What I need to know about

Bowel Control

U.S. Department of Health and Human Services

NATIONAL INSTITUTES OF HEALTH
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NIDDK | NATIONAL INSTITUTE OF DIABETES AND DIGESTIVE AND KIDNEY DISEASES

National Digestive Diseases Information Clearinghouse

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Contents

What is a bowel control problem?

You have a bowel control problem if you accidentally pass solid or liquid stool or mucus from your **rectum.*** Bowel control problems include being unable to hold a bowel movement until you reach a toilet and passing stool into your underwear without being aware of it happening. Stool, also called feces, is solid waste that is passed as a bowel movement and includes undigested food, bacteria, mucus, and dead cells. Mucus is a clear liquid that coats and protects tissues in your digestive system.

*See page 33 for tips on how to say the words in **bold** type.

A bowel control problem—also called **fecal incontinence—**can be upsetting and embarrassing. Most people with a bowel control problem feel ashamed and try to hide the problem. They may not want to leave the house for fear of losing bowel control in public. They may withdraw from friends and family.

Bowel control problems are often caused by a medical issue and can be treated. If you have a bowel control problem, don't be afraid to talk about it with your doctor. Your doctor may be able to help.

Who gets bowel control problems?

Bowel control problems affect about 18 million U.S. adults—one out of every 12 people. People of any age can have bowel control problems, though they are more common in older adults. Slightly more women than men have bowel control problems. If you have any of the following, you may be more likely to have a bowel control problem:

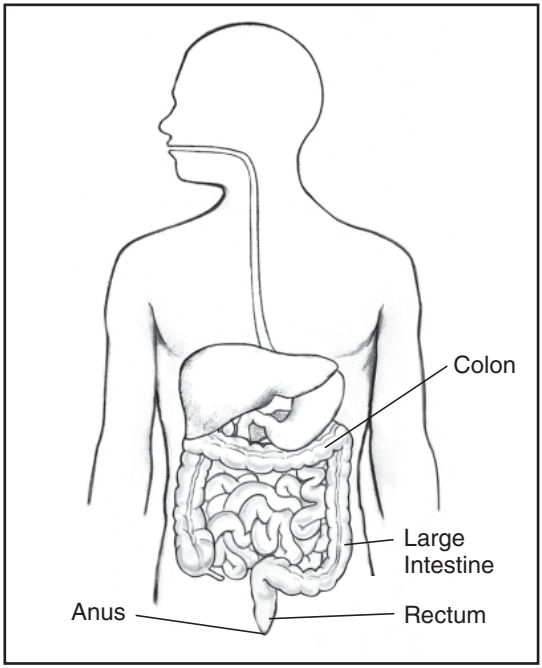
- **diarrhea,** which is passing loose, watery stools three or more times a day

- urgency, or feeling you have very little time to get to the toilet for a bowel movement
- a disease or injury that damages your nervous system
- poor overall health from multiple chronic, or long lasting, illnesses
- a difficult childbirth with injuries to your pelvic floor—the muscles, ligaments, and tissues that support your **uterus, vagina,** bladder, and rectum

What is the gastrointestinal (GI) tract?

The GI tract is a series of hollow organs joined in a long, twisting tube from your mouth to your **anus—**the opening where stool leaves your body. The lower GI tract consists of your large **intestine—**which includes your colon and rectum—and anus. Your intestines are sometimes called your bowel.

Your body digests food as it moves through the GI tract. The leftover waste from the digested food enters your large intestine as liquid. Your large intestine absorbs water and changes the liquid to stool. Stool passes from your colon to your rectum where it is stored before a bowel movement. Stool moves from your rectum to your anus and out of your body.



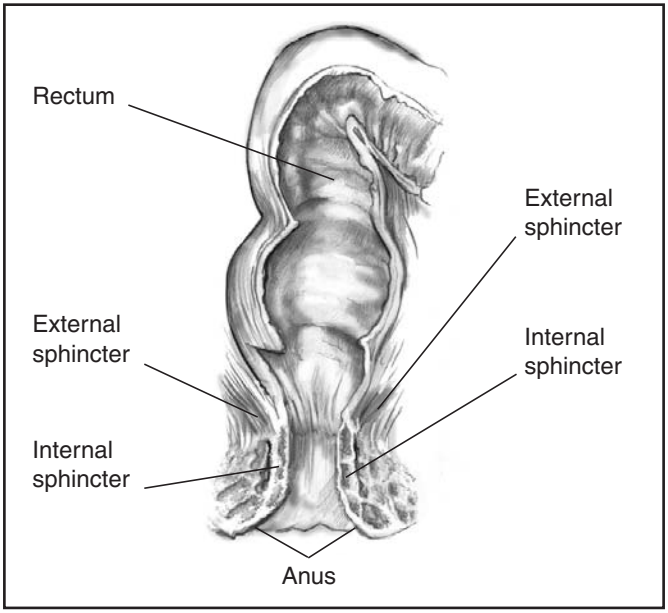
The lower GI tract

How does bowel control work?

