



GASTROENTEROLOGY
DEPARTMENT OF THE
CIUSSS de l'Estrie – CHUS

FECAL INCONTINENCE

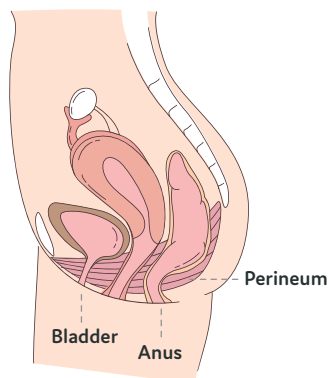
Treatment and advice

WHAT IS FECAL INCONTINENCE?

Fecal incontinence (also known as anal or bowel or stool incontinence) is the involuntary loss of stool or fluids through the anus. It is often accompanied by loss of urine, as the same muscles that retain stools (some pelvic floor muscles) are also involved in urinary retention.

Fecal incontinence can occur at any age and has multiple causes:

- Difficulty contracting the muscles that retain stools (anus or pelvic floor muscles)
- Sensation of having stool in the rectum
- Difficulty adapting the rectum to stool volume
- Incomplete stool evacuation
- Constipation



Your physician or physiotherapist will ask you questions regarding:

- your age: ageing can weaken the muscles;
- past pregnancies (for women): multiple pregnancies, difficult childbirth, gynecological trauma;
- prior surgeries: gynecological, rectal, anal, or prostate surgeries;
- intestinal transit: chronic constipation, hemorrhoids, or organ prolapse;
- neurological history: stroke, multiple sclerosis, or diabetes;
- pelvic floor muscle strength or weakness;
- the stress or feelings you are experiencing may influence fecal incontinence.

Of course, diarrhea may lead to fecal incontinence. In most cases, fecal incontinence does not necessarily involve weak pelvic floor muscles. Treating diarrhea remains the initial solution, but it will not be covered in this document.

HOW IS FECAL INCONTINENCE TREATED?

Treatment mainly involves the following:

Muscle strengthening exercises

It is necessary to consult a pelvic health physiotherapist or anal manometry (anorectal biofeedback) technician for advice and follow-ups. This is the main treatment for fecal incontinence. Physical activity and strengthening core muscles (abdominal and back muscles) may also improve pelvic floor support and decrease symptoms.

Treating constipation

Laxatives and fibre supplements may be recommended. Note that fibre supplements may be recommended for both diarrhea and constipation. Adjusting the dose and amount of water taken with the supplement are key to treating both these conditions. Speak to your physician or nutritionist or consult the Constipation booklet.

Should the strengthening exercises or treatment for constipation fail to resolve the fecal incontinence, you may be referred to a surgeon for sacral nerve stimulation (neurostimulator). This technique may not apply to your situation. A pelvic floor physiotherapy consultation is essential before considering anal sphincter surgery or colectomy (removal of the colon). Moreover, these interventions are conducted under very specific circumstances.

WHAT ARE KEGEL EXERCISES?

Kegel exercises, named after their inventor, Dr. Arnold Kegel, aim to strengthen the pelvic floor muscles. They involve alternately contracting and releasing these muscles.

Your physician will recommend you to a pelvic floor physiotherapist who can guide you in practising this technique. For satisfactory results, you must do at least **3 sets of exercises, 3 times daily**.

Seated (e.g., in a car, at a red light) or lying down, during a quiet moment:

- Contract the pelvic floor muscles as much as possible, as if you wanted to hold gas.
- Release completely and all at once.
- Repeat.

Do 10 contractions, 3 times in a row. Take a 1-minute break between each set.

To learn more, visit:
canadiancontinence.ca

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