ANAL INCONTINENCE

Anal incontinence refers to leaking faeces or wind from the back passage. It is more common than most people realise, but very few are comfortable to talk about it. Bowel control problems affect over 53 million people in Europe! It can have a significant impact on your quality of life, and lead to feelings of depression and anxiety. Some people avoid any kind of social occasion or event and even avoid relationships and everyday activities.

CAUSES OF ANAL INCONTINENCE

1. Anal sphincter damage

The most common cause of faecal incontinence is damage to one or both of the anal sphincter muscles. As explained in the section ‘Normal bowel function’ there are two rings of muscle (sphincters) around the anus to keep the bowel contents in, namely the internal anal sphincter (IAS) and the external anal sphincter (EAS).

The IAS is the main control muscle as it is responsible for keeping the anal canal closed at all times, without you having to think about it, except when you need to empty your bowels. Weakness or damage to this sphincter muscle will cause ‘passive soiling’, i.e. leaking soft stool or small pellets of stool without you realising it is happening. It happens without any warning and you may have no control to prevent this from happening.

Around the IAS is the EAS which is responsible for delaying bowel emptying once the rectum fills and the urge to empty the bowel is felt. If you have a weak or damaged EAS, you will experience urgency when you need to open your bowels, and in maybe even leak faeces or completely lose control before you reach the toilet. This is because the EAS cannot squeeze hard enough or long enough to keep the anus closed.

What can cause damage to the anal sphincter?

- Childbirth
Childbirth is the most common cause of damage to one or both of the anal sphincter muscles. 1 in 3 women sustain some sphincter damage during the birth of their first baby, if this is born naturally through the vagina. Because the anus and vagina are so close it is easy for the anal sphincters to get stretched or torn during childbirth. Some women have symptoms immediately after childbirth, while others only develop problems later in life.

- Injury to the anus
Sphincter damage can occur due to any type of injury to the anus. Accidental damage may also occur, such as during surgery to remove piles (haemorrhoidectomy) or following an operation for an anal fissure or fistula or from other surgery involving the rectum.
A rectal prolapse.
A rectal prolapse can cause faecal incontinence. A rectal prolapse occurs when the normal supports to the rectum become weak and the rectal lining, or even some of the rectum itself, prolapses down through the anus, especially when straining to empty the bowl. This may return to normal after bowel emptying or may stay out all the time in very severe cases. A prolapse itself can stretch and damage the anal sphincter muscles.

2. Diarrhoea
Diarrhoea can be both a cause of faecal incontinence and also a symptom of faecal incontinence. Diarrhoea can be acute, i.e. sudden and unexpected or chronic, i.e. ongoing and reoccurring.

There are many reasons as to why someone suffers from diarrhoea, including:

- An infection in the bowel, such as gastroenteritis or food poisoning
- Certain medicines such as antibiotics
- Eating too much fibre
- Other bowel conditions, i.e. Irritable Bowel Syndrome (IBS), Ulcerative Colitis or Crohn’s disease.
- Surgery to the bowel or colon can cause diarrhoea and bowel control problems.

3. Constipation
Constipation, again, can be both a cause of faecal incontinence and also a symptom of faecal incontinence. Constipation is a very common cause of faecal incontinence in older and disabled people, but can affect anyone of any age.

4. Nerve and spinal cord injury or disease

Faecal incontinence can sometimes be the result of disease or injury to the nerves. Nerve injury and disease can cause a loss of sensation so that you do not feel the need to empty your bowel or you cannot distinguish between the passage of solid (stool), gas (wind) or liquid (diarrhoea). It can also cause a loss of control over the muscles so that you cannot delay opening your bowel at a convenient time and place.

People with disorders such as, Parkinson’s disease, Multiple Sclerosis, spinal cord injury and Alzheimer’s disease can sometimes develop faecal incontinence that is associated with their illness.

WHAT ARE THE TREATMENT OPTIONS FOR FAECAL INCONTINENCE?

Treatment with very much depend on the cause of the faecal incontinence, how severe the problem is, and how bothered you are by your symptoms. I would strongly recommend the patient information booklet ‘Bowel Control. Information and Practical Advice’ by Christine Norton and Michael A Kamm for more detailed information on all aspects of bowel control, including treatment options.

