MEN'S PELVIC HEALTH

FAECAL INCONTINENCE

Faecal incontinence, also called accidental bowel leakage, is the accidental passing of bowel movements – including solid stools, liquid stools, gas or mucus – from your anus. It is estimated to affect 10% of the population, but exact numbers are probably more than this as many people choose not to get help or report it as they feel ashamed or embarrassed. Faecal incontinence remains a largely hidden problem often resulting in isolation and depression, significantly impacting on your quality of life. However, you are not alone; medical experts consider faecal incontinence may affect about 1 in 3 people or even more among older adults in hospitals or care homes. In the general adult population it may be less common, with estimates that between 7 and 15 out of 100 people have faecal incontinence. You may be afraid or embarrassed, but talking openly and honestly with your doctor is important in diagnosing and treating your faecal incontinence and will be the first step to changing your life back.

TYPES OF FAECAL INCONTINENCE

The most common type of faecal incontinence is called urge incontinence. When you have urge incontinence, you feel a strong urge to have a bowel movement but cannot stop it before reaching a toilet. If you have urge incontinence, your pelvic floor muscles may be too weak to hold back a bowel movement because of muscle injury or nerve damage.

Another type of faecal incontinence is called passive incontinence. When you have passive incontinence, leakage occurs without you knowing it. If you have passive incontinence, your body may not be able to sense when your rectum is full.

WHO IS AT RISK?

Risk factors for faecal incontinence include:

- advancing age;
- physical inactivity;
- diarrhoea (loose watery stools are harder to hold);
- constipation (the strain and difficulty of passing large, hard stools can stretch and weaken the muscles in your rectum);
- urinary incontinence;
- any pelvic surgery, including prostate surgery;
- pelvic radiotherapy;
- colonic resection;
- haemorrhoids, which can keep the muscles around your anus from closing completely and so lets small amounts of stool or mucus leak out;
- pelvic floor muscle weakness due to injury or surgery;
- nerve damage to the pelvic muscles and rectal area due to injury or following surgery;
- chronic illness including irritable bowel syndrome, type 2 diabetes, inflammatory bowel disease, proctitis; and
- neurological problems or spinal disease (eg. stroke, multiple sclerosis, spina bifida or spinal injury).

In some of these cases the faecal incontinence may be temporary following treatment or surgery and may resolve after some weeks or months. However, in some men the symptoms (although they may improve slightly) remain permanently.

The problems that faecal incontinence may cause include discomfort and irritation to the skin around the anus. But, more than this, the emotional and social distress, loss of self-esteem, anger and isolation can lead to depression. It can have a huge impact on your relationships, intimacy, and impact your work and social life as well as your ability to exercise.

You should see a doctor if your faecal incontinence is frequent or severe. Although some people are able to manage mild or infrequent faecal incontinence on their own, you should see a doctor if your faecal incontinence is affecting your quality of life or causing emotional or social distress.

HOW DO DOCTORS DIAGNOSE FAECAL INCONTINENCE?

Diagnosis is based on medical history. The doctor will look at your history and illnesses or surgeries and treatments that may have resulted in faecal incontinence. The doctor will also look for any underlying causes or risk factors that may be contributing to the condition. All of this will help structure a plan that is specific to you. Keeping a record or diary of your bathroom habits or accidents will be very helpful to understand the frequency and any triggers.

You may feel embarrassed or shy about answering your doctor's questions. However, your doctor will not be shocked or surprised. The more details and examples you can give about your problem, the better your doctor will be able to help you. You can play an active role in your diagnosis by talking openly and honestly with your doctor.

A physical examination will be necessary to assess the pelvic floor muscles and any problems originating from the prostate or haemorrhoids, for example. Laboratory tests may be done to look for anaemia or inflammation in your body. An endoscopy procedure may be performed, where a small camera is inserted inside the anus to investigate for any defects or abnormalities in the rectum or colon.

MANAGEMENT OF FAECAL INCONTINENCE

The first step in treating your faecal incontinence is to see a doctor. Your doctor will talk to you about the causes and how

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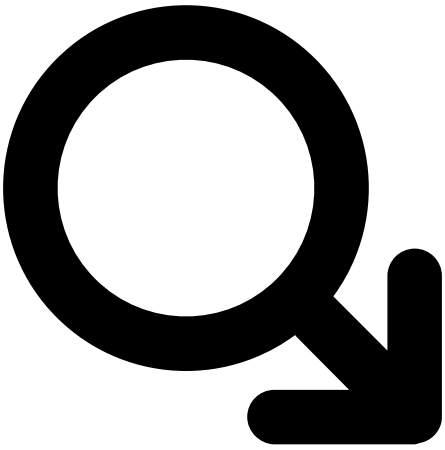

they can be treated. Simple treatments, such as diet changes, medicines, bowel training, and exercises to strengthen your pelvic floor muscles can improve symptoms by about 60%. These treatments can stop faecal incontinence in 1 out of 5 people.

