Let’s Talk About Bowel Health

Understanding its causes and evaluating treatment options

1-800-BLADDER
www.NAFC.org

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Bowel Health and You

There’s good news for millions of people who have been challenged with bowel health issues. Recent medical studies have raised awareness of Accidental Bowel Leakage (ABL), and that awareness can help many people recognize that they have a legitimate medical condition that may be effectively treated.

While ABL has long been observed in elderly populations, studies have shown that in many people it may begin as early as age 40. In fact, ABL has been reported to occur in nearly 1 in 5 women over 40, and nearly as commonly in men over 40, too. In fact, tens of millions of men and women in the U.S. are directly impacted by the condition.

It is important to recognize that, should you have a bowel control problem, you’re not alone. This pamphlet provides important information to help you assess your symptoms, take control of managing your ABL, and prepare you to talk to your physician about diagnostic procedures and treatment options.

What is ABL?

The National Institute of Diabetes and Digestive and Kidney Disease (NIDDK) defines bowel control problems as “the inability to hold a bowel movement until reaching a bathroom.” ABL is another name for fecal incontinence (FI) and is often associated with:

• Having trouble holding a bowel movement
• Having solid or liquid stool leak unexpectedly
• Finding streaks of stool on underwear
• Seeking out the restroom when out in public
• Avoiding specific types of foods

What Causes ABL?

Accidental Bowel Leakage (ABL) may occur from a number of underlying conditions that affect bowel control. If you experience any of these conditions, it’s important to share them along with the frequency of your ABL episodes with your healthcare provider.
Digestive System & Bowel Control

In your digestive system, your rectum stretches to hold stool until you are ready to have a bowel movement. Sphincter muscles (ring like muscles at the end of the rectum) keep the anus closed to hold stool in the rectum until you are ready to release it. Stool then passes out of the body through the anus (the opening at the end of rectum). In women, pelvic floor muscles support the rectum and vagina and help maintain bowel control.

ABL can occur due to:

- **Diarrhea**: Causes bowel control problems due to voluminous loose stool. The increased volume may create a sense of urgency to get to the toilet.

- **Constipation**: Causes large, hard stools to get stuck in the rectum. Then, watery stool can leak out around the hard stool. Constipation also causes muscles of the rectum to stretch and become weak so they can't hold stool long enough for the person to reach a bathroom.

- **Damage to muscles or nerves**: Muscles may be damaged from a variety of causes, including hemorrhoid surgery, childbirth, stroke, diabetes and more. As a result, your muscles may not be strong enough to keep the anus closed and stool can leak out. Weak pelvic floor muscles may also make holding stool in the rectum more difficult.

- **Rectal change**: Radiation treatment and inflammatory bowel diseases can change the rectum, and as a result, it may not adequately prevent leakage.

- **Aging**: Your age may affect bowel control problems because as you age:
  - Muscles lose some of their strength
  - Tissues lose some ability to stretch

- **Childbirth**: ABL may sometimes start right after giving birth, though for some women, childbirth-related bowel problems may not appear until many years later. Episiotomy, muscle tears, nerve tears and more may all play a role, as can damage to the pelvic floor muscles during delivery.

- **Gallbladder removal**: Many patients develop chronic diarrhea after having their gallbladder removed. The looser stools will be harder to control since the anus is designed for control of solid waste.
- **Medication side effects:** Certain medications can cause diarrhea.
- **Pelvic floor dysfunction:** Abnormalities of the pelvic floor muscles and nerves can lead to ABL.

Various risk factors have been identified that put individuals at a higher risk for ABL. These include IBS, IBD, chronic diarrhea, Crohn’s disease, diabetes, obesity, neurologic disorders such as MS and Parkinson’s disease, prostate treatment, menopause and advanced age.

### Assessing Symptoms

If you or someone you know is experiencing ABL, they should discuss their symptoms with their health care provider.

At the initial visit you will be asked to supply a detailed history of medical problems, medications, surgeries, childbirth history and stool leakage, as well as the possibility of physical diagnostic procedures and blood testing.

### ABL Varies from Person to Person

Some individuals feel a sudden, urgent need to have a bowel movement and leakage occurs when they do not reach the toilet in time. This is called urgency bowel leakage. Other people may experience no sensation before passing a stool, known as passive incontinence, or they may pass a small amount of stool while passing gas. Others may experience both kinds of leakage.

The level of severity of your ABL can be determined by classifying your symptoms such as, frequency, the description of your stool, and the amount of leakage during these episodes.

