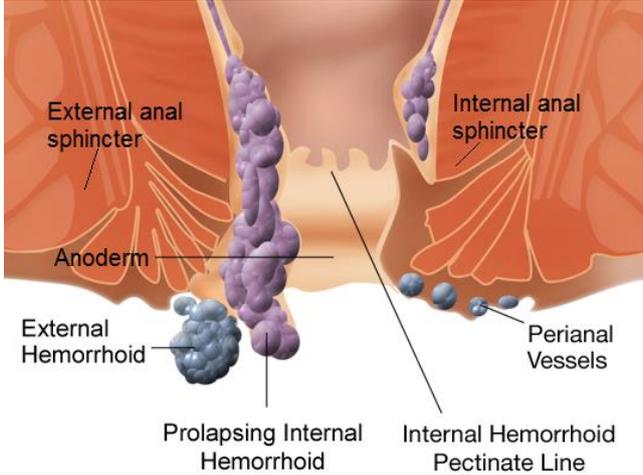
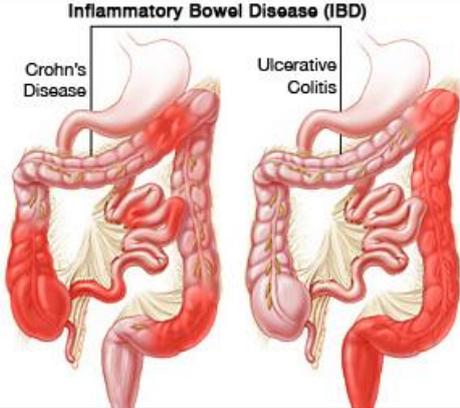
Causes of faecal incontinence

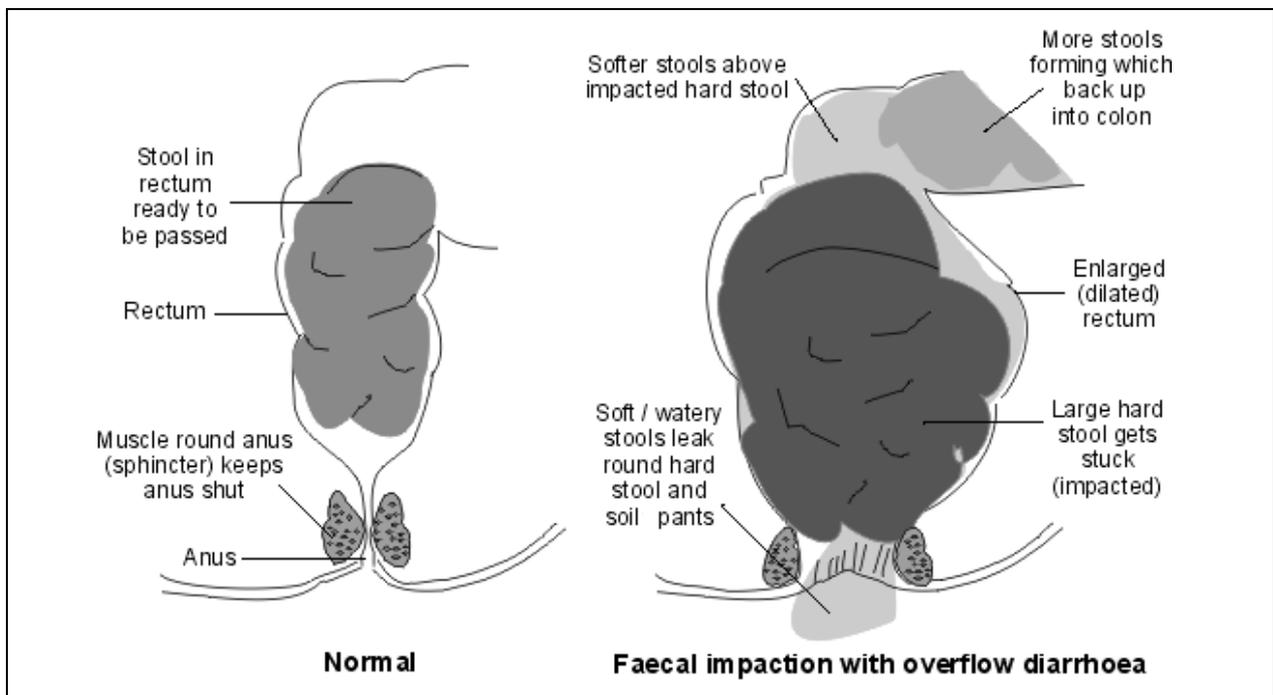
Faecal incontinence is the inability to control wind or faeces from the bowel. It is a common but often silent affliction.

