



Understanding Fecal Incontinence

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What is fecal incontinence?

Fecal incontinence is passing fecal material (bowel movement) when you do not intend to. This can happen to anyone if they have bad diarrhea, but we diagnose it as a medical problem only if it happens repeatedly in someone who has a mental age of at least four years.

"Skid-marks" on your underwear: Is that fecal incontinence?

For every person who passes actual fecal material in their clothes, there are 6-10 others who just stain their underwear. This is a milder form of incontinence, which has different causes than losing fecal matter. It can usually be eliminated by medical treatment.

Accidentally passing gas: Is that fecal incontinence?

Most people pass rectal gas every day, up to 20 times per day. This can be very embarrassing, but it happens so frequently that most doctors would not call it fecal incontinence. However, your doctor can sometimes help you reduce the odor or the amount of gas you pass.

What causes fecal incontinence?

- Hemorrhoids or rectal prolapse (bulging of the rectal lining through the anus) may cause minor incontinence, by making it difficult to clean up after a bowel movement or by blocking the sphincter muscle from closing completely.
- Diarrhea, especially when there is a strong urge, can cause fecal incontinence. Patients are more likely to have fecal incontinence if they have ulcerative colitis, Crohn's disease, or infectious diarrhea, and about 20% of patients with irritable bowel syndrome (IBS) have occasional fecal incontinence because of diarrhea.
- Constipation can cause fecal incontinence, especially in children. A large amount of hard bowel movement in the rectum can cause the involuntary sphincter muscle to remain open, and liquid or soft bowel movement can leak out.
- Childbirth injuries. During childbirth, there is a tremendous stretching of the muscles in the pelvic floor, which can damage the nerves or tear the sphincter muscles.
- Diabetes mellitus. Fecal incontinence can result from injuries to the sensory nerves, which tell us when the rectum is filling up and when we need to squeeze the sphincter muscle. This may happen after you have had diabetes a long time, or it can be caused by spinal cord injury or stroke.
- Ulcerative colitis or radiation treatment can cause the rectum to lose its elasticity and become stiff. This makes fecal material shoot through the rectum too quickly for us to squeeze the sphincter muscles to prevent leakage.
- Dementia and difficulty in walking or undoing buttons or zippers can also contribute to incontinence.

Who has fecal incontinence?

About 2% of people living in their own homes and 45% of nursing home residents have fecal incontinence. It is 20 times more common in nursing homes because many people enter a nursing home as a result of having fecal incontinence. Fecal incontinence is more common in children and in the elderly than it is in young and middle-aged people. Among children, boys have it more often than girls, but in adults it affects equal numbers of men and women.

How is it diagnosed?

Your doctor can often tell if your fecal incontinence is related to constipation or diarrhea just by asking you questions and examining you. However, if this examination suggests there is a different cause, two tests can help your doctor choose the best treatment:

- Anorectal manometry. This test measures the strength of the anal sphincter muscles as well as testing the elasticity of your rectum and your ability to feel when your rectum is full.
- Anal ultrasound. This is a test of the thickness of muscles surrounding the anal canal; it is used to identify patients with a tear in the anal sphincter muscles.

How is fecal incontinence treated?

- Imodium or other antidiarrheal drugs are used when fecal incontinence is related to diarrhea.
- Laxatives combined with a daily schedule to try to have a bowel movement is effective in about 60% of patients with constipation-related fecal incontinence.
- Pelvic floor exercises can be used to strengthen weak sphincter muscles.
- Biofeedback helps patients learn how to squeeze their sphincter muscles or improve their rectal sensation by using machines to monitor how well they are doing.
- Surgery: The simplest operation is to sew the ends of a torn sphincter muscle together. Other techniques involve creating a new sphincter by wrapping a different muscle around the anal canal or putting in an artificial sphincter.