This leaflet provides only a brief overview of management strategies and treatment options for faecal incontinence.
MANAGEMENT STRATEGIES

Management strategies may help you better cope with your bowel problem, but does not treat the underlying problem. For some women their incontinence cannot be cured, but implementing the coping strategies they can contain the situation and continue living their life. It should however not prevent you from seeking medical advice for your problem.

1. Pads and pants

Sadly there are very few products designed specifically for managing faecal incontinence. Most of the disposable pads designed and used for urinary incontinence can be used for containment, but some people find them unnecessarily bulky and not exactly the rights shape at the back to contain the leakage. A panty liner may be used for minor leakage, but for major incontinence larger pads will be needed. These come in different shapes and size, and may be available free of charge on the National Health Service. For more information, contact the Bladder and Bowel Foundation, or visit Promocon’s website.

2. Anal plugs

An anal plug is a small foam plug which is inserted into the anus and worn in the rectum to control stool leakage. It acts like a plug at the exit of the bowel and works well for ‘passive leakage’, but not so much for urge incontinence in which case it will be pushed out with the urge to open your bowels.

The anal plug comes wrapped up in a water-soluble film, so that it is easy to put in. It should be covered with Vaseline and then gently inserted with a finger through the canal into the rectum. The film dissolves once the plug is inside the rectum, where the plug then opens into a cup shape, with a string (like a tampon) for easy removal. It can be left in place for up to 12 hours and comes in 2 sizes, small and large.

To find out more about anal plugs, visit Coloplast’s website.

3. Skin care

Anyone who has frequent bowel motion, diarrhoea or faecal incontinence may get sore skin around the back passage, which can be very uncomfortable and distressing. Occasionally, the skin may become so inflamed that it breaks into open sores that may be difficult to heal. You can help prevent these problems from developing with careful personal hygiene and by taking good care of the skin around your back passage.

- Always wipe front to back, i.e. away from the bladder and vaginal openings, to avoid infection from bacteria in the faeces.
- Wipe gently after a bowel movement, using soft toilet paper and discard each piece of paper after one wipe to avoid re-contaminating the area you have just wiped.
- Whenever possible, wash around the anus after a bowel action or accident. A bidet is ideal. Alternatively use a soft disposable cloth with warm water, alcohol free wetwipes or a
handheld spray pump filled with water to use on the toilet. Avoid flannels and sponges as these can be rough and difficult to clean.

- Use just plain warm water. Do not use disinfectants or antiseptics as these can sting or cause irritation.
- Use only non-scented soap. Avoid using talcum powder and deodorants on your bottom.
- When drying the area, pat gently. Do not rub. You can also use a hairdryer on the lowest setting to dry the area, especially if you are already sore.
- Avoid using creams and lotions in the area unless advised to do so.
- Apply gentle barrier cream regularly, use only a small amount and remove the old layer before applying more. Choose a simple cream (such as zinc and castor oil) and avoid creams with lanolin as many people are allergic to this. Your doctor or nurse may suggest barrier wipes or sprays which forms a thin protective film over the skin and can be obtained on prescription.
- Wear pure cotton underwear to allow the skin to breathe. Avoid tight clothes such as tights and tight fitting jeans. Stockings or crotchless tights are suitable alternatives to tights. Only use non-biological washing powder.
- If you need to wear a pad / panty liner, use one with a soft surface and avoid having the plastic of the pad against your skin. Change the pad / panty liner regularly to avoid faeces being next to the skin for long periods of time.
- Try to allow the air to get to the anal area for at least part of every day. Do not wear pads all the time, and try to remove your underwear 10-15min before, or after, you take a bath.
- It may help to avoid certain foods, such as citrus fruit, that may make you more prone to soreness.

4. Tips on controlling winds and smells

Remember that we are all a lot more sensitive to our own smells than other people are, and you may be looking for a smell that no one else has noticed. Nevertheless, leaving an offensive smell is a great concern to those who do not have good control of wind or faeces.