For some people there is a single straight forward cause for the symptom of faecal incontinence. For others, a number of factors will combine to determine whether the person is continent or incontinent.

For example, a woman might sustain some injury to the anal sphincter during childbirth, but still be continent. However, later in life after she develops irritable bowel syndrome or has anal surgery or reaches menopause, these added factors might push her over the edge, and she will become incontinent.

Primary problem	Common cause
Anal sphincter or pelvic floor damage	<ul style="list-style-type: none"> ▪ Obstetric trauma ▪ Previous surgery (haemorrhoidectomy, anal stretch, lateral sphincterotomy, gynaecological surgery) ▪ Idiopathic degeneration ▪ Direct trauma or injury (eg impalement) ▪ Congenital abnormality

<p>Anorectal pathology</p>	<ul style="list-style-type: none"> ▪ Rectal prolapse ▪ Anal or recto vaginal fistula ▪ Haemorrhoids or skin tags  <p>The diagram illustrates the anatomy of the anal canal and rectum. It shows the internal anal sphincter at the top, followed by the anoderm (anal canal). Below the anoderm are the internal hemorrhoids, which can be prolapsing (protruding outside the anal canal) or internal hemorrhoids located above the pectinate line. External hemorrhoids are shown protruding from the external anal sphincter. Perianal vessels are also indicated.</p>
<p>Gut motility or stool consistency</p>	<ul style="list-style-type: none"> ▪ Infection ▪ Inflammatory bowel disease ▪ Irritable bowel syndrome ▪ Pelvic irradiation ▪ Diet ▪ Psychological state eg anxiety  <p>The diagram shows two types of Inflammatory Bowel Disease (IBD): Crohn's Disease and Ulcerative Colitis. Crohn's Disease is characterized by patchy inflammation that can affect any part of the gastrointestinal tract. Ulcerative Colitis is characterized by continuous inflammation that is limited to the colon and rectum.</p>
<p>Neurological disease</p>	<ul style="list-style-type: none"> ▪ Spinal cord injury ▪ Multiple sclerosis ▪ Spina bifida / sacral agenesis (these people will have constipation, and secondary overflow faecal incontinence) ▪ Alzheimer's disease
<p>Impaction with overflow diarrhoea</p>	<ul style="list-style-type: none"> ▪ Institutionalised or immobile elderly people ▪ Severely constipated children



Lifestyle and environmental factors

- Poor toilet facilities
- Inadequate care / non available assistance
- Drugs with gut side effects
- Frailty and dependence

Tests for investigating constipation

Which investigations you and your doctor decide on will depend on your symptoms, family history and age.

Medical history

The doctor may ask you to describe your faecal incontinence, particularly how long you have been incontinent, how often your bowel movements are, consistency of stools, presence of blood and your bowel habits.

A record of eating habits, medication, and level of physical activity or exercise will also help the doctor determine the cause of constipation.

Physical examination

This may include a digital rectal examination, where a gloved, lubricated finger is used to evaluate the tone of the anal sphincter and also detect tenderness, obstruction and blood.

