



Stop looking for a bathroom.  
Start living your life.

Make an appointment today to discuss proven  
treatment options for bowel control issues.

### **What is bowel incontinence?**

Fecal incontinence is defined as the involuntary loss of rectal feces or flatus through the anal canal and the inability to postpone an evacuation until socially convenient. It is not an isolated one time incident and rather is a repeated problem over an extended period of time.

### **What are the consequences of bowel incontinence?**

Patients may develop skin maceration, urinary tract infections, decubitus ulcers, etc. It has direct and indirect financial and social impact on the patient (e.g. diapers, clothes, loss of productivity), the employers (days off) and insurances (health care cost, unemployment, etc). It may also affect the quality of life (self-esteem, embarrassment, shame, depression, need to organize life around places with easy access to bathroom, avoidance of enjoyable activities, etc).

The symptoms may range from minor staining of their underwear to complete social isolation or spending time in or near a toilet, most of the time.

### **What causes bowel incontinence?**

Vaginal delivery, manifested later in their life

Post anorectal surgeries including hemorrhoidectomy, sphincterotomy and fistulotomy.

Accident or trauma

Inflammatory Bowel Disease

Irritable colon (medically diagnosed irritable bowel syndrome)

Neurological pathology, such as stroke, neuropathy due to diabetes and Parkinson's disease.

Rectal Prolapse (The rectum falls out of place)

### **How do you manage Bowel Incontinence?**

Bowel incontinence is not an inevitable consequence of having had children. It's not a normal part of aging. There are treatments and management options available. The proper management of bowel incontinence depends on the identification the cause of the problem. Incontinence may result from a weak or injured sphincter mechanism, poor storage capacity of the rectum from infections, inflammatory conditions or diarrhea, damage to the nerves involved with continence. Additionally common anal conditions such as hemorrhoids may be the causal agent.

#### **Diet**

Increased fiber and water intake sometimes helps. However, it sometimes makes things worse because increased bulk and soft consistency of the stool. Drinking adequate amounts of water is important to overall health. The recommended daily intake is 1 to 2 liters of water (6 to 8 glasses) per day. Beer and other types of alcohol can cause bowel trouble for some people. Caffeine can cause problems. It's found in coffee, tea, soft drinks and some chocolates. It can act as a bowel stimulant moving fecal matter through the gut faster than normal. This can lower the bowel's capacity to absorb fluids and make the stool loose. Artificial sweeteners can potentially affect bowel control by causing loose stools. They are found in low calorie foods and drinks.

#### **Lifestyle**

Smoking is thought to affect the transit time of food through the bowel. Excessive weight is also problematic for the bowel and continence because it may place stress on the pelvic muscles. Regular exercise can help in overall bowel

health. Regular physical activity and exercise are especially important for those living in residential care, or nursing homes.

### **Exercise**

Pelvic floor exercises, also known as Kegel exercises or pelvic muscle rehabilitation can also help alleviate incontinence. These exercises strengthen the pelvic area's overall musculature.

#### [How do I do Kegel exercise?](#)

To identify the pelvic muscles stop the urine midstream and identify the muscles involved. Another option would be to stand with your legs spread apart and squeeze the pelvic muscles. While standing with the legs spread wide apart you will not be able to contract your buttock muscles and will only be able to squeeze your pelvic muscles. Once identified, contract your pelvic muscles for 5 seconds and relax for 5 seconds. Gradually increase the duration to ten seconds and do it in sets of three and at least ten times a day. You can do it when lying down or when you have a few moments to relax at work while sitting or standing. Do not do it to initiate or stop urination. You can set external reminders and do it every time you answer a phone call or check e mail. You need to do these exercises for at least 3 weeks to start seeing results.

Biofeedback might be recommended. An equipment measures the muscle contractions as you exercise. This helps you identify when you're squeezing the right muscles and how much of a squeeze you are achieving. It can help ensure that the exercises are done correctly.

### **Behavioral therapy**

Healthcare professionals can help people recognize and regulate their bowel habits with behavioral therapy techniques. One can train themselves to have a bowel movement at certain times of the day, such as just after a meal. Another aspect of bowel training is extending the period between the regular toilet times. Disciplining oneself to only go at certain times of the day takes dedication. But this technique can help to create predictable bowel habits. One may need to do this therapy for at least 6 weeks to start seeing results. Reducing stress and anxiety about going to the toilet can also help. Emotional reactions can cause muscle tension, especially in the abdomen. This places pressure on the bowel and bladder.

### **Anti-Diarrheal Medications**

They reduce the frequency of bowel movements by slowing down the pace of fluids going through the bowel. Some of these medications may also increase the pressure in the anal canal, which then prevents leakage. One such medication is Loperamide.

### **Constipation**

Constipation can cause overflow incontinence. Laxatives are used to stimulate the colon to push stool out. Increased fiber and water intake, use of stool softeners, sometimes laxatives and suppositories may be used to relieve constipation.

### **Inflammatory bowel disease and medically diagnosed irritable bowel syndrome**

Drug treatment for inflammatory bowel disease involves medications such as steroids and immunosuppressant drugs which can decrease inflammation. Medically diagnosed irritable bowel syndrome might be alleviated by anti-spasmodic drugs. These may also help to decrease the tension in the colon, alleviate pain and bloating.

### **Skin Care**

Good care of your perineal area is very important. Repeated wetting and drying of the skin around the anus not only irritates but reduces the skin's natural barrier abilities increasing its vulnerability to bacteria. The products of the bladder and bowel can be very abrasive to the skin. Diarrhea may still contain some of the chemicals the body produces to break down food. These chemicals damage the skin very quickly. The longer skin is exposed to bladder or bowel waste the more damage is done. It's important to keep the area dry and clean. But that doesn't mean rubbing and scrubbing. Be gentle. Use damp toilet paper for cleaning.

There are lots of products available to help with skin care, such as barrier creams which help to protect the skin. Calmoseptine over the counter is one such product.

### **Continence aids and devices**

There are many continence aids. These include absorbent pads, anal plugs, commodes, coverings for furniture and bedding and special clothing. Pads are more comfortable and less bulky than their predecessors.