



# Faecal *Incontinence*

Diaa E. E. Rizk, M.D., Editor, International Urogynecology Journal, Education Committee member, International Continence Society

## Faecal Incontinence

Faecal incontinence [FI] is the involuntary loss of liquid or solid stools causing social or hygienic inconvenience. Anal incontinence is another term that is used to denote any involuntary leakage, whether of gas or faeces, through the anus. FI is an embarrassing and debilitating symptom that represents a significant public health problem because of its prevalence, impairment of health-related quality of life and adverse psychosocial and economic consequences. Although flatus incontinence is traditionally considered of lesser degree and importance than FI, this condition may constitute a greater problem for affected patients and is more frequently seen than FI. The association of FI and urinary incontinence - double incontinence - is well known and can be explained by the same underlying risk factors.

The average prevalence of FI reported in non-hospitalized population is 5% but can reach 50% amongst the elderly in nursing homes. The known risk factors for FI are difficult vaginal birth, surgical operations on the anus and rectum, ageing, chronic constipation and diseases of the nervous system such as stroke, multiple sclerosis and diabetes mellitus. FI is more common in women particularly after the menopause when the sex ratio shows a female to male preponderance of 8:1. The underlying mechanisms for FI include increased stool production and stool softening with diarrhoea overwhelming the rectal capacity to store faeces, diminished nervous control of evacuation as a result of excessive and prolonged straining at evacuation or medical disorders and injury to the anal sphincter and other pelvic muscles that normally support the rectum and anal canal to maintain continence during childbirth or surgical operations. Hormonal changes after the menopause and the progressive tissue weakness with ageing also soften the collagen framework that contributes to the ability of the anal canal to control evacuation. Despite the detrimental effect of FI, the majority of incontinent patients do not seek health care. The reasons include:

- embarrassment to consult a physician, belief that FI may resolve spontaneously,
- unawareness that there is a need for medical help because FI is normal in old age
- preference for self-treatment because the expected benefit of medical management of FI is low.

## Diagnosis

The diagnosis and identification of the cause of FI in clinical practice requires history taking, physical examination and evaluation of the function of the anus and rectum by several tests that include endoscopy and imaging by ultrasound and magnetic resonance.

## Treatment

Treatment of FI depends on the underlying cause and includes several modalities. These include:

- Anti-diarrhoeal drugs to treat chronic diarrhoea
- Surgical interventions to restore the integrity or strengthen the anal sphincter function
- Nerve modulation and Biofeedback techniques to reinforce the nervous control of evacuation.

## Lifestyle Changes

In addition, modification of life style can significantly reduce the severity of FI. such as:

- Regulation of bowel habits to minimize chronic constipation
- Dietary manipulation with avoidance of food that cause excessive softening of stools such as condiments and milk
- Ensuring timed evacuation to empty the rectum
- More recently, rectal irrigation has been identified as a form of management for patients suffering from FI. The technique entails infusing tepid water directly into the rectum which facilitates removal of faecal matter. The rectum is then emptied and the technique repeated as required. When used on a routine basis, it provides a form of self management allowing for increased patient autonomy enabling them to be in control of their symptoms. Many patients have found satisfaction with this technique and it has alleviated the need for surgical intervention in some cases..

## Prevention

Prevention of FI is also as important as treatment of established cases. This includes active management of vaginal birth, protecting the anal sphincter from damage during operations, avoiding constipation and medical control of diseases that affect the nervous system.

## Conclusion

FI is a common condition particularly in elderly women but incontinent patients rarely seek medical help because of social traditions, personal beliefs and lack of information. The cause of FI can be easily recognized by health care providers. This will assist in prescribing the most appropriate treatment that includes conservative, medical and surgical options. Public awareness of the causes of FI as well as available and effective treatment modalities for this disorder has a significant positive impact on community-based preventive measures and access of incontinent patients to health care services with consequent improvement in the detection and management of FI.

More detailed information about this topic and other types of incontinence can be found at The Canadian Continence Foundation (TCCF) website [www.canadiancontinence.ca](http://www.canadiancontinence.ca).

For more information about incontinence contact

### **The Canadian Continence Foundation**

P.O. Box 417, Peterborough, Ontario K9J 6Z3

**Tel:** (705) 750-4600 • **Helpline:** 1-800-265-9575 • **Fax:** (705) 750-1770

**Email:** [help@canadiancontinence.ca](mailto:help@canadiancontinence.ca) • [www.canadiancontinence.ca](http://www.canadiancontinence.ca)