

Fecal incontinence

Fecal incontinence is the lack of control over bowel movements or the involuntary leakage of solid or liquid stool or gas. It is more common in women, and the risk of suffering from it increases with age.

What types are there?

Types include: gas incontinence, liquid stool incontinence, solid stool incontinence, fecal urgency (the urgent need to stop what you are doing and rush to the bathroom), and small amounts of soiling of underwear.

What are the possible causes?

Fecal incontinence can be caused by many factors. The most common cause is childbirth, especially if it is assisted (with forceps or vacuum extraction). Other causes include: anal or intestinal surgery (especially rectal surgery), pelvic radiation therapy, and certain neurological disorders, such as spinal cord diseases, multiple sclerosis, and others, as well as congenital anal disorders. In many cases, several factors are combined: childbirth, pelvic surgery, obesity, chronic cough, diabetes, heavy alcohol consumption, inflammatory bowel disease, certain medications, diarrhea, and irritable bowel syndrome, among others.

What treatments are available?

1. Dietary changes

Some simple changes in diet can improve stool consistency and promote control. Foods rich in fiber or dietary or pharmacological supplements with fiber, such as methylcellulose, increase stool volume and can help curb incontinence.

Some foods can make it worse, such as spicy, fatty, fried foods, caffeinated beverages, alcohol, and artificial sweeteners.



2. Pharmacological treatments

It is important to review the medication you take for other health problems because some drugs can cause decomposition and facilitate incontinence. On the other hand, drugs that cause constipation can help reduce incontinence.

3. Enemas, transanal irrigations, and anal plugs

The use of enemas to empty the bowel and anal plugs can help people with fecal incontinence better organize their lives and avoid unexpected leaks. Transanal irrigations can leave the bowels clean for a few hours or days.

4. Rehabilitation exercises

A wide range of exercises can improve the strength of the pelvic muscles. These are sometimes complemented by electrostimulation or sessions in which patients visualize the contractions they are performing on a screen to increase their effectiveness.

5. Surgical treatments

When all these measures fail, there are surgical alternatives. Some are relatively simple, while others are more complex surgical reconstructions.

It is always necessary to individualize treatment and make decisions together with the person with fecal incontinence.

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