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FACULTY OF NURSING

Fecal Incontinence

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Definition

- **Fecal incontinence** is the loss of regular control of the bowels.

Prevalence

- Fecal incontinence affects people of all ages, but is more common in older adults than in younger adults. It is not, however, a normal part of aging.

Causes

Constipation

- Constipation causes prolonged muscle stretching and leads to weakness of the intestinal muscles. After a certain point, the rectum will no longer close tightly enough to prevent stool loss, resulting in incontinence.

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Muscle damage

- Fecal incontinence can be caused by injury to one or both of the ring-like muscles at the end of the rectum called the internal and external anal sphincters. During normal function, these sphincters help retain stool.

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Nerve Damage

- Fecal incontinence can also be caused by damage to the nerves that control the anal sphincters or to the nerves that detect stool in the rectum. Damage to the nerves controlling the sphincter muscles may render the muscles unable to work effectively. If the sensory nerves are damaged, detection of stool in the rectum is disabled, and one will not feel the need to defecate until too late.

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Loss of storage capacity

- Normally, the rectum stretches to hold stool until it is voluntarily released. But rectal surgery, radiation treatment, and inflammatory bowel disease can cause scarring, which may result in the walls of the rectum becoming stiff and less elastic.

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Diarrhea

- Diarrhea, or loose stool, is more difficult to control than solid stool that is formed. Where diarrhea is caused by temporary problems such as mild infections or food reactions, incontinence tends to last for a period of days.

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Pelvic floor dysfunction

- Abnormalities of the pelvic floor can lead to fecal incontinence
- a dropping down of the rectum (rectal prolapse), protrusion of the rectum through the vagina (rectocele)

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Other causes

- Excretory problems
- Fecal impaction
- Diseases, drugs, and indigestible dietary fats that interfere with the intestinal absorption. Respective examples include cystic fibrosis, orlistat, and olestra.
- Lateral internal sphincterotomy (Surgical procedure for helping Anal fissures heal)
- Seizure.

Diagnosis

- **Severity scales**
- The Cleveland Clinic Incontinence Score is widely used because it is practical and easy to use and interpret. The score takes into account the frequency of incontinence and the use of pads and lifestyle alteration.

Other Tests

- Anorectal Manometry checks the tightness of the anal sphincter
- Endoanal ultrasound evaluates the structure of the anal sphincters
- Proctography, also known as defecography, shows how much stool the rectum can hold,

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- Proctosigmoidoscopy allows doctors to look inside the rectum for signs of disease or other problems that could cause fecal incontinence
- Anal electromyography tests for nerve damage, which is often associated with obstetric injury.

Treatment

Dietary changes

- Food affects the consistency of stool and how quickly it passes through the digestive system. One way to help control fecal incontinence in some persons is to eat foods that add bulk to stool, decreasing the water content of the feces and making it firmer.

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- Foods to be avoided also include those that typically cause diarrhea, such as cured or smoked meat; spicy foods; alcohol; dairy products; fatty and greasy foods; and artificial sweeteners.

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Medication

- Medication consists primarily of antipropulsive drugs.
- An **antipropulsive** is a drug which is used in the treatment of diarrhea. It does not address the underlying cause (for example, infection or malabsorption), but it does decrease motility.

Examples include diphenoxylate and loperamide.

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Surgery

- Colostomy
- Cecostomy with antegrade enema program
- Stimulated graciloplasty creates a new anal sphincter

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- Artificial anal sphincter
- Temperature-controlled radiofrequency energy (SECCA)
- Antegrade continent enema stoma

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Kegel exercises

- Appropriate exercise of the sphincter muscles (Kegel exercise) can help restore muscle tone, and reduce or even eliminate anal incontinence