

## **Bowel Incontinence**

### **What Is Incontinence?**

Incontinence is the decreased ability to control gas or stool. Its severity ranges from mild difficulty with gas control to severe loss of control over liquid and formed stools.

Incontinence to stool is a common problem, but often it is not discussed because of embarrassment. It is important that you feel free to discuss these problems with your physician or ask for a consultation with a practitioner who treats incontinence. Both bladder and bowel incontinence are problems that tend to increase with age.

### **What Causes Incontinence?**

There are many causes of incontinence. Injury during childbirth is one of the most common causes. These injuries may cause a separation in the anal muscles and decrease the muscle strength. The nerves supplying the anal muscles may also be injured. While some injuries may be recognized immediately following childbirth, many others may go unnoticed and not become a problem until later in life. In these situations, past childbirth may not be recognized as the cause of incontinence.

Anal operations or injury to the tissue surrounding the anal region similarly can damage the anal muscles and hinder bowel control. Infections around the anal area may destroy muscle tissue leading to problems of incontinence. In addition, as people age, they experience loss of strength in the anal muscles. As a result, a minor problem in a younger person may become more significant later in life.

Diarrhea may be associated with a feeling of urgency or stool leakage due to the frequent liquid stools passing through the anal opening. If bleeding accompanies lack of bowel control, consult your physician. These symptoms may indicate inflammation within the colon (colitis), a rectal tumor, or rectal prolapse - all conditions that require prompt evaluation by a physician.

Certain diseases such as multiple sclerosis and diabetes may affect the nerves going to the anal sphincter muscles and so may cause incontinence.

### **How is the Cause of Incontinence Determined?**

An initial discussion of the problem with your physician will help establish the degree of control difficulty and its impact on your lifestyle.

Many clues to the origin of incontinence may be found in patient histories. For example, a woman's history of past childbirths is very important. Multiple pregnancies, large weight babies, forceps deliveries, or episiotomies may contribute to muscle or nerve injury at the time of childbirth. In some cases, medical illnesses and medications play a role in problems with control.

A physical exam of the anal region should be performed. It may readily identify an obvious injury to the anal muscles.

**Causes of Incontinence:**

- Obstetric/childbirth injuries
- Traumatic injury to the anal muscles, accidents or surgery
- Anal infections
- Fecal impaction
- Rectal prolapse
- Diminished muscle strength with age
- Nerve damage, direct injury or part of a neurological disease

Frequently, additional studies are required to define the anal area more completely. In a test called manometry, a small catheter is placed into the anus to record pressure as patients relax and tighten the anal muscles. This test can demonstrate how weak or strong the muscle really is. A separate test may also be conducted to determine if the nerves that go to the anal muscles are functioning properly. In addition, an ultrasound probe can be used within the anal area to provide a picture of the muscles and show areas in which the anal muscles have been injured.

**What Can Be Done To Correct The Problem?**

After a careful history, physical examination and testing to determine the cause and severity of the problem, treatment can be addressed. Mild problems may be treated very simply with dietary changes and the use of some constipating medications. Your physician also may recommend simple home exercises that may strengthen the anal muscles to help in mild cases.

In other cases, biofeedback can be used to help patients sense when stool is ready to be evacuated and help strengthen the muscles. Injuries to the anal muscles may be repaired with surgery. Diseases which cause inflammation in the rectum, such as colitis, may contribute to anal control problems. Treating these diseases also may eliminate or improve symptoms of incontinence. Sometimes a change in prescribed medications may help.

In the past, patients with no hope of regaining bowel control required a colostomy. Today, this procedure is rarely required. In addition, current research into the development of an artificial anal muscle may soon find a place in treating patients with difficult control problems.

**Treatment of Incontinence May Include:**

- Dietary changes
- Constipating medications
- Treating an underlying disorder
- Muscle strengthening exercises
- Biofeedback
- Surgical muscle repair
- Artificial devices

**What is a Colorectal Surgeon?**

Colon and rectal surgeons are experts in the surgical and non-surgical treatment of colon and rectal problems. They have completed advanced training in the treatment of colon and rectal problems in addition to full training in general surgery. Colon and rectal surgeons treat benign and malignant conditions, perform routine screening examinations and surgically treat problems when necessary.