Apollo HOSPITALS

INSTITUTE OF
COLORECTAL SURGERY

FAQs on

BOWEL INCONTINENCE

WHAT IS BOWEL INCONTINENCE?

Bowel incontinence (Faecal/ flatus incontinence) is the inability to control the passage of gas or stool. This is a common problem but often not discussed due to embarrassment. Failure to seek treatment can result in social isolation and becoming housebound. Therefore affecting their quality of life

WHAT CAUSES INCONTINENCE?

Incontinence is more prevalent in older adults, aged above 65yrs and in young people after child birth (1 in 10 women)

Childbirth-related injury: The most common cause of incontinence results from a tear in the anal muscles during childbirth. Additionally, the nerves controlling the anal muscles may also be injured leading to incontinence.

Age-related loss of anal muscle strength: Some people gradually lose anal muscle strength as they age. A mild control problem may have existed when they were younger may progress later in life.

Chronic constipation with repeated straining to defecate may cause injury to the nerves of the anal sphincter muscle.

Trauma to anal muscles: Anal operations or traumatic injury to the tissues near the anal region can damage the anal muscles and/or nerves and reduce bowel control.

Neurological diseases: Severe stroke, advanced dementia or spinal cord injury can cause lack of control of the anal muscles resulting in incontinence.

Diseases of the bowel: Frequent diarrhoea can be a symptom of irritable bowel syndrome or inflammatory bowel syndrome (inflammation of the rectum). Diarrhoea may be associated with a feeling of urgency or leakage of stool due to increased frequency of passing liquid stools. If bleeding accompanies lack of bowel control, consult your physician right away. These symptoms indicate inflammation within the colon (colitis), rectal tumour, or rectal prolapse - all conditions that require prompt evaluation by a physician.

WHAT ARE THE SYMPTOMS OF FAECAL INCONTINENCE?

The symptoms of faecal incontinence can range from minor changes in the ability to control gas to complete loss of control of solid stool without warning. The loss control of passing stools can be severe with major accidents or minor with streaking/smearing of the underwear. Incontinence may occur every day or at irregular intervals.

HOW IS THE CAUSE OF INCONTINENCE DETERMINED?

Diagnosing faecal/flatus incontinence involves taking an adequate medical history from patients and carefully listening to their complaints. This will help your doctor determine the degree of incontinence and the effect it has on your life.

Possible underlying factors are determined by taking detailed medical history and a case of faecal incontinence is confirmed by:

- Thorough clinical examination
- Anal manometry: To determine the strength of the muscle.
- Anal ultrasound: Gives an accurate picture of the anatomy of the anal sphincter muscles and if there are any tears present.

It is essential to know and confirm cause, as it influences the treatment of incontinence.

WHAT TREATMENTS ARE AVAILABLE?

Symptoms of faecal incontinence can be readily improved by right intervention. Alteration of diet, firmer stools (medication and bulking agents), pelvic floor exercises and physiotherapy are often helpful in regaining control.

Your colorectal surgeon will discuss the different treatment methods and help you decide on the approach that is best for you.

NONSURGICAL OPTIONS

Dietary changes: Mild problems may be treated simply by adding more fibre to one's diet.

Constipating medications: Specific medications can result in firmer stools, enabling improved bowel control.

Medications: Medications are used to treat underlying diseases like inflammatory bowel diseases (such as Ulcerative Colitis or Crohn's disease) that cause diarrhoea and contribute to bowel control problems. Treating these underlying diseases may improve or even eliminate symptoms of incontinence.

Biofeedback: A combination of the pelvic (anal) muscles strengthening exercises, dietary changes and lifestyles modifications to tackle incontinence.

SURGICAL OPTIONS

There are several surgical options for the treatment of incontinence.

Surgical muscle repair: Tear in the anal muscles may be surgically repaired.

Stimulation of the nerves: Insertion of a nerve stimulator can help nerves that control muscles and skin of the anus work more efficiently.

Bulking agent injections: Injecting a substance into the anal canal can bulk it up and strengthen the “squeeze” mechanism of the anal muscles used during bowel movements.

Surgical colostomy: In severe cases, a colostomy may be the best option for improving quality of life. During this procedure, part of the colon (large intestine) is brought out through the abdominal wall to drain into a bag.

WHO IS A COLON AND RECTAL SURGEON?

Colon and rectal surgeons are experts in the surgical and nonsurgical treatment of colon and rectal problems. They have completed advanced training in the treatment of colon and rectal problems in addition to full training in general surgery. Colon and rectal surgeons treat benign and malignant conditions, perform routine screening examinations and surgically treat problems when necessary.

CONSULTING COLORECTAL SURGEON

Dr Narasimhaiah Srinivasaiah

MD, MRCS (Eng, Ed, Glas, Ireland), FRCS, FEBS (Colo-proctology)
PGDMLE – National Law School of India University.

Associate Professor of Surgery, Apollo Hospitals
Head of colorectal services, Karnataka region

Senior Consultant Colorectal surgeon
(Colorectal, Peritoneal & Pelvic Oncology)
Laparoscopic & Robotic Surgeon –
Apollo Institute of Colorectal Surgery (AICRS)

Apollo HOSPITALS

154 / 11, Opp. IIM,
Bannerghatta Road, Bengaluru - 560 076

080-26304050 / 40304050

24/7 Emergency : 1066

bangalore.apollohospitals.com