Here are a few simple things you may like to try:

- Avoid foods which may increase wind (e.g. beans, eggs, peas, lentils and other pulses, shellfish, nuts, milk and milk products, muesli and high fibre cereals, cucumber, jacket potato skins, brown rice or wholemeal pasta, leeks, swede and parsnips, cabbage, cauliflower, carrots and broccoli, and onions).
- Avoid spicy food, it increase the speed with which food travels along the bowel and increase wind production.
- Eat little and often, rather than one big meal.
- Try to have regular meals as an empty bowel produces more wind.
- Avoid caffeine as it may increase bowel activity and wind.
- Avoid fizzy carbonated drinks and beers (or lager) as it increase wind for some people. If you don't burp it, you will pass it later on.
- Avoid eating and drinking at the same time as it increases the amount of air that you swallow. Have a drink before or after your meal.
- Try to ensure good ventilation of the room your are in.
• Keep a box of matches with you. Strike a match and blow it out immediately. Allow the small plume of smoke to drift into the room and overpower any unwanted smells.
• Some people believe peppermint oil, fennel tea, buttermilk, pineapple capsules, Aloe Vera capsules or drink, and live natural yoghurt or ‘Yakult’ reduce wind, or reduce the smell from wind.
• Your chemist may stock some deodorants and neutralisers specifically designed to control smells from urine or faeces. Some are available with a doctor’s prescription.

5. **Plan ahead, be prepared**
   Always keep a small packet of wet wipes in your bag, and carry a small plastic squeezy bottle filled with water that you can use to clean when having to use a public toilet. Scented nappy disposable bags, available in the baby section of supermarkets, are useful for disposal of soiled pants, or to carry it home for washing.

**TREATMENT OPTIONS:**

It is important that your doctor or nurse discuss with you the advantages and possible disadvantages of whatever treatment options are suggested. Ultimately it is your decision which treatment options you would like to pursue, and you should have input into any treatment plan agreed. The following treatments may be suggested:

1. **Medications**
   Medicines to treat faecal incontinence work by firming liquid/soft stool or slowing down the bowel and making it squeeze less strongly. Examples are loperamide (also called Imodium), codeine phosphate, or Lomotil. It is a matter of trial and error to find which one works best for you, or sometimes a low-dose combination is best. It is usually best to take these medicines about an hour before food, rather than after a meal. They act quickly, but the effect last only a few hours. Be careful not to take more medicine than you need and go from one extreme, diarrhoea, to another, constipation.
   If you suffer with constipation, a laxative may be helpful. Read more on treatment options for constipation under the section ‘Constipation’.

2. **Sphincter exercises**
   The external anal sphincter (EAS) is part of the pelvic floor muscles and can be strengthened through pelvic floor muscle exercises (also called Kegel exercises). Clinical trials show great results with PFME, with high success rates in relieving or even resolving symptoms when performed correctly and diligently. However, if you have an actual break in the muscle, the exercises are less likely to help. If the exercises are not helping after 3 months, having given it your best shot, you may need further tests to investigate the integrity and function of the anal sphincter muscles.

3. **Bowel habit retraining**
   Refer to the ‘Bowel retraining programme’ as described at the end of the leaflet.
4. **Resisting the urge**

Anyone who has had the horrible experience of a bowel accident in public understandably becomes anxious and sensitive to anything arriving in the rectum. As a result they no longer try to hold on, but instead rush to the nearest toilet the moment they have the slightest feeling that they may need to go. Soon it becomes a bad habit and a vicious circle of *the more you worry, the worse it gets; the worse it gets the more you worry to the point where you do not make it to the toilet because you are convinced you cannot do so*.

Regaining control starts by retraining the urge, and this involves retraining the rectum (where you store the stool), the sphincter muscles and your confidence.

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**RETRAINING THE URGE**

When you feel the need to have your bowels open, try following the steps below:

- **Start by holding on while sitting on the toilet.** This way you feel safe in case you cannot hold on. Try to resist the urge to open your bowels, delaying for 1 minute at first, and gradually increase the holding time to 5 minutes and then 10 minutes before you open your bowels. Make sure to have a watch/clock and take something to read to help distract you.
- **When you have mastered the above, repeat the regime away from the toilet but still near enough the toilet.** For example, sitting on the edge of the bath or on a chair in the bathroom. Try to hold for 5 minutes and later 10 minutes before opening your bowels.
- **The next stage is to move even further away from the toilet.** Try to hold 5 minutes, and later 10 minutes, sitting on your bed in your bedroom before you make your way to the toilet. As your confidence and control improves, you should continue to increase the distance and time away from the toilet to the point where you can manage to finish what you are busy with and go at a convenient time and place for you.
- **If you are having 2 or 3 bowel actions in quick succession in the morning, try to resist the first urge, and maybe later on even the second urge, so you can gradually hang on longer to have just one larger bowel action all at ones.**