In some cases, blood and thyroid tests might be necessary to look for thyroid disease and serum calcium, OR to rule out inflammatory, endocrine, metabolic and other systemic disorders which may be causing your constipation.

Special investigations

These are usually reserved for people with severe symptoms, for those with sudden changes in number and consistency of bowel movements or blood in the stool and for older adults.

Endo-anal ultrasound – a small ultrasound probe is placed into the anus, to generate a two dimensional picture of the anatomy.

Managing faecal incontinence

What can be done depends on the cause, how severe the problem is, as well as the age, health and motivation of the individual who is affected.

1. Dietary measures
2. Skin care
3. Managing smells and excessive wind
4. Strengthening programme – “Holding on”

1. Dietary measures

Eat smaller meals at	▪ In some people, eating a large meal triggers the urge to have a bowel movement, and sometimes causes diarrhoea.
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<p>regular and frequent intervals</p>	<ul style="list-style-type: none"> ▪ Eating smaller and more frequent meals can reduce the frequency of bowel movements. ▪ It can also make it easier for your intestines to digest and decrease wind production ▪ Having regular meal times prevents the bowel from being empty – an empty bowel produces more wind and gurgles!
<p>Swallowing air</p>	<ul style="list-style-type: none"> ▪ Sometimes the way in which you eat means that you swallow a lot of air with your food. ▪ Try eating a little more slowly; chew each mouthful carefully (especially if the food is high in fibre) and try to avoid talking too much while you are actually eating. ▪ If you are in a hurry, don't be tempted to wash down half chewed food with a gulp of drink. In fact, eating and drinking at the same time can also increase the amount of air that you swallow, so try drinking before or after food, rather than during. ▪ Chewing gum, snoring and sleeping with your mouth open can increase the amount of air you ingest.
<p>Avoid foods and drinks which cause loose stools</p>	<ul style="list-style-type: none"> ▪ dairy products (in those who are lactose intolerant) ▪ spicy, greasy or fatty foods ▪ alcohol ▪ caffeinated beverages ▪ diet foods or drinks ▪ sugar free gum and candy
<p>Increase fibre</p>	<ul style="list-style-type: none"> ▪ The daily recommended intake of fibre is 30 grams ▪ Fibre is found in cereals, grains, legumes, fruit, vegetables and salad vegetables ▪ The amount of fibre found in different types of food is shown below ▪ fibre increases stool bulk and improves stool consistency ▪ You should increase your fibre gradually over a few weeks to reduce the possibility of bloating and gas

<p>Fibre supplement eg Normafibe</p>	<p>Normafibe</p> <ul style="list-style-type: none"> ▪ reduces the amount of gas production ▪ bulks up the motion ▪ makes it stick together ▪ Makes it all come out in one go to reduce faecal soiling. <p>The correct method of taking Normafibe is</p> <ol style="list-style-type: none"> 1. Eat a meal 2. Take a sip of water to wet your mouth. 3. Put ½ teaspoon of Normafibe in your mouth and swallow (without chewing) with water 4. Put ½ teaspoon of Normafibe in your mouth and swallow with plenty of water
<p>Avoid foods which cause excessive wind production</p>	<ul style="list-style-type: none"> ▪ beans (especially baked beans and kidney beans) ▪ nuts (especially peanuts) ▪ muesli, dried fruit ▪ Bran cereal and other high fibre / wholegrain cereals ▪ Cabbage, cauliflower, carrots, broccoli ▪ Eggs ▪ shellfish

	<ul style="list-style-type: none"> ▪ Milk and milk products (especially if lactose intolerant) ▪ Jacket potato skins, peas, lentils ▪ Onions, radishes, leeks, swede and parsnips ▪ brown rice or wholemeal pasta ▪ Salad (especially cucumber) ▪ hot spicy foods and rich fatty foods ▪ Fizzy carbonated drinks ▪ alcohol especially beer
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2. Skin care

Why is good skin care important?