Bowel control relies on the muscles and nerves of your anus and rectum working together to

- hold stool in your rectum
- let you know when your rectum is full
- release stool when you're ready

Ringlike muscles called **sphincters** close tightly around your anus to hold stool in your rectum until you're ready to release the stool. Pelvic floor muscles support your rectum and a woman's vagina and also help with bowel control.



The external and internal anal sphincter muscles

What causes bowel control problems?

Bowel control problems can have many causes. Some common causes are

- diarrhea
- **constipation**
- muscle damage or weakness
- nerve damage
- loss of stretch in the rectum
- childbirth by **vaginal** delivery
- **hemorrhoids** and **rectal prolapse**
- **rectocele**
- inactivity

Diarrhea. Diarrhea causes bowel control problems because loose stool fills your rectum more quickly than your rectum can stretch to hold the stool. This rapid filling can make it harder to reach the bathroom in time.

Constipation. You might be surprised to learn that constipation, a condition in which an adult has fewer than three bowel movements a week or a child has fewer than two bowel movements a week, can lead to bowel control problems. Constipation causes large, hard stools to stretch your rectum and relax your internal sphincters. Then, watery stool can leak out around the hard stool.

The type of constipation that is most likely to lead to a bowel control problem happens when a person squeezes the sphincters and pelvic floor muscles by mistake instead of relaxing them. For example, if you have pain when you have a bowel movement, you may unconsciously learn to squeeze these muscles to delay the bowel movement and avoid pain.

Muscle damage or weakness. If the sphincter muscles are damaged or weakened, they may not be strong enough to keep the anus closed, and stool can leak out. The sphincter muscles can be damaged by

- trauma
- childbirth injuries
- cancer surgery
- surgery to remove hemorrhoids, which are swollen blood vessels in and around your anus and lower rectum

Nerve damage. If the nerves that control your sphincters are damaged, the muscles can't work the way they should. Damage to the nerves that sense stool in your rectum can make it hard to know when you need to use the bathroom.

Nerves can be damaged by

- childbirth
- a long-term habit of straining to pass stool
- stroke
- spinal cord injury
- diseases that affect the nerves, such as **diabetes** and **multiple sclerosis**

Brain injuries from stroke, head trauma, or certain diseases can also cause bowel control problems.

Loss of stretch in the rectum. If your rectum is scarred or inflamed, it becomes stiff and can't stretch as much to hold stool. If your rectum gets too full, stool can leak out. **Radiation** treatment for rectal cancer or other pelvic cancers can cause scarring of the rectum. **Inflammatory** bowel diseases—chronic disorders that cause irritation and sores on the lining of the digestive system—can cause the rectal wall to become stiff.

Childbirth by vaginal delivery. Childbirth sometimes causes injuries to the muscles and nerves in the pelvic floor. The risk is greater if

- forceps are used to help deliver the baby
- the doctor makes a cut, called an **episiotomy,** in the vaginal area to prevent the baby's head from tearing the vagina during birth

Bowel control problems related to childbirth may appear soon after delivery or many years later.

Hemorrhoids and rectal prolapse. External hemorrhoids, which develop under the skin around your anus, can prevent your anal sphincter muscles from closing completely. Rectal prolapse, a condition that causes your rectum to drop down through your anus, can also prevent the anal sphincter muscles from closing well enough to prevent leakage. Small amounts of mucus or liquid stool can then leak through your anus.

Rectocele. If you are a woman, you can have rectocele, a condition that causes your rectum to protrude through your vagina. Rectocele can happen when the thin layer of muscles separating your rectum from your vagina becomes weak. Stool may stay in your rectum because the rectocele makes it harder to push stool out. More research is needed to be sure rectocele increases the risk of bowel control problems.