- **Light to Moderate ABL:** 90% of women and men have light to moderate leakage
- **Severe ABL:** 10% of women and men have severe leakage

Depending on your evaluation and the severity of symptoms, your physician may refer you to one of the following specialists:

- **Colorectal Surgeon:** Specializes in the colon, the rectum, pelvic floor dysfunction and anal disorders
- **Urogynecologist:** Specializes in pelvic floor dysfunction in women
- **Gastroenterologist:** Specializes in the digestive and intestinal system
Diagnosis

There are a number of tests that your physician can perform to learn more about the specific nature of your condition and to develop treatment options. For more information about diagnosing and treating ABL, contact the NAFC by visiting us online at www.NAFC.org or calling 1-800-BLADDER.

Managing and Treating ABL

Behavioral & Management Treatment Options

Successful bowel control treatment relies on correctly diagnosing the underlying problem. If you are experiencing light to moderate ABL, you may be able to manage your condition with lifestyle modifications and behavioral options.

Behavioral Treatment options include:

• **Healthy Bowel Habits**: Bowl control problems associated with constipation may be relieved by increased fluid intake, regular exercise and the practice of regular bowel habits. Your physician can help you choose foods and practice behaviors that may make a meaningful difference for you.

• **Bowel Retraining**: There are several steps to take that may help maintain regular bowel movements. Within a few weeks of beginning a bowel program, most people have regular bowel movements.

• **Diet Modifications**: If you’re constipated, add high-fiber foods to your diet, including whole-wheat grains, fresh vegetables, and beans. Use products containing psyllium fiber, such as Metamucil, to add bulk to the stools. Try to drink 2-3 liters of fluid a day with this fiber.

• **Pelvic Muscle Exercises (Kegels)**: When performed regularly and correctly, these can greatly improve rectal sphincter muscle tone and function. This often leads to increased bowel control and a reduction or elimination of accidental bowel leakage episodes. To perform the exercise, contract the muscles of the anus as tightly as possible, as if you are trying to prevent the passage of gas, for a count of five and then relax. Repeat 30 times, three times daily.

• **Biofeedback**: can be utilized to strengthen the muscles used during bowel movements. A rectal plug is used to monitor the strength of the rectal muscles. You’ll be instructed to perform certain exercises, and the computer will display a graph of your contractions and offer guidance in the use of proper technique. Improvements may be seen after three sessions.
For 90% of those with ABL, leakage is light to moderate. Many people are able to manage their condition with lifestyle and behavior changes. Those who are in the process of managing their condition, seeking treatment, or who have not had success with treatment may want to try:

- **Butterfly®**: A new body liner specifically designed for women with light to moderate ABL. Butterfly fits comfortably and invisibly in the buttocks, providing secure protection.

- **Absorbents and Protective Wear**: There is a variety of disposable or reusable absorbent products that may be used for bowel management.

If you have more severe ABL, treatment may include anything from active management to surgery to improve your quality of life. However, these measures do not always guarantee a return to complete bowel control.

- **Collection System**: For those with heavier leakage, options range from bags adhered directly to the skin to catheters and tubes attached to a collection bag.

## Medical Treatment Options

Your health care provider will review your prescribed and over-the-counter medication to determine if any of them are causing or contributing to constipation or diarrhea. If you have diarrhea, supplements to firm stool can increase bowel control. Over-the-counter anti-diarrhea medications, including Imodium, may be helpful. There are also a number of prescription medications that may be able to help. Make sure you see a health care provider if you have persistent diarrhea.

A range of minimally invasive treatments may also be an option, including:

- **Sacral Nerve Stimulation**: This treatment involves electrical stimulation of sacral nerves from a matchstick-size device implanted in the sacrum, at the base of the spine. This can be effective for both urinary and bowel control symptoms.

- **Injectable Bulking Agents**: The technique of injecting non-absorbable materials around the anus.

- **FENIX® Continence Restoration System**: Uses a small, flexible band of titanium beads with magnetic cores to create a barrier to involuntary bowel leakage. The magnetic bond is
temporarily broken to allow the voluntary passage of stool and restored immediately thereafter.

- **Procon2®**: This silicone balloon cuff is designed to prevent bowel leakage from passing out of the rectum until such time a bowel movement is planned.

- **SECCA® Procedure**: A physician delivers precisely controlled radiofrequency energy to the anal canal to thicken the tissue.

Some individuals who continue to experience bowel control problems despite other treatments may require more invasive surgeries to regain control include:

- **Sphincteroplasty**: This procedure re-approximates the sphincter muscles to recreate a complete muscle ring around the anus.

- **Artificial Anal Sphincter**: This is a small implant that imitates the natural function of the anal sphincter muscle.

- **Colostomy**: A stoma, or surgically created opening, is made in the abdominal wall through which the colon passes and where a disposable bag is fitted to collect stool.
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