Faecal Incontinence & Anal leakage

Questions & Answers

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A brief word about faecal incontinence

Faecal incontinence is the inability to control passing wind or stools (faeces) through the anus. It is a common & embarrassing problem that ranges from anal leakage to complete loss of control of the bowel motion. Few people consider discussing the condition with their doctor, friends or family. There are a number of different causes and treatments, ranging from changes in diet, medication, physiotherapy & biofeedback to surgery. A colorectal specialist will be able to perform an assessment to identify the cause and suggest treatment options.

What are the symptoms of faecal incontinence?

Faecal incontinence (also known as bowel incontinence) is the inability to control bowel movements which causes stool (faeces) to leak unexpectedly from your rectum. The severity can range from person to person. For each individual, the severity may also vary from time to time e.g. some may have problems on a daily basis whereas others may have no apparent problems for days or even weeks on end and for no apparent reason, restart having problems with poor bowel control.

Some people may experience an urgent need to go to the toilet and incontinence occurs if they do not get to the toilet quickly enough. This is known as *urge faecal incontinence*.

Alternatively, others may experience seepage of faeces or stool from the anus. Typically, this occurs following a bowel movement or after exercise. They may be unaware that it has happened until they become uncomfortable or become aware of the stool at the anus. This is known as *passive faecal incontinence, passive soiling or anal leakage.*

Many individuals who complain of faecal incontinence however, will have a mixed pattern of incontinence, with some features of both urge and passive incontinence.

Faecal Incontinence is often accompanied by diarrhoea, constipation, gas, bloating, and abdominal cramping.

Who is affected by bowel incontinence and anal leakage?

Bowel incontinence is much more common than most people realise. Because it can be such an embarrassing problem, many individuals do not report the problems to their GP, family or friends. It is thought that as many as 1 in 10 people will be affected by the problems at some point in their life.

It can affect people of any age, although the problem is more common as one gets older. It is more common in women than men, although it may be that anal leakage is more common is men .

What are the causes of faecal incontinence?

There are a number of causes. The more common causes include

- Bowel problems including *constipation* and *diarrhoea*. Underlying problems might include colitis as a cause for diarrhoea
- Muscle or nerve damage leading to a weak or *disrupted anal sphincter*. Previous surgery including haemorrhoidectomy, surgery for fistula in ano and episiotomy or tears at childbirth can therefore lead to impaired bowel continence through damage to the sphincter muscle
- *Anal problems* such as haemorrhoids and anal fistulas may give rise to anal leakage
- *Childbirth* by vaginal delivery is a common cause of injury to the muscle or nerve leading to the anal sphincter
- *Old age* leads to a gradual deterioration in the strength and function of the anal sphincter. This may give rise to problems, especially if there has been a preceding injury
- *Medical problems* including diabetes, multiple sclerosis and dementia may also be associated with faecal incontinence
- *Rectal prolapse*, both external (visible) or internal (rectal intussusception) can be associated with faecal incontinence

What investigations are performed to assess faecal incontinence?

Sometimes the cause for loss of control of the bowel motions may be reasonable obvious e.g. loss of control may occur temporarily in association with severe diarrhoea that might occur with gastroenteritis. However. For many individuals, the cause may mot be apparent and it may be necessary to perform specific tests to both assess the rectum and sphincter muscle directly and also exclude problems within the colon e.g. a flexible sigmoidoscopy/colonoscopy may be necessary to exclude colitis as a cause for diarrhoea. Some or all of the following investigations may therefore be necessary in order to identify the cause and allow your specialist to plan out the best treatment

- Blood tests to check on general health and ensure normal thyroid function etc
- Stool samples to exclude infection or inflammation in the bowel
- Flexible sigmoidoscopy/colonoscopy to exclude inflammation or other causes of loose or constipated stool
- Anorectal manometry & Endoanal ultrasound to look at the function and appearance of the anal sphincter, thereby excluding or confirming defects that might account for poor function
- EMG studies of the pudendal nerve that supplies the anal sphincter muscle
- Volume studies or the rectum to check and see if it is able to store faeces or if it is oversensitive thereby causing urgency every time stool or faeces enters it
- Defecating or MR proctogram which is an x-ray or scan to look for evidence of internal intussusception (occult prolapse), which can be associated with faecal incontinence
- On occasion, a minor operation called an EUA (examination under anaesthetic) is performed to assess the anal canal and rectum and look for problems such as a rectal prolapse

How is faecal incontinence and anal leakage treated?

If you suffer for faecal incontinence or anal leakage, your GP will be able to refer you to a colorectal specialist such as Glasgow Colorectal Centre surgeons, Mr. Richard Molloy and Mr. Graham MacKay. Your specialist will be able to assess your problem to determine to cause for your incontinence. They will also be able to recommend appropriate treatment. This might include the following treatments

- Lifestyle and dietary changes to treat constipation and diarrhoea
- Medical therapy - Anti-diarrhoea medicines are used to treat incontinence resulting from loose stools. Other medicines may relax the bowel and treat excessive contractions.
- Physiotherapy and biofeedback can be helpful to optimise the anal sphincter function in order to improve incontinence
- Surgery may have to be considered to repair large defects in the anal sphincter muscle. If a rectal prolapse or significant internal intussusception is present, consideration will need to be given to repair of these abnormalities as incontinence may improve following successful repair of the prolapse
- Bulking agent - PTQ Implants which provides a minimally invasive approach for some patients with passive faecal incontinence
- Sacral Nerve Stimulation (SNS) can help many patients who have failed more conservative treatments for faecal incontinence

Can I be treated for faecal incontinence at the Glasgow Colorectal Centre?

Yes. Glasgow Colorectal Centre surgeons Richard Molloy and Graham MacKay are both experienced in the assessment and management of patients with faecal incontinence. They will be able to perform an assessment and will also be able to exclude bowel problems such as colitis, haemorrhoids etc. Depending on the cause and severity of the faecal incontinence, they will suggest a treatment plan. All treatments ranging from medication, physiotherapy to sphincter repair & sacral nerve stimulation are available at the Glasgow Colorectal Centre.