Bowel Control Problems FAQs

**What is fecal (anal) incontinence?**
Anal incontinence occurs when a woman is not able to control her bowel movements, resulting in accidental passing of stool. This problem affects an estimated seven percent of women. Anal incontinence is more common with vaginal delivery than cesarean section because of the potential for damage to the anorectum during vaginal delivery. However, anal incontinence is more common following childbirth of any form, including cesarean section.

**What are the risk factors for and causes of anal incontinence?**
In women, risk factors include childbirth, vaginal delivery, the use of forceps to assist vaginal delivery, episiotomy or natural tearing of the tissues during vaginal delivery, aging, neurological conditions, and chronic constipation.

Anal incontinence can occur for several reasons:
- **Abnormal stool consistency:** Bowel movements with normal, formed consistency are easiest to control. Diarrhea or loose bowel movements are more likely to cause anal incontinence because of looser consistency and increased urgency. Severe constipation can also sometimes lead to anal incontinence.
- **Anal sphincter injury:** The circular muscles of the anus that allow us to control bowel movements are called the “anal sphincter muscles.” These muscles can be damaged or torn during vaginal delivery. It is estimated that as many as 40 percent of women experience muscle injuries in this area during childbirth, more commonly when episiotomy or forceps delivery is performed.
- **Nerve injury:** Injury to the anal sphincter nerves can cause decreased sensation and muscle strength, both of which can contribute to anal incontinence. Nerve damage can be caused by injury during vaginal delivery, chronic constipation, or by illnesses that affect the nerves such as diabetes, spinal cord injury, etc. The nerve damage that occurs during vaginal delivery can often improve with healing of the nerves over the next 1-2 years after childbirth.
- **Prolapse:** Rectoceles and other forms of prolapse can sometimes cause anal incontinence by causing stool to be incompletely emptied during bowel movements.
- **Fistula:** Rarely, abnormal tracts known as “fistulas” can develop between the rectum and vagina, following vaginal delivery or vaginal surgery. They can also occur spontaneously as a result of diverticulitis or other bowel conditions.

**What tools are used to assess anal incontinence?**
A specialist, such as a urogynecologist, colorectal surgeon, or gastroenterologist, should generally evaluate anal incontinence. The evaluation should always begin with discussion of the symptoms and physical examination. Other tests that are sometimes necessary include:
- **Ultrasound:** To evaluate the anal sphincter muscles;
• MRI or defecography: To evaluate the surrounding tissues for possible anatomic problems, such as pelvic organ prolapse;
• Nerve testing and/or anal manometry: To evaluate possible injury to the nerves which can cause decreased strength and sensation;
• Colonoscopy or sigmoidoscopy: To evaluate for other possible causes such as fistula, colitis, Crohn’s disease, etc.

How can anal incontinence be treated?
 Anal incontinence can be treated in several ways depending on the causes and exam findings:
• Diet changes: Anal incontinence in women who experience diarrhea or loose bowel movements will often improve with avoidance of spicy foods or stimulants such as caffeine. Alternatively, fiber supplementation (with whole grains, fruits, vegetables, or high-fiber cereals) or over-the-counter fiber supplements can sometimes help make stools more formed, resulting in more complete passage during bowel movements.
• Medications: Sometimes medications such as loperamide can be used to treat or prevent diarrhea, decreasing the frequency or looseness of bowel movements.
• Biofeedback: Specialized physical therapists can often perform biofeedback to improve sensation and muscle strength. See your doctor for a referral.
• Surgery: Damaged anal sphincter muscles can sometimes be repaired with surgery, more successfully when the nerves are working properly. Repair of rectoceles or other forms of prolapse can lead to improved bowel emptying. Fistula repair is generally curative when there are no other factors contributing to the anal incontinence.

If these simple measures don’t work, then you should talk to your primary care physician. If you can’t solve these problems together, then a specialist such as a urogynecologist or gastroenterologist should be consulted.

