Patient advice and liaison service (PALS)

If you have a compliment, complaint or concern please contact our PALS team on 020 7288 5551 or whh-tr.whitthealthPALS@nhs.net

If you need a large print, audio or translated copy of this leaflet please contact us on 020 7288 3182. We will try our best to meet your needs.

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Bowel control problems
Faecal incontinence

A patient's guide

What is Faecal Incontinence?

Faecal Incontinence is the inability to control the passing of wind or stools (faeces) through the Anus (back passage).

Around 10 percent of all adults have problems with bowel control, although it is a subject that many find it hard to talk about. Bowel control problems range from passing wind when you don't want to right through to being unable to prevent solid stool escaping the anal sphincter. Many people have temporary problems controlling their bowels, such as if they have an episode of food poisoning.

About six percent of adults normally wear a pad to deal with bowel control problems. Most chemists can supply these pads. Significant problems with bowel control can make it difficult for people to go about their normal daily activities and can cause embarrassment. This leaflet is to provide basic information, and to encourage people who have difficulty controlling their bowels to discuss this with their doctor since in many cases simple treatment can help a lot.

Who gets bowel control problems?

Older people report bowel control problems more than younger ones. Women are more likely than men to have difficulty controlling their bowels, especially after having children. Pregnancy can stretch the muscles and nerves in the pelvis, and giving birth, especially when forceps are used to deliver the baby, can sometimes damage the anal sphincter muscles.

Useful contacts

Bladder & Bowel Community

It offers advice from specially trained nurses.

T: 01926 357220

W: https://www.bladderandbowel.org/

E: help@bladderandbowel.org

Bladder & bowel UK

Bladder & Bowel UK have a National Confidential helpline managed by a team of Specialist Nurses and Continence Product Information staff, who can be contacted for advice on specialist services, product information and general advice on continence promotion.

T: 0161 607 8219

W: https://www.bbuk.org.uk

E: bbuk@disabledliving.co.uk

Contact details at Whittington Hospital

Colorectal Consultant's Secretary

T: 02072883157

Medication - firm stools are less likely to leak out through the anal sphincter than loose of liquid stools. Simple glycerine suppositories may be bought over the counter from the chemist. These work by providing a physical ‘lump’ in the lower bowel, which should stimulate the bowel to empty. Your doctor can also prescribe suppositories that actively stimulate the bowel more strongly, such as bisacodyl.

If you normally pass loose or liquid stool, discuss this with your doctor to check you don’t have any underlying disease such as a bowel infection. Once this has been checked out, your doctor can give you tablets to make your stool more solid, such as loperamide (more commonly used for travellers’ diarrhoea) or codeine phosphate. With a pharmacist’s advice you may need to adjust the dose of such tablets to find what works for you.

Some people find that all they need to do is take one of these tablets if they are going out for the day.

Treatment of more severe bowel control problems: If the simple measures described above have not helped, your doctor may refer you to a bowel specialist for further advice. The specialist will talk to you about what might have caused the problem and will examine your bottom, including feeling the strength of your sphincter muscles and checking the lining of the lower bowel through a tube to check there is no sign of inflammation in the wall of the bowel.

More than half of people with bowel control problems also have problems with urinary leakage.

The specialist is also likely to want tests done to check the function of the nerves controlling your anal sphincters and to get a scan picture of your sphincter muscles.
Your tests and treatment may be done at a specialist centre.

Endoscopy - to check inside the bowel and rectum.

Endo-anal ultrasound – a probe is passed into the anus and used to assess how well the muscles and nerves in around the rectum are working.

Anorectal Physiology – after a history has been taken the tests will be explained to you. The test looks at the way in which the muscles and nerves around the anus canal are working together. Some very small catheters are introduced into the anal canal to take measurements. Once the function tests and any other investigations have been completed you may need to come back to the clinic to see the consultant to discuss your results.

MRI Proctogram – a study to see how you pass your stools. This involves a dye called Barium which is placed in the rectum. Once the Barium is in place you will be asked to pass stools in the usual way while scans are being taken.

Sphincter repair - if the tests show a gap in the anal sphincter muscle, your specialist will discuss with you whether an operation to repair this gap might help you.

Sacral nerve stimulation - for people with severe bowel control problems then in some circumstances the specialist will advise that you consider sacral nerve stimulation.
This involves having a wire implanted through the skin of your lower back which is used to send an electric current to your sacral nerves to improve the tightness of your anal sphincter muscles. This can only be arranged in specialist centres.

Urinary incontinence - while some patients have both urinary leakage and problems with bowel control, these are usually dealt with by separate specialists. If you have both these problems, please discuss with your doctor whether you may need to be referred to both types of specialists.

In patients with reduced mobility, a build-up of constipated stool inside the body can itself cause leakage from the anus, known as overflow incontinence. Some people have reduced bowel control after having an operation on the anus, such as for piles or anal fistula.

Occasionally the anal sphincter is damaged by a direct injury. People suffering from severe diarrhoea, such as during intestinal infections or colitis often have to rush to get to a loo in time, and may experience loss of bowel control, but this should improve when the infection or colitis is treated.

How can bowel control be improved?

Dietary changes - avoiding spicy foods and foods that cause diarrhoea is an obvious way to improve bowel control. Avoid alcohol, especially beer, caffeinated or fizzy drinks, sugar free drinks and food containing sweeteners (sugar free gum) as these can stimulate the bowel and cause diarrhoea.

Many people find that reducing the amount of roughage and fibre in their diet (low residue diet) results in their stools being smaller and firmer and easier to control. For people with reduced mobility, if the doctor finds a lot of stool inside the body when he examines the anus, then actually taking more fibre and sometimes a laxative may help.

Bowel training - it is possible to improve complete emptying of the bowels in the morning, and as a result reduce later leakage. It is worth taking a hot drink such as a cup of tea first thing in the morning. This may be helped by using a suppository (a stick-like tablet inserted into the anus) to stimulate the bowel. When you feel the urge to open your bowels then go to the loo and give yourself time to complete emptying the bowel, rather than rushing.

It may take four to five minutes. Sitting on the loo with your feet well supported on the floor and leaning forward slightly may make it easier to empty the bowel fully. If the bowels are completely emptied in this way, there is less likely to be any leakage over the next few hours.

Biofeedback which consists of physical training, psychological support, dietary advice and rectal irrigation is the main stay of treatment.

Physiotherapy - for many patients with weak pelvic floor muscles, then learning exercises to improve the strength of the muscles can improve bowel control. Your doctor can refer you to a physiotherapist to teach you how to do these exercises.