You can help manage and treat your incontinence in the following ways.

1. **Absorbent pads.** For milder forms of faecal incontinence – few accidents, small volumes of stool, or staining of underwear – wearing absorbent pads may make a big difference in your quality of life. Wearing absorbent pads can be combined with other treatments.
2. **Diet changes.** Changing what you eat can help. If diarrhoea is the problem, your doctor will recommend avoiding certain foods and drinks that have a laxative effect. Your diary may give you an indication of what foods or drinks trigger an accident. If constipation or haemorrhoids are causing a problem, eating more fibre and drinking more liquids will help.
3. **Over-the-counter medicines.** Depending on the cause, over-the-counter medicines can help reduce or relieve your symptoms. Medicines such as loperamide (Imodium®) and bismuth subsalicylate (Pepto-Bismol®, Kaopectate®) may help. Likewise laxatives and stool softeners or fibre supplements such as psyllium (Metamucil®) or methylcellulose (Citrucel®) may relieve constipation. If these medicines are not helping, stronger prescriptions drugs are available.
4. **Bowel training.** Training yourself to have bowel movements at certain times of the day, such as after meals, is possible. Developing good habits of regular bowel movements may take weeks to months but can improve incontinence and the risk of an accident when out in public.
5. **Pelvic floor muscle exercises.** Also called Kegel exercises, can improve faecal incontinence symptoms. Tightening and relaxing your pelvic floor muscles many times a day can strengthen the muscles around your anus, pelvic floor, and rectum. A physical therapist can instruct you on how to do this correctly.
6. **Biofeedback therapy.** This is performed with a physical therapist. Biofeedback therapy uses devices to help you learn how to do exercises to strengthen your pelvic floor muscles. Having stronger pelvic floor muscles will help control strong sensations or urgency. It will also help you learn to sense when stool is filling your rectum in those with passive incontinence. Biofeedback therapy can be more effective than pelvic floor exercises alone. Find out which physical therapists in your area have biofeedback machines or devices.
7. **Sacral nerve stimulation.** The sacral nerves control the anal sphincters, colon, and rectum. Doctors use sacral nerve stimulation – a type of electrical stimulation – when the nerves are not working properly. Electrical stimulation of the sacral nerves helps them work properly. The electrical pulses do not hurt. You can turn the electrical stimulation on or off at any time.
8. **Non-absorbable bulking agents.** Non-absorbable bulking agents are substances injected into the wall of your anus to bulk up the tissue around the anus. The bulkier tissues make the opening of your anus narrower so the sphincters are able to close better and thus avoid leaking.
9. **Surgery.** Surgery may be an option when conservative measures fail or when there has been injury to the muscles or anal sphincter that can be repaired.

FINAL TIPS

It can be useful to do the following:

- Ensure you have emptied your bowel (used the toilet) before leaving home.
- Carry a bag with clean-up supplies and a change of clothes when leaving the house.
- Locate the bathrooms at a venue, restaurant, or shopping centre for example, on arrival before you need to go, so as to save time should there be a strong or sudden urge to go.
- Wear absorbent pads inside your underwear.
- Wear disposable underwear.
- Use faecal deodorants – these are over-the-counter pills that reduce the smell of stool and gas.
- Use over-the-counter medicines to help prevent diarrhoea before eating in restaurants or at social gatherings may help avoid an accident.

As part of your coping strategies it is important to remember that faecal incontinence:

- is a medical problem and isn't something to be ashamed of;
- treatment can be successful, so have the courage to talk about it and seek help;
- is not a normal part of ageing; and
- will not go away on it's own, most people need treatment;

Remember, you are not alone! Isolation and depression are real consequences of living with faecal incontinence. Know that there are many men and women out there having the same problems and getting support, advice and treatment will change your life.

The information contained in this article is intended as general guidance and information only and should not be relied upon as a basis for planning individual medical care or as a substitute for specialist medical advice in each individual case. ©Co-Kinetic 2022

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