What is constipation?
“Constipation” can describe several problems, including infrequent bowel movements, hard bowel movements, and the need to strain forcefully during bowel movements. It is very common, affecting about one of every three women. Sometimes, with certain types of constipation, women will need to press on the perineum (the area between the vagina and the anus) or on the back vaginal wall to help pass the bowel movement.

What causes constipation?
Constipation can occur for several reasons:
• Dietary problems: The most common reason for constipation is not having enough fiber in your diet. Some foods, especially foods high in starch, such as white rice, pasta, or white bread, are more likely to lead to constipation. It is important to drink enough fluids to keep the stools soft. When there is not enough fiber or water in your diet, the bowel movements are more likely to be hard or irregular.
• Pelvic floor disorders: Rectoceles and other forms of prolapse can sometimes lead to problems with bowel movements. Women who are unable to relax the pelvic floor muscles can also have problems passing bowel movements. This type of problem is more likely to cause problems moving the bowels than problems with irregularity or hard bowel movements. In turn, chronic constipation can cause pelvic floor disorders.
• Medical conditions: Constipation can also occur as a result of abnormal nerve function, usually causing severe irregularity. This can occur by itself or as part of certain medical conditions, such as irritable bowel, thyroid disorders, or neurological conditions, such as diabetes or spinal cord injuries that affect the function of the nerves in the intestines. These types of conditions usually will cause irregularity or hard stools. Many
medications lead to constipation as a side effect.

- **Intestinal blockage**: Rarely, constipation can be caused by blockage from colon cancer, other tumors, or scar tissue from prior infections or surgeries. In this case, the constipation usually continues to get worse until the problem is treated.

**What tools are used to evaluate constipation?**

Your primary care doctor, Ob/Gyn, urogynecologist, gastroenterologist, or colorectal surgeon can evaluate constipation. The evaluation should always begin with discussion of the symptoms and physical examination. Other tests that are sometimes necessary include:

- **Colonoscopy**: A colonoscopy is a procedure done with anesthesia using a scope to examine the colon. This is done to investigate possible blockage of the intestines from cancer or other masses. All women over age 50 should undergo regular colon cancer screening. The best form of colon cancer screening, particularly in women, is a colonoscopy, recommended beginning at age 50 and then every 10 years if the results are normal, more often if polyps are discovered. Other forms of colon cancer screening include a sigmoidoscopy, a barium enema, and testing of the stool for blood.

- **Barium enema**: This x-ray study can be used to look for masses that block the intestines.

- **CT scan**: This x-ray study can be used to look at the intestines or surrounding tissues for causes of constipation, such as masses within or around the intestines.

- **Nerve testing**: These studies are sometimes done to test the nerves in the rectum to check for abnormal sensations that can cause constipation.

- **Anal Manometry**: This testing is done to check for normal or abnormal relaxation of the pelvic floor muscles.

**How might my constipation be treated?**

Constipation can be treated in several ways depending on the causes and exam findings.

- **Diet changes**: Increasing dietary fiber is the most common way to treat constipation. Eating high-fiber foods (whole grains, fruits, vegetables, or high-fiber cereals) or over-the-counter fiber supplements can sometimes help make stools more formed, softer, and more frequent. It is important to drink enough water, especially when using fiber, to help keep the stools soft. Avoiding starchy foods, such as white rice, pasta, or white bread, can help prevent constipation.

- **Medications**: When fiber supplementation isn’t enough, your doctor can recommend medications, such as stool softeners or osmotic laxatives, to help. For patients with irritable bowel syndrome, prescription medications are available. Medications that cause constipation as a side effect should be discussed with your doctor because they can often be switched to others that don’t.

- **Biofeedback**: Specialized physical therapists can perform biofeedback to improve the pelvic muscle strength, tone and endurance. In the difficult cases of pelvic muscle spasm, working with a trained physical therapist may yield better results. See your doctor for a referral.

- **Surgery**: For patients with rectoceles or other bowel disorders who don’t improve with the treatments listed above, surgery can sometimes lead to improved bowel emptying.