



What is faecal incontinence?

This is when you are unable to control the passage of wind or stool (poo) from your anus (back passage). This can lead to wind, or liquid or solid stool, leaking from your anus either with or without your awareness or control.

There are two types of faecal incontinence:

- **Urge** - this is when you are aware that you need to open your bowels or pass wind, but are unable to hold on until you get to a toilet, resulting in leakage
- **Passive** - this is when you pass stool or wind without being aware that it is going to happen.

Many people find it embarrassing to talk about their problem and may suffer for many years before seeking medical help.

Some people restrict their daily activities and often plan their outings around known toilet stops. This can, understandably, result in being a source of stress for their family life and relationships.

It is important to get help with this problem as soon as possible and remember that this problem is very common. Please do not let embarrassment stop you from getting the help you need.

Who can have faecal incontinence?

It is a common problem that can affect men and women of all ages and can occur for a variety of reasons, including:

- childbirth
- anal surgery
- damage to the nerves or muscles in the anus or rectum (end section of the bowel) that normally control the passage of stool
- irritable bowel syndrome (IBS)
- x-ray treatment to the pelvis and anus
- diet
- anxiety or stress
- infection
- trauma or injury
- multiple sclerosis
- constipation with diarrhoea.

However, faecal incontinence may also occur for no known reason.

Treatments and advice

Treatments and advice may include:

Medications

Depending on the cause of faecal incontinence, options include:

- anti-diarrheal drugs
- bulk laxatives, if chronic constipation is causing your incontinence.

Dietary changes

What you eat and drink affects the consistency of your stools. If constipation is causing faecal incontinence, your doctor may recommend drinking plenty of fluids and eating fibre-rich foods. If diarrhoea is contributing to the problem, high-fibre foods can also add bulk to your stools and make them less watery.

Exercise and other therapies

If muscle damage is causing faecal incontinence, your doctor may recommend a program of exercise and other therapies to restore muscle strength. These treatments can improve anal sphincter control and the awareness of the urge to defecate. Options include:

- **Biofeedback** - specially trained physical therapists teach simple exercises that can increase anal muscle strength. People learn how to strengthen pelvic floor muscles, sense when stool is ready to be released and contract the muscles if having a bowel movement at a certain time is inconvenient. Sometimes the training is done with the help of anal manometry and a rectal balloon.
- **Bowel training** - your doctor may recommend making a conscious effort to have a bowel movement at a specific time of day: for example, after eating. Establishing when you need to use the toilet can help you gain greater control.
- **Bulking agents** - injections of non-absorbable bulking agents can thicken the walls of your anus. This helps prevent leakage.
- **Sacral nerve stimulation (SNS)** - the sacral nerves run from your spinal cord to muscles in your pelvis, and regulate the sensation and strength of your rectal and anal sphincter muscles. Implanting a device that sends small electrical impulses continuously to the nerves can strengthen muscles in the bowel. This treatment is usually done only after other treatments are tried, and more study is needed to show whether it's as effective as other treatments.
- **Posterior tibial nerve stimulation (PTNS/TENS)** - this minimally invasive treatment stimulates the posterior tibial nerve at the ankle. It may be helpful for some people with faecal incontinence when done weekly for several months.
- **Vaginal balloon (Eclipse System)** - this is a pump-type device inserted in the vagina. The inflated balloon results in pressure on the rectal area, leading to a decrease in the number of episodes of faecal incontinence

Surgery

Treating faecal incontinence may require surgery to correct an underlying problem, such as rectal prolapse or sphincter damage caused by childbirth. The options include:

- **Sphincteroplasty** - this procedure repairs a damaged or weakened anal sphincter that occurred during childbirth. Doctors identify an injured area of muscle and free its edges from the surrounding tissue. They then bring the muscle edges back together and sew them in an overlapping fashion, strengthening the muscle and tightening the sphincter.

- **Treating rectal prolapse, a rectocele or haemorrhoids** - surgical correction of these problems will likely reduce or eliminate faecal incontinence.
- **Sphincter replacement** - a damaged anal sphincter can be replaced with an artificial anal sphincter. The device is essentially an inflatable cuff, which is implanted around your anal canal. When inflated, the device keeps your anal sphincter shut tight until you're ready to defecate. To go to the toilet, you use a small external pump to deflate the device and allow stool to be released. The device then re-inflates itself.
- **Sphincter repair (dynamic graciloplasty)** - in this surgery doctors take a muscle from the inner thigh and wrap it around the sphincter, restoring muscle tone to the sphincter.
- **Colostomy (bowel diversion)** - this surgery diverts stool through an opening in the abdomen. Doctors attach a special bag to this opening to collect the stool. Colostomy is generally considered only after other treatments haven't been successful.

Other information

Further useful information can be found at: www.nhsinform.scot

Further help and information

If you are experiencing faecal incontinence issues, contact your GP or Community Nurse.

We are listening - how did we do?

We welcome your feedback, as it helps us evaluate the services we provide. If you would like to tell us about your experience:

- speak to a member of staff
- visit our website: www.wihb.scot.nhs.uk/feedback or share your story at: www.careopinion.org.uk or tel. 0800 122 31 35
- tel. 01851 708069 Monday-Friday between 9am-5.30pm.

Version: 2

Date of Review: August 2024

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