

Fecal Incontinence:

This refers to your inability to control your bowel (stool) and/or flatus movements. Leakage is either in the form of liquid or formed stool that you notice in your underwear. Quantity and consistency can vary. Fecal incontinence is a common condition especially among older women. It is also common in younger women who have sustained major perineal tears after a vaginal delivery. The fact is that it is an embarrassing issue to discuss and thus many women do not seek help.

What are the causes?

To be continent requires normal anal canal muscles with an intact nerve supply i.e normal anatomy. The muscles of the anal canal may be damaged during vaginal childbirth or after surgery involving the anal canal. Symptoms may manifest either immediately or later in life. Other conditions that affect the functioning of the anal canal include Crohn's disease, diabetes and stroke.

I have fecal incontinence, what next?

A detailed history and physical examination including a rectal examination will be performed. Further tests such as measuring pressures in the anal canal (anal manometry) and ultrasound imaging of the anal canal may be recommended. Sometimes referral to a colorectal surgeon may be required.

Treatment:

- Initial treatment includes the use of anti-diarrheal drugs such as loperamide hydrochloride (Imodium), atropine sulphate (Lomotil). Bulk agents containing physillium (Metamucil) or methylcellulose may be prescribed if chronic constipation is the cause of your fecal incontinence.
- Dietary changes include adequate fiber and water intake and stop consuming foods that exacerbate the problem
- Bowel training with pelvic floor muscle training will assist you to gain more control of your bowels
- Other specialized surgical treatments include nerve stimulation, injection of bulking agents and sphincteroplasty (repair of the damaged anal sphincter muscles which can be very difficult).