birmingham bowel clinic

Enquiries: 0845 241 7762
email: enquiries@birminghambowelclinic.co.uk
www.birminghambowelclinic.co.uk

Anal Incontinence

Anal or faecal incontinence is the inability to control bowel movements, leading to faeces unexpectedly leaking from the rectum.

Anal incontinence affects more women than men, however affects both sexes more equally with increasing age. Women can be affected by anal incontinence after childbirth, particularly as a result of a complicated delivery which probably required the use of forceps or an episiotomy.
In the elderly anal incontinence can develop when muscles become weak and the supporting structures in the pelvis become loose.

Incontinence can also occur as a result of muscle damage from rectal surgery. For example, some people who have previously undergone surgery to treat haemorrhoids. It can also develop in people who are suffering from inflammatory bowel disease.

Damage to the nerves that regulate rectal sensation and control the anal muscle is another cause. In addition to childbirth, nerve damage can occur with severe and prolonged straining when using the toilet, and as a consequence of some diseases- for example diabetes, multiple sclerosis and spinal cord tumours. Loss of storage capacity in the rectum is another factor.

What are the symptoms of Anal Incontinence?

Symptoms of anal incontinence can vary from inadvertently passing a small stool when passing wind, to a total loss of bowel control. However the two main forms of anal incontinence can fall into the following categories:

- Urge bowel incontinence- a sudden or urgent need to use the toilet and incontinence will occur as a result of not reaching it in time.
- Passive soiling- lack of any sensation before passing a stool.

How is anal incontinence investigated?

When you are seen in clinic the consultant will take a full history and carry out a clinical examination. Usually this will involve a rigid sigmoidoscopy and sometimes a proctoscopy as well. If you are over the age of 40 the consultant will normally recommend endoscopic examination of the bowel either by flexible sigmoidoscopy or colonoscopy to ensure that it is otherwise healthy.

Anorectal physiological testing with an endoanal ultrasound scan (to look at the sphincter muscle) are usually performed. Sometimes an MRI scan can be helpful to look at all the pelvic floor muscles. If there any symptoms of rectocele or prolapse then a videoproctogram may be recommended.

How is Anal Incontinence treated?

The main aims of treatment are to improve the sphincter muscle function, altering the bowel function through bowel training and biofeedback techniques to strengthen the rectal sphincter muscles to give more control over bowel movements.

birmingham bowel clinic

Enquiries: 0845 241 7762
email: enquiries@birminghambowelclinic.co.uk
www.birminghambowelclinic.co.uk

Conservative therapies include change in diet, the use of bulking agents, anal plugs, anti-diarrhoeals, suppositories, enemas, pelvic floor physiotherapy and prescribed medicines.

Sacral nerve stimulation (also known as sacral neuromodulation) is a procedure where the sacral nerve at the base of the spine is stimulated by a mild electrical current from a small devise. There are two phases for this treatment- the first being where a temporary electrode is used to trial the stimulation response and the second phase is when the devise is implanted in a small pocket underneath the skin at the base of the spine.

Usually surgery is only recommended if all other treatment options have been unsuccessful. There are various surgical options available depending upon the severity of the anal incontinence:

- Sphincter repair- this is where the damaged sphincter muscles are removed (also known as a sphincteroplasty), the muscle edges are overlapped and stitched back together. This should make the muscles stronger by providing them with additional support.

- Artificial sphincter- is a procedure to replace the damaged sphincter muscles by a surgeon taking a sample of muscles from the thigh to create an artificial sphincter. Electrodes are then attached to a pulse generator which is inserted in the abdomen. The pulse generator runs an electrical current through the newly implanted muscles, gradually changing the way which they work, so they perform the same function as normal sphincter muscles.

- Colostomy- this procedure is only recommended when other surgical treatments have been unsuccessful. It is a procedure where the colon is cut and brought through the abdominal wall to create an artificial opening- this is known as a stoma. Faeces are then collected in the bag- known as a colostomy bag, which is attached to the opening.

For more information about these surgical treatments please visit the Treatments section of the Birmingham Bowel Clinic website.

Birmingham Bowel Clinic 2011

What are the next steps?

If you think you have this condition or any of these symptoms, you will need to seek medical advice.

If you have private medical care or wish to pay to see a consultant:

Take this factsheet along to your own GP and request a referral to one of our consultants.

For more information or to make an appointment:

Contact the Birmingham Bowel Clinic on 0845 241 7762 or email enquiries@birminghambowelclinic.co.uk.