

Bowel Incontinence Information Leaflet

Bowel Incontinence.

This means not always being able to control your bowels.
There are 2 types, faecal incontinence and flatal incontinence.

What Is Faecal Incontinence?

Faecal Incontinence is when you are unable to stop yourself from passing a bowel motion (faeces, stools). It can vary from staining of underwear to passing a complete stool without control.

What Is Flatal Incontinence?

Flatal Incontinence – this is when you cannot stop yourself from passing wind (Flatus) from the back passage.

Who Does It Affect?

Anyone can be affected but certain groups of people are more likely to have bowel incontinence than others:

- Frail older people
- People with loose stools or diarrhoea
- Women who have recently given birth
- People who have injury to or disease of their nervous system or spinal cord.
- People with learning disabilities or memory problems.
- People with urinary incontinence.
- People who have a prolapse of their rectum or organs in the pelvis (This means that these organs have slipped down from their usual position in the body).
- People who have had an operation on their colon (Part of the bowel) or anus.
- People who have had radiotherapy to the pelvic area of their body.

Normal Bowel Emptying

Inside the anus (back passage) are two rings of muscle called the anal sphincters. The inner ring of muscle is called the internal sphincter and is kept closed. When the stool enters the rectum the internal anal sphincter relaxes and the top of the anal canal opens. The stool enters the anal canal where nerve cells can tell if the stool is very loose (Diarrhoea), if there is wind (Flatus) or if it is a normal formed stool. The outer ring of muscle is called the external anal sphincter. This is the muscle you squeeze when you want to stop passing wind or having your bowels open. If you need to have a normal bowel movement but you are not near a toilet then you will squeeze the external anal sphincter muscle. This holds the stool in and it is pushed back up out of the anal canal until you are able to find a toilet. All this normally happens without really thinking about it.

Why Does Faecal Incontinence Occur?

Weakened Sphincter Muscles

If the sphincter muscles are weak then it is harder to control your bowels. They can be weakened by pregnancy and childbirth, especially if you had a tear to these sphincter muscles during the birth of your baby. This type of tear is called a Third Degree Tear or Fourth Degree Tear. As we get older the sphincter muscles naturally become weaker.

Nerve Injury

If the nerve supply to the anal sphincters is not working properly due to injury or damage, then bowel control can be affected. This can happen during childbirth, after some types of surgery or because of an injury to the spine. Other medical conditions such as a "stroke", epilepsy and multiple sclerosis (MS) can also affect the nerves supply.

Diet

Some foods and drinks can make your stools loose. When stools are loose they are hard to hold in. Some drinks can make stools loose: Alcoholic drinks, "fizzy" drinks and drinks which contain caffeine (Tea and coffee). Foods which can affect your stool include chocolate, Liquorice, fatty foods or foods with a lot of fibre in e.g. some cereals. Some artificial sweeteners can make stools loose. Certain foods can give you lots of "wind", e.g. beans, lentils, pulses, high fibre fruit and vegetables. This can also make any leakage of faeces worse.

Irritable Bowel Syndrome (IBS)

This is a disorder that affects how the large bowel works. Symptoms include pain or discomfort in the abdomen, bloating, an urgent need to empty the bowel and changes in bowel habit. IBS should be diagnosed by a doctor. Certain foods can make things worse so you may need special advice on your diet.

Constipation

When hard stools are built up in the bowel they are difficult to pass. Loose, watery faeces can leak around them. This sort of faecal incontinence is common with elderly people and children.

Medicines

Certain medicines can make your bowel motions loose. Ask your doctor or pharmacist if you think this may be the cause.

Diarrhoea

Loose stools are hard to control. Diarrhoea, very loose watery stools, can be caused by a "Bug" so see your GP if symptoms persist or if you are unwell.

Conservative Treatments

Diet Control

Regular meals are important. When you eat breakfast in the morning this makes a wave of pressure start in your bowel shortly afterwards. This gives you the feeling that you need to empty your bowel. If your stools are too loose, some foods can make them thicker: Rice, rice cakes, rice crackers, fresh pasta, bread, mashed potato, stewed apple, smooth peanut butter, marshmallows and jelly. Try drinking water or decaffeinated drinks instead of tea, coffee or fizzy drinks. Drink 8 to 10 cups of fluid a day, unless advised not to by your doctor.

Pelvic Floor Exercises

These are exercises which will help strengthen your pelvic floor muscles to help you have better control of your bowel. To help you do these exercises you may be referred to physiotherapists or nurses who are able to teach you how to do these.

Medicines

Loperamide

Loperamide is the most common treatment for faecal incontinence. It is an anti-motility drug. This means that it slows down the passage of stools. This will help give you more control of your bowel movements. Loperamide can be given as tablets or syrup. The dose can be adjusted to make your stools firm but not hard. It can be used long term in doses of 0.5 mg to 16mg per day as required. You should not be given Loperamide if you have acute diarrhoea without a diagnosed cause, if you have hard or infrequent stools or an acute attack of ulcerative colitis.

Codeine Phosphate

If Loperamide is not suitable for you, you may be prescribed Codeine Phosphate tablets to make your stools firmer. This is usually used as an Opioid Analgesic (Painkiller). Some people can become dependent on (Addicted to) these types of painkiller. This is not usual if you are taking the tablets under medical supervision but you should discuss this with your doctor.

Colpermin/Peppermint Oil.

If you have a lot of wind, you may be prescribed Colpermin capsules. These are a form of peppermint oil and can help reduce wind. If you are prescribed a medicine and are unsure about anything, please tell your consultant, GP or pharmacist who can answer your questions.

Specialists.

You should be referred to a specialist e.g. Colo-rectal doctor, Continence Nurse or Specialist Physiotherapist by your GP. This is so you can have specialised advice, treatment or investigations.

Hygiene for Faecal Incontinence.

Faecal incontinence can make your skin sore. When wiping yourself it is recommended that you use a soft toilet paper and avoid rubbing the skin too hard after having your bowels open. This is so you do not damage the skin which would make you feel sore and could cause infection. Women should always wipe from the front to the back. This is to reduce the transfer of bacteria from the bowel which could cause infections in the bladder. To wash the perineal area (area between the vagina and back passage) use warm water and a mild unscented soap.

If your Skin Is Sore.

Using a "Barrier cream" such as zinc and castor oil cream or Sudocrem can help protect your skin. Only apply a very thin layer of any cream that you may use. See your nurse or doctor if the skin is broken or doesn't get better as you may have an infection which needs treatment.

If You Have a Problem with Faecal Incontinence

Faecal incontinence is embarrassing but do talk to your Doctor, Nurse, Midwife or Health Visitor so that they can offer advice and support.

References

NICE 2007, clinical guideline 49, Faecal Incontinence.
Useful websites www.bladderandbowelfoundation.org

This leaflet can be made available in difference formats on request. If you would like to make any suggestions or comments about the content of this leaflet, then please contact the Patient Experience Team on 0151 702 4353 or by email at pals@lwh.nhs.uk

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