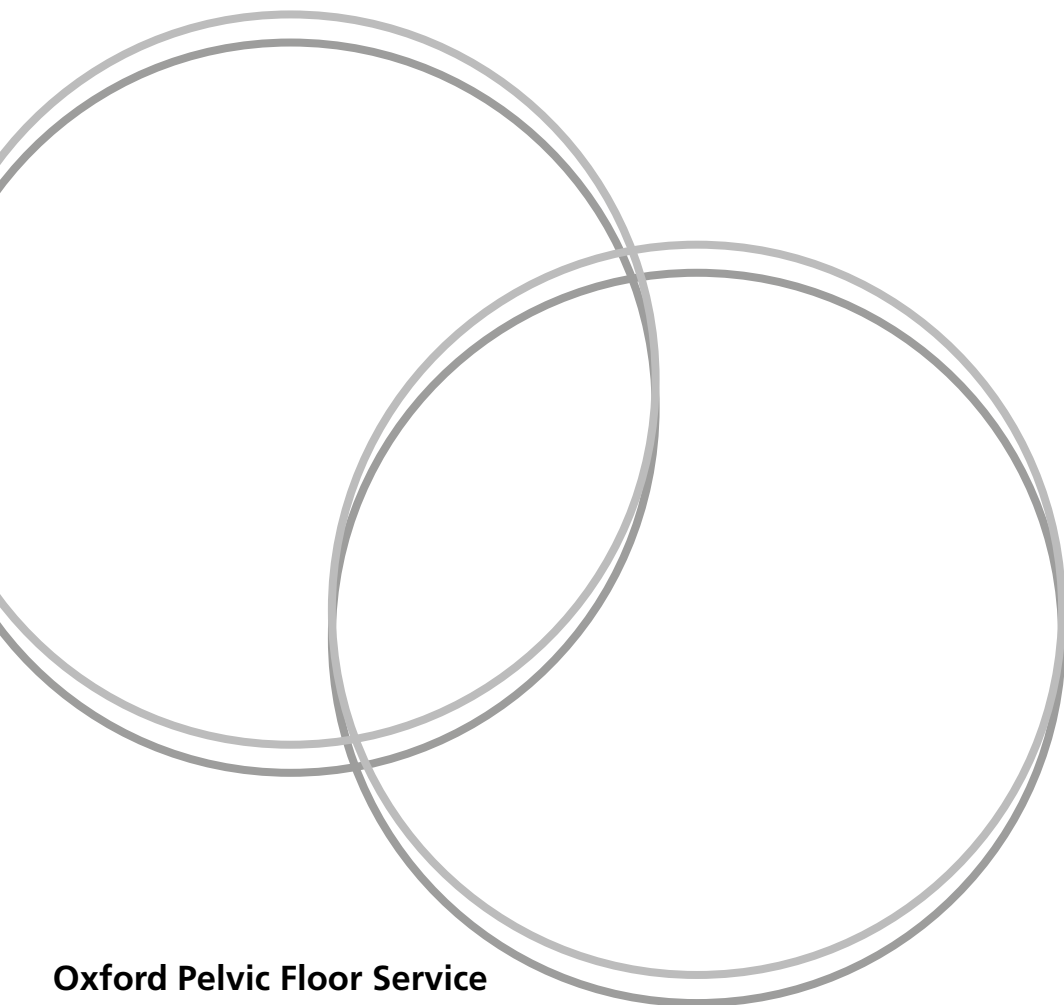




Oxford University Hospitals
NHS Foundation Trust

Faecal Incontinence

Information for patients



Oxford Pelvic Floor Service

What is faecal incontinence?

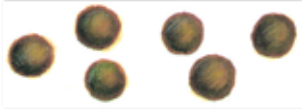




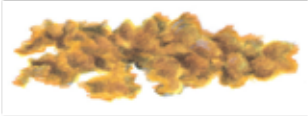

Faecal incontinence is the inability to control the passing of wind or stools (faeces) through the anus (back passage). This can have a significant effect on your quality of life. It can also affect your confidence and psychological wellbeing. 1 - 2% of the UK population will experience major bowel accidents at some time in their life and it is a common problem.

What is a normal bowel motion?

A normal stool is brown in colour, although this can vary depending on the foods you have eaten. How often you go can vary from between three times a day to three times a week, but most people open their bowels once a day.

Normal consistency of stools should be soft and formed (Bristol Stool Form Scale type 3 or 4). The chart opposite shows more details.

