

Patient information

Sussex Pelvic floor Service - Faecal Incontinence

Faecal incontinence occurs when a person loses the ability to control their bowel movements and results in leakage of gas, liquid or solid stool.

Embarrassment is a common feeling along people with faecal incontinence symptoms and can lead to anxiety, reduced self-esteem and social isolation, with people scared to leave their house due to fear of episodes of incontinence.

Bowel Incontinence is not a disease in itself but is a symptom or sign and there are many different causes. Finding out the cause is very helpful in order for the right treatment to be given.

Some of the reasons for muscle damage in this area may be:

- Injury during childbirth
- Anal surgery
- Growing older
- Medical illnesses or diseases of the nervous system
- Diarrhoea
- Rectal prolapse

What tests might I have?

In order for us to tailor your treatment, your specialist may advise that you have certain tests. These may include any or all of the following:

- Blood tests
- Ano-rectal physiology (manometry) - is a way of measuring how well the muscles of your lower part of the bowels are working
- Endoanal ultrasound - This scan will look at your anal sphincter (back passage muscle) to check if there are any defects
- Defaecating Proctogram - It is an examination of the lower bowel and rectum using x-rays. It shows how your rectum functions during the emptying of your bowels
- Flexible sigmoidoscopy / Colonoscopy / CT Colonoscopy

What can I do to help myself?

There are techniques that you can put in place to improve your symptoms and regain control of your bowels.

- 1) Improve stool consistence (diet/fluids, medication);
- 2) Bowel emptying techniques
- 3) Pelvic floor exercises
- 4) Skin care
- 5) Incontinence products

Improve Stool consistency

A normal stool is brown in colour, although this can vary depending on the foods you have eaten.

How often you can go can vary from between three times per day to three times per week, but most people open their bowel once a day.








Ideally the consistency of the stool on the Bristol scale should be type 3 to 4. If the stools are hard and lumpy it is more likely to increase straining, and when the stools are too soft and liquid it is more difficult to control. Watery stools are more likely to leak and cause faecal incontinence.

A change of diet and medication may help you to regain control. Loperamide is an anti-diarrhoea medication that slows down the passage of the waste the colon that allows more water to be absorbed and creating more form stool. The dose may need to be adjusted to person to person to archive the right stool consistence and avoid constipation

Identifying foods that make your stools more liquid can help to help you to modify your diet to improve symptoms. There are many things for different people that can cause this including excess fat in the diet, lactose, foods high in some fermentable carbohydrates or an imbalance in the type of fibres consumed. In general you should eat a healthy diet according to the Eat Well Plate (www.nhs.uk/live-well/eat-well/the-eatwell-guide/) and drink between 1.5 to 2 litres of fluids per day unless you have been advised otherwise. Avoid caffeinated, fizzy, alcoholic drinks and sugar free products in general as these can stimulate the bowel and often cause diarrhoea. If you struggle to find hot drinks you like that are not caffeinated, you could try herbal teas such as peppermint, ginger or lemon, hot blackcurrant or lemon squash or decaffeinated tea or coffee.

If you feel that food triggers are causing your loose bowels, referral to a specialist gastroenterology dietitian can be helpful to identify the causes and help you to exclude them whilst maintaining a nutritionally complete diet.