Retraining bowel control does not happen overnight. The more you practice the above, the stronger the sphincter muscles will become and you confidence will improve. Remember: anxiety fuels urgency, but as you become more confident, you will panic less when you need to go, and the less anxious you are, the easier it is to make that urge go away.
5. Keeping the bowel empty

If you can make sure that the bowel is empty, especially before you go out, there will be much less, or nothing left, to leak out. If you plan ahead you can empty the bowel as completely as possible at a time that suits you using any one of the following methods:

- **Use a suppository.** Insert the suppository through the anus into the rectum with one finger and then hold on to it for as long as possible up to 10-20 minutes before going to the toilet. Simple glycerine suppositories soften and lubricates the stool, while others stimulate the rectum to squeeze and empty, such as suppositories that contain bisacodyl.

- **Micro-enemas** may help when suppositories have failed. A small amount of stimulant is inserted into the rectum via an applicator in the anus. This will stimulate the bowel to empty.

- **Anal irrigation.** Anal irrigation has shown to be effective in clearing constipation and curing faecal incontinence, giving women who suffer with these conditions renewed confidence and freedom to enjoy life without the discomfort of constipation and worry of a possible accident. The Peristeen Anal Irrigation is an innovative system from Coloplast that can be used in the privacy of your own home. It works by introducing luke warm tap water into the bowels using a rectal catheter, which is then passed along with the contents of the lower bowel while sitting on the toilet. You can find out more about the ‘Peristeen Anal Irrigation System’ on the Coloplast website.

6. Food and drinks

It is not easy to offer advice on how specific foods and drinks can affect your bowels as it seems to vary from person to person. There is also very little research on which foods can make incontinence better or worse. It is worth experimenting a little to see if you can find anything that upsets your control. Try keeping a diary to see if there is a pattern.

The following advice is sometimes offered:

- **Moderate your fibre intake.** It is a matter of getting it right. Both ‘too much’ and ‘too little’ fibre can upset your bowel function and control. Fibre is a waste product from your food that your body cannot digest and use. It keeps fluid in the bowel rather than letting it be absorbed, and by doing so makes normal or hard stools softer, but in some cases also more likely to leak. On the other hand, if your stools are very loose, or contain a lot of mucus, fibre may help you to obtain more formed stools by absorbing fluid. Lastly, fibre also stimulates the bowel and makes you pass a motion more often and with greater urgency.

  Our bodies do not all react the same, and it is a matter of trial and error to see how much fibre is right for you. You should always have some fruit and vegetables every day, but be careful with fibre supplements and deliberately high fibre foods.

- **Milk products and chocolate** have the tendency to make our stools looser and therefore more difficult to control.

  If you have had a course of antibiotics this can upset your bowel. **Live natural yoghurt or yoghurt drink** can help to restore a more regular habit.

- **Artificial sweeteners** (in many low-calorie foods, drinks and chewing gum) can make your stools looser.

- Some foods can help to make stools firmer and therefore easier to control for some people. These include **arrowroot biscuits, marshmallow sweets and ripe bananas.**
- **Alcohol** may cause the bowels to be loose and more urgent for some people. Different types of alcoholic drink can affect you in different ways.
- **Caffeine** seems to stimulate the bowel, making the stools move faster through the bowel. Less fluid is taken from the stools, leaving it looser and more urgent.
- **You should drink at least 1.5 litres of fluid per day** (24 hours), that includes all your fluids. Drinking more than the required amount does not affect or improve your bowels, but restricting or limiting your fluid intake can lead to constipation.

