

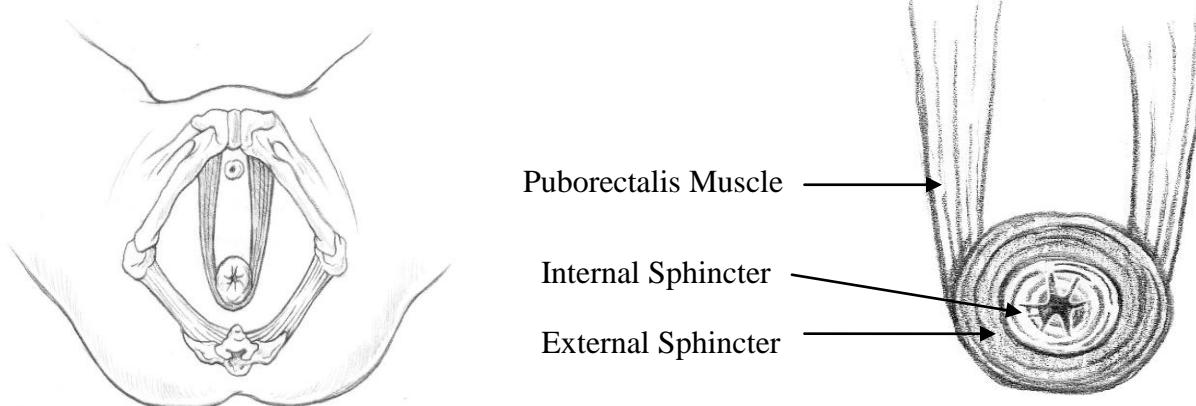
Fecal Incontinence/Anal Incontinence

What are Fecal incontinence/ Anal Incontinence?

Fecal incontinence is inability to control solid or liquid stool. Anal incontinence is the inability to control gas and mucous in addition to the inability to control stool. The symptoms range from mild release of gas to a complete loss of control. It is a common problem affecting 1 out of 13 women under the age of 60 and 1 out of 7 women over the age of 60. Men can also have this condition. Anal incontinence is a distressing condition that can interfere with the ability to work, do daily activities and enjoy social events. Even though anal incontinence is a common condition, people are uncomfortable discussing this problem with family, friends, or doctors. They often suffer in silence, not knowing that help is available.

Normal anatomy

The anal sphincters and puborectalis are the primary muscles responsible for continence. There are two sphincters: the internal anal sphincter, and the external anal sphincter. The internal sphincter is responsible for 85% of the resting muscle tone and is involuntary. This means, that you do not have control over this muscle. The external sphincter is responsible for 15% of your muscle tone and is voluntary, meaning you have control over it. Squeezing the puborectalis muscle and external anal sphincter together closes the anal canal. Squeezing these muscles can help prevent leakage.



Causes

There are many causes of anal incontinence. They include:

Injury or weakness of the sphincter muscles.

Injury or weakening of one of both of the sphincter muscles is the most common cause of anal incontinence. Injury may result from childbirth, rectal surgeries, or other trauma. Weakness may occur as part of the aging process. The internal sphincter is a smooth muscle that loses elasticity over time. This muscle cannot be strengthened or repaired, but the external sphincter is a skeletal muscle and can be strengthened. If the sphincter muscles are injured or weak from any reason, they are not able to fully close, and this may cause stool to leak out.

Constipation or having frequent or loose bowel movements.

Frequent loose bowel movements can add to the incontinence. Loose stool can slip through the sphincters easier than hard stool. Constipation also increases the chance of incontinence because if the rectum is full of hard, packed stool only liquid stool can escape. This is called overflow incontinence.

Rectal scarring or removal of the rectum.

The rectum, located above the sphincter muscles, stores stool until it is time to defecate (move your bowels). Scarring from diseases such as Ulcerative colitis and Crohn's disease or surgical removal of the rectum causes the rectum to lose the ability to hold stool. Stool has nowhere to be stored and leaks out.

Rectoceles or prolapses

Rectoceles and rectal prolapses may cause or add to leaking of stool. Stool can get trapped by a rectocele. When the rectocele returns to its original shape, stool can leak out. If the rectum sticks out, stool will likely follow.

Myopathies

Myopathies are diseases that affect muscle fibers and may lead to muscle weakness, lack of coordination, and possibly spasm.

Nerve damage

The sphincter muscles are stimulated by nerves called the pudendal nerves. If these nerves become damaged from any reason, it will affect their ability to open and close. Conditions that may injure or damage the pudendal nerves include: stretching during a delivery, aging process, trauma, or diseases that affect the nerves, such as diabetes. Damage to the nerves can also impair the ability to sense the need to defecate or distinguish between gas and stool. It may be impossible to know when stool comes out or when stool needs to come out.

For many people who are affected by anal incontinence there may be more than one underlying cause.

Treatment for Anal incontinence

The treatment for anal incontinence depends on the source of the problem. You should see a doctor that specializes in anal incontinence. This can be an urogynecologist, a gastroenterologist or a colon/rectal surgeon.

Strengthening or Repairing sphincter Muscles

Exercises to strengthen muscles or therapy to help sense the need to defecate can improve anal incontinence but in cases of severe weakness you will need the help of a skilled physical therapist. Surgery may be needed to repair a torn sphincter muscle.

Controlling Bowel Habits

Loose stool can slip through the sphincters easier than firm stool. Resolving diarrhea or constipation will improve anal incontinence. Simple changes to diet

and using medications can help solve problems of loose or hard stool. For many the key for success is getting into a habit of having a daily formed bowel movement.

Surgery for Rectoceles/ Prolapses

If is possible to repair rectoceles and rectal prolapses with surgery but sometimes the muscles may need to be strengthened with physical therapy before or after surgery. If the muscles are not strong enough anal incontinence may increase after surgery instead of decrease..

Myopathies/ Nerve Damage

Patients with nerve damage or muscular problems may benefit from a good bowel regime. If you empty the rectum, there is no stool to leak out. Using an evacuation medication can help in emptying the rectum. Another treatment option is implanting a nerve stimulator. The device called InterStim® is implanted in the back and has been helpful for some patients with nerve or muscle diseases that cause anal incontinence.

Other Options

Solesta® is a new treatment for anal incontinence. This medicine is injected into the wall of the anal canal and thickens it. This treatment works best for patients that seep mucous or small amounts of stool after a bowel movement.

Disclaimer: This document is not intended to take the place of the care and attention of your personal physician or other professional medical services. Talk with your doctor if you have Questions about individual health concerns or specific treatment options.



Patient Education by [University of Michigan Health System](#) is licensed under a [Creative Commons Attribution-NonCommercial-ShareAlike 3.0 Unported License](#).

Last Revised: 05/2012