Anyone who has frequent bowel motions, diarrhoea or faecal incontinence may get sore skin around the back passage from time to time. This can be very uncomfortable and distressing. Occasionally the skin may become so inflamed that it breaks into an open sore. These are then difficult to heal. Taking good care of the skin around your back passage can help to prevent these problems from developing.

Why do I get sore?

- Bowel motions contain chemicals like digestive juices and acid, which break down your food. If you have very fluid bowel motions, the acid and juices can still be present, and irritate any skin it contacts
- if you have incontinence of bladder and bowel, you will be more likely to get sore, as the urine and faeces react together
- Severe itching and irritation is called “pruritus ani” and is treatable
- Haemorrhoids can cause itching and you may need to use a cream regularly to prevent itching and soreness.
- With some anal conditions, it is very difficult to wipe your bottom effectively. A little always seems to get left. This stool starts to make your bottom sore



- People who are not eating a healthy balanced diet, not drinking enough fluids or not having enough exercise are more prone to soreness as are people who are generally unwell or inactive
- Some people find that certain food or drink makes them more prone to soreness, especially citrus fruits like oranges. It might be worth cutting these out on a trial basis and more permanently if this helps

Tips to prevent soreness

- After a bowel action, always wipe gently with soft toilet paper or ideally the newer moist toilet paper (available from large pharmacies and some supermarkets!)
- Discard each piece of paper after one wipe so that you are not recontaminating the area you have just wiped
- Whenever possible, wash around the anus after a bowel action – a bidet is ideal and portable versions are available. If this is not possible, you may be able to use a shower attachment with your bottom over the edge of the bath. OR, use a soft disposable cloth with warm water.
- Sometimes a little ingenuity is needed; especially if you are not at home.
- Some people find that a small plant spray, watering can or jug filled with warm water makes washing easy on the toilet or over the edge of the bath
- Do not be tempted to use disinfectants or antiseptics in the washing water – these can sting and many people are sensitive to the chemicals in them, and will develop a reaction. Plain warm water is best
- Avoid using products with strong perfume e.g. scented soap, talcum powder, deodorants etc
- Choose a non scented soap or baby soap. Many baby wipes contain alcohol and are best avoided.
- Wear cotton underwear to allow skin to breathe

Barrier creams and pads



- Avoid using any creams or lotions on the area, unless advised to do so by a Biofeedback Specialist Nurse – regular uses of these recommended creams can prevent sore skin
- If you do use a barrier cream, use a simple one eg zinc and castor oil and use just a small amount, gently rubbed in.
- Large amounts can stop the skin from breathing and can make the area sweaty and uncomfortable.
- Make sure that the old layer of cream is washed off before applying more.
- Some people are allergic to lanolin, so creams containing this should be avoided.
- Your Biofeedback Specialist Nurse may suggest using a barrier wipe, which forms a protective film over the skin, especially if you have diarrhoea and are opening your bowels very frequently
- If you have to wear a pad because of incontinence, try to make sure that no plastic comes into contact with your skin, and that you use a pad with a soft surface

If you already have sores

- Still follow all the above advice on preventing sores
- Use a barrier cream / ointment as recommended by your Biofeedback Specialist Nurse
- If drying the skin after washing is difficult / uncomfortable, you may use a hairdryer on a VERY low setting (be careful!)
- Try not to scratch the anal area, even if it is itchy, because this will make things worse.
- Wear cotton gloves in bed (from the pharmacy) to stop yourself from scratching in your sleep
- Try to allow air to get to the anal area for at least part of every day
- Tell your nurse or doctor that the skin is broken! They can prescribe other products to help treat the symptoms and prevent serious infections

3. Managing smells and excessive wind

Why do I have so much wind?

- There is no doubt that some food lead to more wind production than others.
- Often this is foods high in fibre, which the normal bacteria in the bowel digest, producing gas as a by product. However this is very individual – food that produces a lot of wind for one person may not do so for someone else.
- It is worth experimenting to see if eating certain foods make things worse for you, and if avoiding those foods helps.

