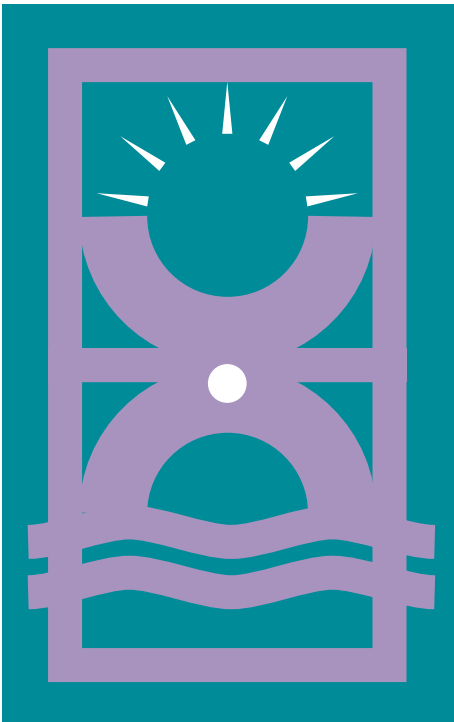




Faecal Incontinence



What is faecal incontinence?

People with faecal incontinence have difficulty controlling their bowel. As a result, they pass faeces, or stools, at the wrong time or in the wrong place. They may also pass wind without control.

Who is affected by faecal incontinence?

Faecal incontinence affects as many as one in 100 people. It is more common as you get older, but a lot of younger people are also affected.

Many people with faecal incontinence may also be affected by urinary incontinence.

What causes faecal incontinence?

There are several causes of faecal incontinence:

Muscle Weakness

Weakness of your anal muscles or sphincter may be due to:

- Childbirth
- Some types of surgery – for example, for haemorrhoids (piles)
- Injury

Severe Diarrhoea

This may be intermittent or constant depending upon the cause. It may be due to:

- Infection – the most common cause eg. gastroenteritis
- Side-effects of some medication, such as antibiotics
- Irritable bowel syndrome
- Diverticulitis
- Some specific (and relatively uncommon) diseases, such as: ulcerative colitis or Crohn's disease
- Previous radiotherapy

Constipation and Impaction

This is probably the most common cause of faecal incontinence among older and disabled people.

Faecal incontinence of this type is commonly characterised by hard bowel actions passed infrequently, along with episodes of incontinence of diarrhoea. This occurs unpredictably.

A number of factors can contribute to constipation. These include:

- Poor diet – low in fibre
- Poor fluid intake
- Poor mobility
- Some medicines; for example, some painkillers
- Various medical conditions



Faecal Incontinence

Disorders of the Nervous System

Faecal incontinence can sometimes be the result of disease or injury to the nerves. This may result in:

- A lack of sensation so that you do not feel the need to empty your bowel
- Loss of nerve input to keep the sphincter muscles contracted and so keep the anus closed

For example, the following neurological disorders can sometimes cause incontinence:

- Spina bifida
- Spinal cord injury
- Multiple sclerosis
- Stroke
- Dementia

Disorders of the Lower Bowel

Faecal incontinence can also occur as a result of the following disorders of the lower bowel:

- Cancer
- Anal fissure/fistula
- Haemorrhoids

Assessment

With so many different possible causes, a comprehensive assessment is essential to identify the cause(s) and possible contributing factors.

Everyone with faecal incontinence should be initially assessed by their GP. You should also consult him/her if you experience any of the following:

- A change in your usual bowel habits
- Pain or bleeding from the back passage
- A feeling your bowel is never completely empty
- Dark or black stools
- Unexplained weight loss

Assessment usually incorporates:

- Interview
- Physical examination
- Charting of bowel habits and dietary habits
- Tests may include colonoscopy or barium enema
- Referral to a specialist such as a colorectal surgeon or gastroenterologist if necessary

Management

The general principle of management is to treat the underlying condition. Remember: faecal incontinence is a symptom and not a disease. This means that treatment will be dependent upon the cause identified.



Treatment may include:

Severe Diarrhoea

- Resulting from infection:
In many cases this condition is usually left to run its course. Increased fluid intake is usually advised.
- Resulting from medication:
Treatment is dependent upon the medicine responsible. Your doctor may recommend an alternative medication. Never stop taking a prescribed medication without consulting your doctor.
- Resulting from other causes:
Treatment of diarrhoea resulting from bowel disease may involve medication or surgery for the underlying problem. Medication to firm up the stool or to slow down the bowel may be prescribed by your doctor.

Constipation and Faecal Impaction

Constipation is often readily resolved with:

- Treatment of any underlying cause
- A diet rich in fibre
- A fluid intake of at least 1.5 litres each 24 hours (6-8 cups) unless advised otherwise by your doctor
- Exercise

If faecal impaction is present, aperients and even suppositories or enemas may be necessary (see leaflet “Constipation and Urinary Incontinence” for further information).

Muscle Weakness

Treatment by a specialist physiotherapist can help with strengthening your pelvic floor and anal sphincter muscles. A program of treatment may include pelvic floor exercises, electrical stimulation of the muscles or biofeedback. A referral to a colorectal surgeon may be necessary.

Neurological Disorders

Faecal incontinence related to neurological disorders may present difficulties in management. Sometimes a regime of deliberate constipation (perhaps induced by medicines) combined with regular bowel emptying using enemas or suppositories is a very effective way to manage the problem.

Dementia/Confusion

People with significant dementia or confusion may not experience or recognise the urge to empty their bowel. The result is the incontinence of a normal bowel action. A common time for this to happen is soon after a meal, especially breakfast.

Charting of bowel habits for a period of time may help to reveal a pattern of bowel habits. Observation of behaviour may help to identify when a bowel action is going to occur, and means the person can be taken to the toilet at the correct time.

Ask for help.

You are not alone. Faecal incontinence can be cured or managed better if treated.



Faecal Incontinence

The National Continence Management Strategy
A Commonwealth Government Initiative

Who can help?

- Your doctor.
- National Continence Helpline freecall 1800 33 00 66.
(The Helpline can arrange telephone interpreters.)
- Your community or health worker, or physiotherapist.
- Special continence advisers at hospitals, community health centres, continence clinics or at the Continence Foundation of Australia Resource Centres or Branches.

Interpreters. Some services can arrange an interpreter (of the same sex, if preferred), at no cost to you. Check with your service.

Telephone interpreter services are cheaper and often available immediately. For example, the Translating and Interpreting Services (TIS) Doctors Priority Line provides a free service for doctors in private practice to talk with patients with poor English skills. Your doctor can book this service by phoning 1300 131 450.

You can get more information from these other leaflets in this series:

- Urinary Incontinence. What is it?
- Good Bladder Habits for Everyone
- Bladder Training
- Constipation and Urinary Incontinence
- Pelvic Floor Exercises for Men
- Pelvic Floor Exercises for Women
- Dementia and Urinary Incontinence
- Bladder Problems and the Prostate
- Incontinence Aids and Appliances
- Incontinence: Myths and Facts
- What is a Continence Assessment?
- A List of Ten Frequently Asked Questions
- One in three women who ever had a baby wet themselves
- Surgery for Stress Incontinence in Women



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