



The Association of Coloproctology of Great Britain and Ireland (ACPGBI) is a group of 1000+ surgeons, nurses, and allied health professionals who advance the knowledge and treatment of bowel diseases in Britain and Ireland.

**Association of Coloproctology
of Great Britain and Ireland**

Bowel incontinence

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Bowel incontinence is when you are unable to control your bowel movements. It is a very common condition that many people suffer from without getting treatment because of embarrassment.

What is bowel incontinence?

Also called faecal incontinence, it is the uncontrolled loss of solid or liquid stools, or the loss of wind (gas) with some leakage.

It is very common. About half a million adults in the UK cannot control their bowels properly. Bowel incontinence (BI) affects 1 in every 70 people over 40 years old. This figure rises to nearly 1 in 40 of those over 65.

It may also affect young people. After having a baby, more than 1 in 10 women have a tear which may result in difficulty in controlling their bowels. Tears are more common in older mothers (over 35), if the baby is large or if assistance with forceps or a suction cup is needed.

Few conditions are more embarrassing or create more anxiety. BI can result in an almost constant fear that another episode may happen. As well as the distress, this fear may restrict what the patient feels able to do during the day. Many people with BI remain untreated for years as they are too embarrassed to ask for help. This is a great pity as for a lot of people there are simple measures to prevent BI as well as treatments to help, or even cure the problem.

What are causes of bowel incontinence?

The causes of incontinence can be divided into a three main categories:

1. Rectal – The rectum is the part of the large bowel that acts as a reservoir, holding faeces until you are ready to go to the toilet. Any problem with the rectum or the way in which it works may lead to incontinence. This may include proctitis (inflammation due to Crohn's disease or Ulcerative Colitis).
2. Anal sphincter – The anal sphincter is the muscle at the very bottom of the anus which keeps faeces within the rectum until we are ready to open our bowels. Damage to the sphincter (as described above during child birth) may cause incontinence.
3. Nerves – Nerves send signals from the rectum to the brain and from both the brain to both the rectum to the sphincter muscles. Any problems with these nerve pathways may lead to a degree of incontinence.

Sometimes a patient may suffer from a combination of problems occurring together.

How is bowel incontinence investigated?

Often your surgeon will ask you about your symptoms (sometimes you may be asked to complete a questionnaire), and whether you have any other ongoing medical problems. If you are female they may also ask you about your experiences during child birth. It is common for the surgeon to examine you by looking at your anus and the surrounding area to check for scars and carry out a rectal examination (inserting a gloved finger into your bottom). They may also ask you to squeeze your anus around their finger to assess how well the muscles in your anus are working.

here are several investigations that your

surgeon may refer you for, including endoscopy (camera test of the bowel to look closely at your rectum in particular), Anal manometry (a probe passed into the anus and used to assess how well the muscles and nerves in and around your rectum are working), Anal ultrasound (ultrasound probe used to detect damage to the sphincter muscles) and defecating or MRI proctogram (a study used to see how you pass stools). A proctogram involves dye, called barium is placed into your rectum. The barium helps make it easier to highlight problems using an X-ray. Once the barium is in place, you'll be asked to pass stools in the usual way while scans are taken. This test can also be carried out using a magnetic resonance imaging (MRI) scanner instead of an X-ray.

What is the treatment of incontinence?

The treatment of BI depends upon what the actual cause is. Your surgeon will explain what they think the cause is and tailor your treatment accordingly. Most people improve with the use of simple medical treatments or specific exercises aimed at getting your rectum and sphincters to work better together (often called biofeedback). Occasionally patients require surgery. If this is the case your surgeon will explain the type of operation that will be aimed at improving your symptoms.

Further information

<https://masic.org.uk/>

<https://www.nhs.uk/conditions/bowel-incontinence/>

<https://www.eric.org.uk/>