Bristol Stool Chart

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

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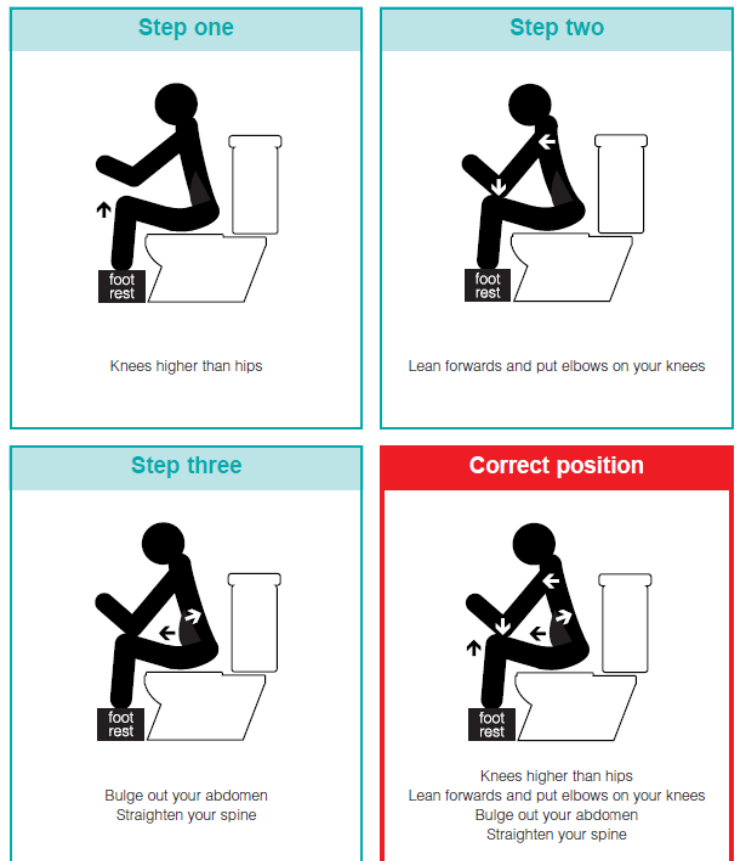
Bowel emptying

Brace and pump technique is recommended to use while opening your bowels as is considered the more effective. Emptying your bowel completely will help to avoid further leakage later on.

Avoiding straining is the key point and the brace and pump technique when combined with the right stool consistency can help. Every day set aside approximately 10 minutes for this so you are not rushed, preferably half an hour after breakfast. It is important that you are not interrupted.

- **Check your sitting position on the toilet.** Lean forward with your forearms resting on your thighs and your feet raised on a small step. Relax and lower your shoulders.
- **Relax** Breathe slowly and gently. Try to let go with all of your muscles.
- **Now try to open your bowels** Remember **not** to hold your breath ie: do not take a big breath in first.
 - a) Slowly brace outwards (widen your waist). When fully braced push from your waist back and downwards into your back passage at an angle. **Do not strain**
 - b) Relax for one second but only very slightly. You must maintain a level of pressure with your brace, whilst not pushing with it.
 - c) Brace outwards and push downwards again. You should be using your brace as a pump.
- **Close off:** to ensure the anal canal is closed off properly, after you have passed stools, pull in your lower abdominal muscles and squeeze and lift your anal sphincter muscles for a few seconds.

Correct position for opening your bowels



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Pelvic floor exercises

The first thing to do is to correctly identify the muscles that need to be exercised.

1. Sit comfortably or lay on your bed with the muscles of your thighs, buttocks and abdomen relaxed.
2. Tighten the ring of muscle around the back passage as if you are trying to control diarrhoea or wind. You should be able to feel the muscle move. Don't try too hard otherwise you will start to squeeze your buttocks, thighs and/or your tummy muscles inappropriately.

Woman: Now imagine that you are about to pass water and picture yourself trying to stop the flow of urine. The muscles which you tighten when you are trying to stop passing water are the front parts of the pelvic floor. Slowly tighten and pull up the pelvic floor muscles, from the back towards the front as hard as you can this is a slow pull up.

Men: Now imagine trying to draw your penis inside your body to shorten it, whilst at the same time lifting your scrotum upwards towards your tummy button. If your technique is correct, each time that you tighten your pelvic floor muscles you may feel a dip at the base of your penis, and scrotum move up slightly.

Now you can find your pelvic floor muscles, here are the exercises to do:

There are 2 types of exercise- slow twitch and fast twitch. It is important that you do both exercises every time you exercise your pelvic floor muscle.