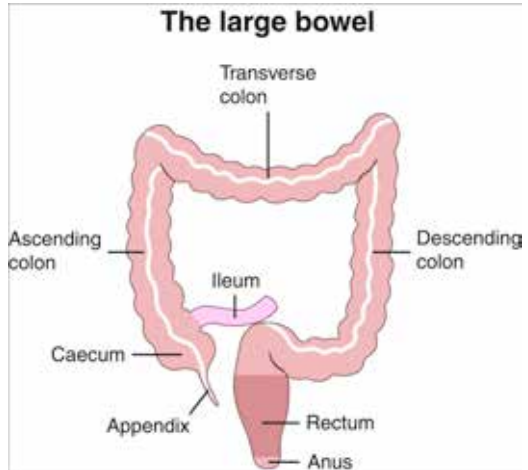
THE BRISTOL STOOL FORM SCALE

| | | |
|---------------|---|---|
| <i>Type 1</i> |  | Separate hard lumps, like nuts (hard to pass) |
| <i>Type 2</i> |  | Sausage-shaped but lumpy |
| <i>Type 3</i> |  | Like a sausage but with cracks on its surface |
| <i>Type 4</i> |  | Like a sausage or snake, smooth and soft |
| <i>Type 5</i> |  | Soft blobs with clear-cut edges (passed easily) |
| <i>Type 6</i> |  | Fluffy pieces with ragged edges, a mushy stool |
| <i>Type 7</i> |  | Watery, no solid pieces ENTIRELY LIQUID |

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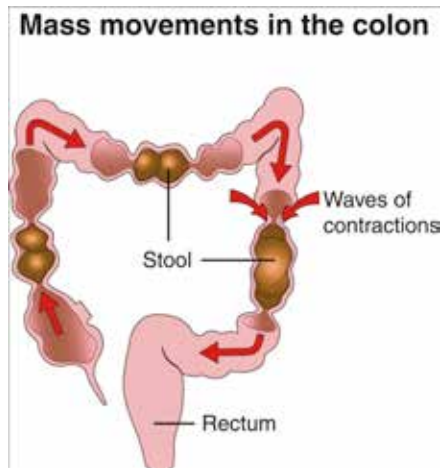
How your large bowel (colon) works

The large bowel (or colon) absorbs water and fluid from waste matter and forms it into stools (also called faeces or bowel motions).



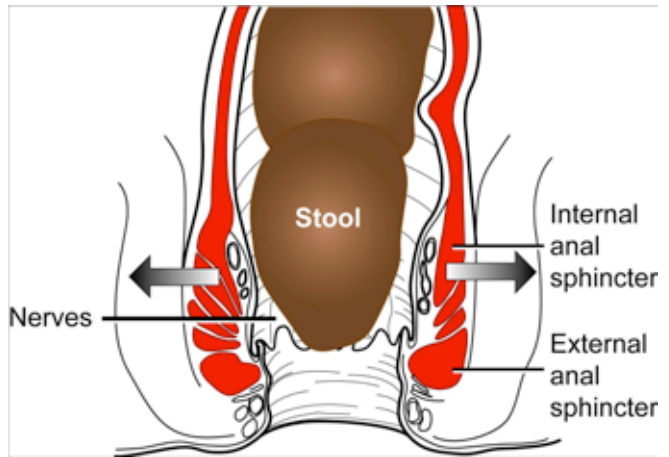
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The rectum is a storage area for stool. Stools do not enter the rectum from the colon on a continuous basis, but as a result of mass "movements". Mass movements often occur after a meal is eaten, which can then lead to the need to open your bowels.



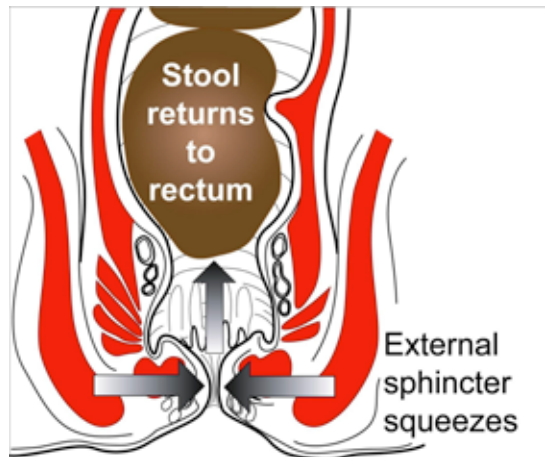
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When stool enters the rectum the internal anal sphincter muscle automatically relaxes and opens up the top of the anal canal. This allows the sensitive nerves at the top of the anal canal to detect whether it is wind, diarrhoea (watery stool) or normal stool.



(Reproduced by kind permission of St. Marks Hospital, Harrow)

The external anal sphincter surrounds the internal anal sphincter. This can be deliberately squeezed to delay bowel emptying if it is not convenient to find a toilet. Squeezing the external sphincter pushes the stool out of the anal canal and back into the rectum, where the stool is stored until a convenient time.



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Treatment

Your bowels are a part of your body and it is possible to get back in control of them. This may seem difficult at times, especially when you feel under stress. The following advice will help you regain control.

Medication

The rectum is designed to hold solid stools; watery stools are more likely to leak and cause faecal incontinence. Loperamide (Imodium™) is an anti-diarrhoeal medication. It is designed to thicken the stools and reduce diarrhoea. Loperamide works by slowing the passage of waste through the colon, allowing more water to be absorbed and creating a formed stool. The dose needed to achieve a formed stool differs from person to person. Please follow the advice given to you, with the aim of achieving a Bristol Stool type 3 or 4, whilst avoiding becoming constipated. It is usual to start on a low dose and increase it slowly over several days, to judge how your body is responding.