**FOODS RICH IN FIBRE**

- wholemeal bread
- wholegrain cereals (e.g. shredded wheat, weetabix, branflakes, porridge, muesli)
- wholemeal pasta, brown rice
- beans (including baked beans)
- peas and chick peas
- lentils
- sweetcorn
- wholemeal biscuits (e.g. digestive, rye crispbread, oatcakes)
- fruit (especially if eaten with skin or pips)
- vegetables (especially if eaten with skin or seeds, e.g. jacket potatoes)
- nuts, seeds and dried fruit (such as sultanas, raisins, dried apricots)

7. **Complementary or alternative therapies**
   Unfortunately there is very little scientific evidence about the possible benefits of complementary therapies for people with bowel problems, and so it is difficult to offer advice.
   - Hypnotherapy has been shown to be helpful for irritable bowel syndrome.
   - Reflexology is a technique to relax parts of the body.
   - Abdominal massage does seem to be helpful for some people with constipation.

8. **Surgery**
   For some problems that cause faecal incontinence it is possible to do an operation. For other problems there is no operation which can help. Surgery should not be considered lightly and it is best to discuss surgical options, including associated risks, possible complications and success rates, with your doctor.
THE BOWEL RETRAINING PROGRAMME

If you have been having problems with constipation your body may find it difficult to restore a normal bowel habit. By following the bowel retraining programme you can regain a healthier bowel habit.

Set aside 10 min at a regular time every day, without interruption, to spend in the toilet. This may be 20 - 30 minutes after a meal (breakfast is best) or a coffee. Take a magazine with you to read.

The correct position: Make sure you are comfortable on the toilet. Keep your feet about 1.5 – 2 feet apart and supported on a footstool (about 20cm in height) to open the angle of the rectum within the pelvis. This makes it easier to pass stools without excessive straining. Lean forward with your upper body, put your elbows comfortably on your thighs and relax your stomach muscles.

The brace/pump exercise:

Bracing Technique 1: Put your hands in your waist. Gently strain by pushing sideways into your hands, widening your waist, and relax.

Bracing Technique 2: Put one hand on your stomach. Gently strain by pushing your stomach muscles forward without arching your back (it is almost like you swallowed a beach ball that is inflated), then relax. Practice these two ‘swelling’ techniques separately at first, and then try to do them together.

Pump: Whilst maintaining the bracing effect, relax the back passage and push from the waist back and down into the back passage at an angle (as if skiing). This allows the anus to open and expel the faeces (stools). Avoid excessive straining.

Breathing: Relax and breathe normally. Do not hold your breath. When practicing the brace/pump exercise, open your mouth and slowly breathe out (almost like a ‘pressure release valve’) whilst maintaining the swelling effect.

With practice you will be able to maintain the swelling of you stomach whilst taking a new breath and preparing for the next straining effort to expel the faeces. Clearing your bowels works like a coffee plunger, slowly moving the stools down with gently straining until it is out.

Repeat the brace/pump technique a few times to empty the bowels completely.

Squeeze and lift the pelvic floor muscles firmly when you have finished before wiping and getting up.

Do not spend endless time in the toilet straining. If the bowels do not open, do not panic. Try again at the same time the next day, following the steps as explained above. It may not be normal for you to pass stool every day.

It may take several weeks of even months to retrain your bowel habit, so do not get discouraged. If you have difficulties with the technique, you can asked to be referred to a physiotherapist that specialises in bladder and bowel problems who may be able to assist you further.
THE BLADDER AND BOWEL FOUNDATION

The Bladder and Bowel Foundation (B&BF) is the UK wide charity for people with bladder and bowel control problems. B&BF provides information and support services, including a confidential helpline, for anyone affected by these conditions as well as their families, carers and healthcare professionals.

Website - www.bladderandbowelfoundation.org

PROMOCON in partnership with DISABLED LIVING

PromoCon provides a national service, working as part of Disabled Living Manchester to improve the life for all people with bladder or bowel problems by offering product information, advice and practical solutions to both professionals and the general public.

Website – www.disabledliving.co.uk/promocon

COLOPLAST

Coloplast develops products and services that make life easier for people with very personal and private medical conditions.

Website – www.coloplast.co.uk

TENA LADY

For information on continence products and support

Website – www.tena.com

RECOMMENDED BOOKS

Bowel Control: Information and Practical Advice
by Christine Norton and Michael A. Kamm

Available from Amazon ($11)