

## Accessibility

Patient information leaflets are available on our website:  
[www.oxfordhealth.nhs.uk/leaflets](http://www.oxfordhealth.nhs.uk/leaflets)

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## Feedback

Our Patient Advice and Liaison Service (PALS) provides advice and support to patients, families, and carers, helping to resolve any problems, concerns, or complaints you may have.

Phone 0800 328 7971  
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## Bladder and Bowel Service

# Faecal incontinence

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## Seek medical advice

Seek medical advice if you experience any of the following:

- ❗ A persistent change in bowel habit, causing you to go to the toilet more often and pass looser stools, usually together with blood.
- ❗ A persistent change in bowel habit without blood in your stools but with abdominal pain.
- ❗ Blood in the stools with other hemorrhoid symptoms such as soreness, discomfort, pain, itching or a lump hanging down outside the back passage.
- ❗ Abdominal pain, discomfort or bloating, always provoked by eating and sometimes resulting in a reduction in the amount of food eaten and weight loss.

inside your own underwear and anal plugs which are inserted into the rectum to prevent bowel leakage.

Following a full assessment, your healthcare professional can help you to find the right product to fit in with your lifestyle.

## Hygiene and skin care

With careful personal hygiene it is possible to prevent soreness. Whenever possible, wash around the anus after a bowel action using mild soap and water.

Avoid using products with a strong perfume, disinfectants, and antiseptics as these can affect the skin's natural protection.

A barrier cream protects vulnerable skin against bowel leakage.

Ask your pharmacist or healthcare professional which cream is appropriate and apply to the affected skin sparingly.

Over-use of some creams may affect the absorbency of pads.

## What is faecal incontinence?

Faecal incontinence is an inability to control bowel movements, resulting in involuntary bowel leakage.

Some people feel a sudden need to go to the toilet but are unable to reach the toilet in time. This is known as **urge bowel incontinence**.

Other people experience no sensation before soiling themselves or there might be slight soiling when passing wind. This is known as **passive incontinence**.

Some people experience bowel leakage daily, whereas for others it only happens from time to time.

## What causes faecal incontinence?

The rectum is designed to hold solid stools. Watery stools are more likely to leak and cause faecal incontinence. There are two anal sphincters (cylindrical muscles) that assist bowel control, one internal and one external.

If either sphincter becomes weak or damaged it may not work properly, resulting in faecal incontinence.

## Possible causes

There are many possible causes of loss of bowel control and

they are generally a symptom of an underlying problem or medical condition.

## Diarrhoea

Diarrhoea is caused by infection, inflammatory bowel disease, irritable bowel syndrome or surgery to the colon.

## Constipation

Soft watery stool leaks around hard constipated stool, which is often mistaken for diarrhoea.

## Damage to the anal sphincter

Damage can be caused from childbirth, operations, injury and rectal prolapse.

## Nerve injury or disease

This can be caused by conditions such as spinal injury, multiple sclerosis, Parkinson's, and stroke.

## Anal irrigation

This is a way of controlling faecal incontinence by using warm water to flush out the lower bowel. This form of management should only be set up following full assessment from a specialist healthcare professional once all other treatment options have been tried.

## Surgical management

In some instances when all conservative measures and treatments have been unsuccessful surgical management may be an option.

However, this depends on the initial cause of faecal incontinence and will require specialist management.

## Living with faecal incontinence

If all the treatments have been unsuccessful and surgical management is not an option for you there are products available to help you manage your faecal incontinence.

Commodes and other assistance aids can be provided together with advice on clothing options.

Other products include washable underwear with a built in waterproof gusset, disposable containment pads that are worn

passing wind. You should now feel the muscles around your anus start to tighten.

- ✔ Now try to squeeze the muscles for as long as you can. Try to hold for up to ten seconds and then relax in between each squeeze.
- ✔ Repeat this up to ten times and complete this exercise three times a day.

Continue doing anal sphincter exercises even after your bowel control has improved to avoid the issue from returning.

**Remember: you can do these exercises wherever you are. No-one else needs to know what you are doing.**

## Medication

Your medication will depend on the cause of the faecal incontinence and will only be prescribed once all other causes have been investigated.

The drug most often used is loperamide (Imodium) which helps to make the stool firmer and therefore help control the passive seepage of loose stool.

Ask your healthcare professional or pharmacist for advice before taking this medication.

## Reduced mobility

This is the inability to get to the toilet in time or manipulate clothing.

## What treatments are available?

Treatment will depend on the cause of the faecal incontinence. Treating underlying inflammation, infection and constipation can improve symptoms of faecal incontinence.

## Diet

Diet can have a significant effect on stool consistency which in turn may lead to faecal incontinence. Having too much or too little of certain food types may increase the risk of accidental leakage.

For example, a diet high in fibre may cause increased bowel movements in some people but may be beneficial to those experiencing watery stool to help obtain a more formed stool. As food affects everyone differently, it may be worth experimenting with different food types.

By keeping a food and bowel diary you will be able to identify which foods make your symptoms better or worse.

## Bowel habit

Some people find that the bowel responds well to a regular habit. This means regular mealtimes with a healthy diet and responding to the urge to have your bowel open.

The bowel is more likely to work 20 to 30 minutes after a meal or a warm drink so this may be a good time to sit on the toilet.

It is also more important to sit in a good position; the most natural position is squatting. This can be achieved on a toilet by supporting your feet on a low stool, leaning forwards slightly with your elbows on your knees.

### Correct position for opening your bowels

#### Step one



- ✓ Knees higher than hips.

#### Step two



- ✓ Lean forwards and put elbows on your knees.

#### Step three



- ✓ Bulge out your abdomen
- ✓ Straighten your spine

#### Correct position



- ✓ Knees higher than hips
- ✓ Lean forwards and put elbows on your knees
- ✓ Bulge out your abdomen
- ✓ Straighten your spine

## Anal sphincter exercises

When done correctly, anal sphincter exercises can build up and strengthen the anal sphincters to help you hold on to both gas and stool in the back passage.

- ✓ Sit, stand or lie in a comfortable position.
- ✓ To locate your sphincter muscles, imagine you are trying to hold in a bowel movement or preventing yourself from