Inactivity. If you are inactive, especially if you spend many hours a day sitting or lying down, you may be keeping a large amount of stool in your rectum. Liquid stool can then leak around the more solid stool. Frail, older adults are most likely to develop constipation-related bowel control problems for this reason.

What do I tell my doctor about my bowel control problem?

You may be embarrassed to talk about your bowel control problem, but your doctor will not be shocked or surprised. The more details and examples you can give about your problem, the better your doctor will be able to help you. You should be prepared to tell your doctor

- when your bowel control problem started
- whether you leak liquid or solid stool
- if you have hemorrhoids that bulge through your anus when you lift things or at other times and if the hemorrhoids pull back in by themselves or have to be pushed in with a finger
- if the problem is worse after eating or if any specific foods seem to make the problem worse
- if you aren't able to control passing gas

Your doctor will probably also ask you questions like these:

- How often do you have a bowel control problem?
- Do you leak a little bit of stool or do you lose complete control of your bowel?

- Do you feel a strong urge to have a bowel movement or do you lose control without warning?
- Is your bowel control worse when you have diarrhea or constipation?
- How is your bowel control problem affecting your daily life?

You may want to keep a stool diary for several weeks before visiting your doctor so you can answer these questions. A stool diary is a chart for recording daily bowel movement details. You can find a sample stool diary on the Bowel Control Awareness Campaign website at *www.bowelcontrol.nih.gov*.

How is the cause of a bowel control problem diagnosed?

To diagnose what is causing your bowel control problem, your doctor will take your medical history, including asking the questions listed in "What do I tell my doctor about my bowel control problem?" Your doctor may refer you to a specialist who will perform a physical exam and may suggest one or more of the following tests:

- **anal manometry**
- anal ultrasound
- magnetic resonance imaging (MRI)
- **defecography**
- **flexible sigmoidoscopy** or **colonoscopy**
- anal **electromyography** (EMG)

Anal manometry. Anal manometry uses pressure sensors and a balloon that can be inflated in your rectum to check how sensitive your rectum is and how well it works. Anal manometry also checks the tightness of the muscles around your anus. To prepare for this test, you should use an **enema** and not eat anything 2 hours before the test. An enema involves flushing water or a **laxative** into your anus

using a special squirt bottle. A laxative is medicine that loosens stool and increases bowel movements. For this test, a thin tube with a balloon on its tip and pressure sensors below the balloon is put into your anus. Once the balloon reaches the rectum and the pressure sensors are in the anus, the tube is slowly pulled out to measure muscle tone and contractions. No sedative is needed for this test, which takes about 30 minutes.

Anal ultrasound. Ultrasound uses a tool, called a transducer, that bounces safe, painless sound waves off your organs to create an image of their structure. An anal ultrasound is specific to the anus and rectum. The procedure is performed in a doctor's office, outpatient center, or hospital by a specially trained technician, and the images are interpreted by a **radiologist—**a doctor who specializes in medical imaging. A sedative is not needed. The images can show the structure of your anal sphincter muscles.

MRI. MRI machines use radio waves and magnets to produce detailed pictures of your internal organs and soft tissues without using x rays. The procedure is performed in an outpatient center or hospital by a specially trained technician, and the images are interpreted by a radiologist. A sedative is not needed, though you may be given medicine to help you relax if you have a fear of confined spaces. An MRI may include the injection of special dye, called contrast medium. With most MRI machines, you lie on a table that slides into a tunnel-shaped device that may be open ended or closed at one end; some newer machines are designed to allow you to lie in a more open space. MRIs can show problems with your anal sphincter muscles. MRIs can provide more information than anal ultrasound, especially about the external anal sphincter.

Defecography. This x ray of the area around your anus and rectum shows whether you have problems with

- pushing stool out of your body
- the functioning of your anus and rectum
- squeezing and relaxing your rectal muscles

The test can also show changes in the structure of your anus or rectum. To prepare for the test, you perform two enemas. You can't eat anything for 2 hours before the test. During the test, the doctor fills your rectum with a soft paste that shows up on x rays and feels like stool. You sit on a toilet inside an x-ray machine. The doctor will ask you to first pull in and squeeze your sphincter muscles to prevent leakage and then to strain as if you're having a bowel movement. The radiologist studies the x rays to look for problems with your rectum, anus, and pelvic floor muscles.

