

# FECAL INCONTINENCE

If you have experienced the recurrent, uncontrolled passage of flatulence or fecal material for at least once a month, you may have a condition known as Fecal Incontinence.

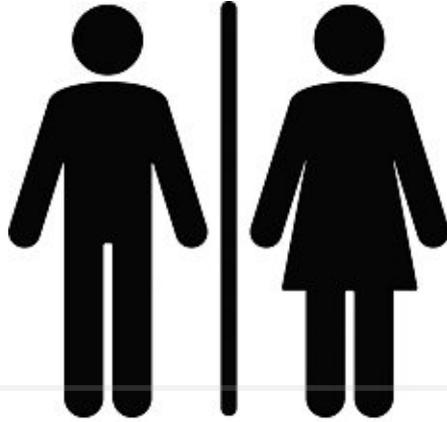
Fecal incontinence affects 2-18 percent of the population. This debilitating disorder impacts both the person who has it and the caregiver. Individuals who suffer with fecal incontinence may be afraid to go out, visit friends, or travel out of embarrassment for their loss of bowel control. In addition, they may plan their daily activities around their bowel habits because they're worried about having an accidental loss of gas/stool.

Fecal incontinence is the impaired ability to control stool. Stool - liquid or solid - leaks out of the rectum at unwanted times with or without your knowledge. Fecal incontinence happens more often in women than in men and is a common occurrence in the elderly.

Fecal incontinence can manifest itself as stool leaking out when passing gas or stool leaking out because of physical activity/daily life exertions. A person may "feel like he has to go" and not be able to make it to the bathroom in time. Stool is seen in the underwear after a normal bowel movement, and complete loss of bowel control.

Factors that affect the ability

to control a bowel movement are the muscles in the anus called sphincters, rectal compliance (the ability to stretch and hold stool), rectal sensation to provide warning about the stretching of the rectum, and



stool consistency.

Causes of incontinence are diarrhea, watery stools; muscle damage during prolonged or multiple childbirth; old age; nerve damage from diabetes or spine abnormalities; loss of rectal compliance because of irritable bowel disease or radiation proctitis; and other medical conditions, such as rectal prolapse (the rectum falls down into the anus).

Without treatment, fecal incontinence can cause a person to live a life of isolation and result in a loss of self-esteem. Fecal incontinence can have financial implications as well. In young people, it can result in a loss of jobs and dependence on welfare. In the elderly, it is one

of the most common reasons for nursing home placement. Individuals with this condition usually have to purchase diapers, pads, and antidepressants.

The good news is that fecal incontinence can be treated. A colorectal surgeon can obtain a complete workup using a person's obstetric, gynecological, anorectal and neurologic history, and perform diagnostic tests, such as anorectal ultrasounds, colonoscopy and defecogram, to find the cause of an individual's fecal incontinence.

Once the cause has been determined, fecal incontinence can be treated taking one or more approaches: dietary changes, bowel training, medications, and/or surgery.

**Dietary changes:** Avoid foods that may cause loose stools (caffeine, alcohol, prunes, beans, cabbage, family vegetables, spicy foods, dairy products, cured or smoked meats and artificial sweeteners). Other foods help thicken the stool, which may help fecal control. They include bananas, apple sauce, peanut butter, pasta, potatoes and cheese.

**Bowel training:** Perform enemas to empty bowels at fixed times under control and do pelvic floor exercises (Kegel) that can strengthen the muscles around the anus. A trained physical therapist can teach you how to locate the

correct muscles and perform the exercises, a process called biofeedback.

**Medications:** Take anti-diarrheal drugs and fiber supplements to thicken the stools.

**Surgical options, if needed:**  
- Sacral nerve stimulation is done for constant electrical stimulation of the sacral nerves, and helps with urinary incontinence too.

- Bulking agents, such as silicone or hyaluronic acid, are injected to bulk up the anal canal cushions.

- Overlapping sphincter repair sews damaged sphincter muscles back together.

- When all other treatments fail, a Colostomy is performed to bring the colon to the skin's surface.

If you are suffering in silence with this condition, don't delay seeking help from a colorectal surgeon. While fecal incontinence is a common problem with profound social and economic impact, a person's quality of life can be improved with appropriate work up and treatment.



## Hemorrhoid Treatment

Siouxland's only Colorectal Surgeon, Gokul Subhas, MD, with UnityPoint Clinic, offers office based treatment options for conditions such as hemorrhoids and rectal bleeding.

Trained in the most advanced techniques, he also provides minimally invasive surgery, allowing for a faster recovery.

**UnityPoint Clinic® - Colorectal and General Surgery**

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### Other conditions treated:

- Colonoscopy Screening
- Anal & Pelvic Pain
- Abdominal Pain
- Irritable Bowel Disorder
- Fecal Incontinence
- Constipation & Diarrhea
- Anal Fissure
- Anal Abscess & Fistula
- Diverticular Disease
- Colon & Rectal Cancer
- Crohn's & Colitis
- Pilonidal Disease
- Perianal Warts