We recommend that you use Imodium™ syrup, as it is easier to adjust the dose. This will need to be prescribed by your GP.

Diet

You should eat a healthy balanced diet and drink between 1.5-2 litres of water per day (2 and a half to 3 and a half pints). Try to avoid drinking caffeinated and fizzy drinks, and also alcohol, as these stimulate your bowel. Also, avoid sugar-free drinks and food containing sweeteners (including sugar-free sweets or gum), as these can often cause diarrhoea.

Brace and pump technique

This is the recommended technique to help you to open your bowels more effectively.

How to brace

Your waist muscles are the muscles you can push/propel (move) with. These muscles can be used to help you to open your bowels.

Place your hands on either side of your waist – now cough. Can you feel the muscles work? These are the muscles you will use when carrying out the brace and pump technique.

Once you've identified these muscles, you should do the following exercise every day to help you achieve a normal bowel habit.

The exercise *(see page 9 for diagrams)*

Every day set aside approximately 10 minutes so you are not rushed, preferably half an hour after breakfast or after your evening meal. It is important that you are not interrupted.

1. Check you are sitting in the correct position on the toilet.

Lean forward with your forearms resting on your thighs and your feet raised on a small block (like a toddler step). This is a key part of this exercise as this puts you in the best position for emptying your bowels. It is important that your knees are higher than your hips.

2. Relax, lower your shoulders, breathe slowly and gently. Try to let go and relax all of your muscles.

3. Now, try to open your bowels.

Remember not to hold your breath, i.e. do not take a big breath in first.

- Imagine your back passage is a lift, resting on the first floor.
- Slowly push the lift down to the ground floor, basement and finally the cellar.
- Take the lift down as far as it will go.
- Relax for a second. Do not allow your lift to rise.

- Slowly brace outwards (widen your waist). When your waist is fully braced push/propel from your waist back and downwards into your back passage.
- **Do not strain your muscles in your back passage** – let your tummy muscles do the work.
- Relax for one second but only very slightly. You must maintain a level of pressure with your brace, whilst not actively pushing with it.
- Brace outwards and push downwards again. Repeat the once second pause and then pushing downwards (the pumping part of the exercise) for 10 minutes or until your bowels have opened.

If you do not pass a stool do not worry, try again the following day or when you feel the urge to open your bowels. Normal bowel patterns are different for everyone.

Pelvic Floor Exercises

You will find that completing pelvic floor muscle exercises as well as the technique above will help you to achieve a normal toileting function. Please see separate leaflets 'A guide to pelvic floor muscles' (for women/for men)

Keep trying

If you have had this problem for many years, it will not be solved overnight, so keep trying. These exercises take time and practice.

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

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Skin care

If you have frequent bowel motions, diarrhoea or accidental leakage (faecal incontinence) you may get sore skin around your back passage. This can be very uncomfortable and distressing. Occasionally, the skin may become so inflamed that it breaks into open sores. These sores can be difficult to heal.

Taking good care of the skin around your back passage can help to prevent these problems from developing.

Tips to prevent soreness:

- After a bowel action, wipe **gently** with soft toilet paper.
- Whenever possible, wash around your anus after any leakage of stool.
- Use warm water only; disinfectants and antiseptics can sting if you have open sores.
- Avoid using products with a strong perfume, such as scented soap, talcum powder, or deodorants on your bottom. Choose a non-scented soap (such as 'Simple™', or baby soap).
- You may want to use unscented moist toilet paper, but avoid using baby wipes which contain alcohol as this may sting.
- Pat your bottom dry gently with soft toilet paper or a soft towel. Do not rub.
- Wear cotton underwear to allow your skin to breathe. Avoid tight jeans and other clothes which might rub the area.
- Use non-biological washing powder for underwear and towels.
- Consider using a barrier cream (nappy cream) to protect the delicate skin around your anus from bowel leakage if necessary. However, do not use other creams or lotions that are not designed for this purpose.
- If you need to wear a pad because of incontinence, use a pad with a soft surface and change it as soon as it becomes soiled.

What happens next?

All the information in this booklet is part of a pelvic floor retraining programme, which is a 6 month commitment. You will be seen by a specialist nurse approximately every 3 months. During this period you may be referred for tests and investigations or to be seen by a specialist pelvic floor colorectal consultant or physiotherapist if necessary.

How to contact us

If you have any questions or need advice please contact us, either by telephone or email.

Tel: **01865 235 881**

Email: **pelvicfloor.advice@ouh.nhs.uk**

Useful contacts

Bladder and Bowel UK

Tel: **01616078219**

Email: **bbuk@disabledliving.co.uk**

Website: **www.bbuk.org.uk**

The Pelvic Floor Society Patient Information Leaflets

Website: **www.thepelvicfloorsociety.co.uk**

Further information

If you would like an interpreter, please speak to the department where you are being seen.

Please also tell them if you would like this information in another format, such as:

- Easy Read
- large print
- braille
- audio
- electronic
- another language.

We have tried to make the information in this leaflet meet your needs. If it does not meet your individual needs or situation, please speak to your healthcare team. They are happy to help.

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Oxford University Hospitals NHS Foundation Trust
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