Controlling or disguising smells

- Try to ensure good ventilation of the room you are in
- Use an aromatherapy oil burner, scented candle, incense, or potpourri
- Aerosol air freshener or solid block air fresheners that work all the time
- Essential oils such as lavender or lemon oil
- Try striking a match and then blowing it out immediately and allowing the small plume of smoke to drift into the room. Tip: you may like to keep a box of matches and an egg cup for the used match in your bathroom

Other products

There is almost no scientific research on this, so we cannot actually recommend any products. However, some people find that one or more of the following products reduces wind or reduced the smell from wind:

- Peppermint oil / peppermint tea
- Aloe vera capsules / drinks
- Charcoal tablets
- Mintec / De gas
- Yakult / probiotic tablets

You could also try going to a health food store and asking about their wind reducing products.

4. Strengthening exercises “Holding on” Programme

Currently when you feel an urge to do a bowel motion, you find that you have to rush to the toilet urgently. Your rectum, your sphincter muscles and your confidence need retraining to help you overcome this problem.

Stage 1: Next time you need to do a bowel motion,

1. Sit on the toilet
2. Hold on for one minute before you open your bowels
3. Gradually increase this to 5 minutes. Don't worry if you're not able to do this for the first few times. Keep on practising!

Stage 2: Once you have mastered Stage 1, it is time to try holding on for TEN MINUTES before opening your bowels. This stage is harder, but remember you're on the toilet and therefore “safe”. It might helpful to bring something with you to read!

Stage 3: Now that you can delay opening your bowel for 10 minutes whilst sitting on the toilet, it is time to begin to move away from the toilet. Now, when you want to open your bowels, sit NEAR the toilet, either on the edge of the bath or on a chair in the bathroom or just outside the toilet area.

Now hold on for 5 minutes. Once you can do this, repeat the exercise, holding on for 10 minutes.

Stage 4: When you are able to delay opening your bowels for 10 minutes whilst OFF the toilet, you should now gradually move further away. Try shifting to your bedroom. As your muscles are now becoming stronger, you should be able to hold on for 10 minutes and as you feel more confident, increase the distance between you and the toilet.

Gradually you will find that you can increase the distance of the time away from the toilet. This may take some time to master, but remember that the more you practice this programme, the sooner this will happen!

Treatment for faecal incontinence

Biofeedback

This is a program to help the patients sense when their anal muscle is squeezed or relaxed and encouraging them to improve this response until it becomes automatic

Surgery

Surgery may be performed when a muscle defect is identified, usually as a result of giving birth. Up to 80 – 90% of patients have a very good response to this type of surgery. Patients usually do not return to perfect continence, as some wind problems still remain.

Diversion

Some patients have such severe incontinence and problems due to the incontinence there the stream of faeces may need to be diverted to the abdominal wall. This is done by creating a colostomy or ileostomy. This is often considered the last and least popular option, yet it returns the dignity and control to an often chaotic life.

Artificial anus formation

This is done by implanting a fluid filled prosthesis that squeezes the anal canal closed OR stimulated transplanted muscles. This may be suitable in certain patients with intractable incontinence who are not suitable for muscle repair.

Glossary

anal sphincter	A ring of muscle closing off anal canal and allowing you to control WHEN you will defaecate, once faeces arrives in the rectum
bowel habits	How often and where one has bowel motions
continence	Having voluntary control over urinary and faecal discharge
defaecation	The discharge of faeces from the rectum
incontinence	Inability to voluntarily control one's urinary and faecal discharge
faeces	Once food is digested, it is transformed into a waste product called faeces to be expelled from the body
gastrointestinal tract	The "tube" like organ connecting the mouth to the anus. Along this tract, food is broken down, digested, and converted to faeces to be expelled
peristalsis	The muscular contraction / relaxation movements of the gastrointestinal tract which propels the food along the tube