Slow twitch exercises

1. Tighten and draw up the muscles around your back passage, as if you are trying to stop passing wind. Make sure that you do not tense your buttock muscles when you are doing this.
2. Tighten and draw up the muscles at the front, as if you are trying to stop the flow of urine.
3. Hold for __ seconds. Try not to hold your breath; breathe normally.
4. Then slowly let go. Count five at your resting tone and then tighten up the pelvic floor muscles as before
5. Try to repeat five times in total or until you feel your muscle tired.

Fast twitches exercises

1. Tighten up the pelvic floor muscles as before
2. Hold for one second then relax.
3. Repeat five times or until your muscles feel tired.

General points:

- You should exercise your pelvic floor three times a day. Once you have identified the correct muscles and have mastered the exercises, you should be able to do them in any position without anyone noticing.
- You could try to get into the habit of doing the exercises every time you do something else that you do regularly for example, every time you clean your teeth or every time you work at the kitchen sink.
- If committed to multiple, daily exercises you should notice an improvement within 3 months. Missing days or not being consistent may delay the improvement.
- Stop exercising if your muscles begin to ache- you have done enough. Take a break.
- Don't give up. Keep doing the exercises. Remember they are risk-free and painless.
- You should continue doing the exercises twice a day for life.
- Watch your weight as it adds extra strain on your muscles

Skin care

The frequent bowel motions, diarrhoea or faecal leakage can lead to sore skin around your back passage. This can be uncomfortable and distressing and the skin may get open sore that may be difficult to heal.

Taking good care of the skin around your back passage can help to prevent soreness.

The follow tips may help you:

- After a bowel motion, wipe gently with a soft toilet paper
- When possible wash with warm water around your anus after any leakage of stool
- Pat your bottom dry gently with a soft toilet paper or towel. Do not rub.
- Avoid disinfectants and antiseptics
- Try not to scratch the anal area, however much you are tempted, as this will make things worse.
- You may wish to use a non-scented wet wipe and avoid using baby wipes that may contain alcohol
- Choice non-scented products
- Wear cotton underwear and avoid thigh clothes to allow the skin to breath.
- Try to allow the air to get to the anal area for at least part of every day.
- If you need to wear a pad, use one with a soft surface and change when soiled.
- Use a barrier cream or ointment as a recommended by your doctor or nurse, if you have to choose your own, try zinc and castor oil cream, sudocream or a small amount of metanium. These are available on your pharmacy.
- Do not struggle alone. Talk to your nurse or doctor, especially if your skin is broken. If you have persistently sore skin you may have an infection which needs treatment and there are better products which can be prescribed to help heal the soreness.

Incontinence products

There are products that may help to control soiling or to improve your confidence in going out. These can be useful as a short-term measure, but they do not deal with the underlying problem and are not a long-term solution on their own.

- Anal plugs
- Pads
- Carbon activated clothing to reduce wind smell
- Radar Key to access locked public toilets
- No wait card

My Clinical Nurse Specialist Contact:

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Sources of information

St Mark's Hospital NHS UK
Bladder and Bowel Community
NHS Information
Pelvic floor society

Important information

This patient information is for guidance purposes only and is not provided to replace professional clinical advice from a qualified practitioner.

Your comments

We are always interested to hear your views about our leaflets. If you have any comments, please contact the Patient Experience Team – Tel: 0300 131 4731 (direct dial) or by email at: esh-tr.patientexperience@nhs.net

Hand hygiene

The trust is committed to maintaining a clean, safe environment. Hand hygiene is very important in controlling infection. Alcohol gel is widely available at the patient bedside for staff use and at the entrance of each clinical area for visitors to clean their hands before and after entering.

Other formats

If you require any of the Trust leaflets in alternative formats, such as large print or alternative languages, please contact the Equality and Human Rights Department.

Tel: 0300 131 4434 - Email: esh-tr.Accessibleinformation@nhs.net

After reading this information are there any questions you would like to ask? Please list below and ask your nurse or doctor.

Reference

East Sussex pelvic floor service

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