Flexible sigmoidoscopy or colonoscopy. These tests are similar, but a colonoscopy is used to view your rectum and entire colon, while a flexible sigmoidoscopy is used to view just your rectum and lower colon. These tests are performed at a hospital or outpatient center by a **gastroenterologist—**a doctor who specializes in digestive diseases. For both tests, a doctor will give you written bowel prep instructions to follow at home. You may be asked to follow a clear liquid diet for 1 to 3 days before either test. The night before the test, you may need to take a laxative. One or more enemas may be needed the night before and about 2 hours before the test.

In most cases, you will be given a light sedative, and possibly pain medicine, to help you relax during a flexible sigmoidoscopy. A sedative is used for colonoscopy. For either test, you will lie on a table while the doctor inserts a flexible tube into your anus. A small camera on the tube sends a video image of your bowel lining to a computer screen. The test can show problems in your lower GI tract that may be causing your bowel control problem. The doctor may also perform a biopsy, a procedure that involves taking a piece of tissue from the bowel lining for examination with a microscope. You won't feel the biopsy. A **pathologist—**a doctor who specializes in diagnosing diseases—examines the tissue in a lab to confirm the diagnosis.

You may have cramping or bloating during the first hour after these tests. You're not allowed to drive for 24 hours after a colonoscopy or flexible sigmoidoscopy to allow the sedative time to wear off. Before the test, you should make plans for a ride home. You should recover fully by the next day and be able to go back to your normal diet.

Anal EMG. Anal EMG checks the health of your pelvic floor muscles and the nerves that control your muscles. The doctor inserts a very thin needle wire through your skin into your muscle. The

wire on the needle picks up the electrical activity given off by the muscles. The electrical activity is shown as images on a screen or sounds through a speaker. Another type of anal EMG uses stainless steel plates attached to the sides of a plastic plug instead of a needle. The plug is put in your anus to measure the electrical activity of your external anal sphincter and other pelvic floor muscles. The test can show if there is damage to the nerves that control the external sphincter or pelvic floor muscles by measuring the average electrical activity when you

- relax quietly
- squeeze to prevent a bowel movement
- strain to have a bowel movement

How are bowel control problems treated?

Treatment for bowel control problems may include one or more of the following:

- eating, diet, and nutrition
- medicines
- bowel training

- pelvic floor exercises and **biofeedback**
- surgery
- electrical stimulation

Eating, Diet, and Nutrition

Changes in your diet that may improve your bowel control problem include

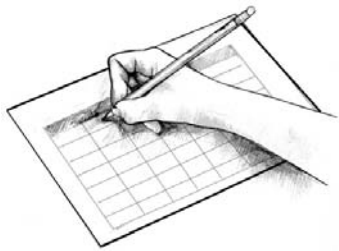
- Eating the right amount of fiber. Fiber can help with diarrhea and constipation. Fiber is found in fruits, vegetables, whole grains, and beans. Fiber supplements sold in a pharmacy or health food store are another common source of fiber to treat bowel control problems. The Academy of Nutrition and Dietetics recommends getting 20 to 35 grams of fiber a day for adults and "age plus five" grams for children. A 7-year-old child, for example, should get "7 plus five," or 12, grams of fiber a day. Fiber should be added to your diet slowly to avoid bloating.
- Getting plenty to drink. Drinking eight 8-ounce glasses of liquid a day may help prevent constipation. Water is a good choice. You should avoid drinks with caffeine, alcohol, milk, or carbonation if they give you diarrhea.

Keeping a Food Diary

A food diary can help you identify foods that cause diarrhea and increase the risk of a bowel control problem. Write down what you eat, how much you eat, and when you lose bowel control. After a few days, you may begin to see a link between certain foods and your bowel control problem. Your symptoms may improve if you eat less of foods linked to your bowel control problem. Discuss your food diary with your doctor.

Common foods and drinks linked to diarrhea and bowel control problems include

- dairy products, such as milk, cheese, or ice cream
- foods and drinks containing caffeine, such as coffee, tea, or chocolate
- cured or smoked meats such as sausage, ham, or turkey
- spicy foods
- alcoholic drinks
- fruits such as apples, peaches, or pears
- fatty or greasy foods
- sweeteners in diet drinks and sugarless gum and candy



Examples of Foods That Have Fiber

Beans, cereals, and breads	Fiber
1/2 cup of beans (navy, pinto, kidney, etc.), cooked	6.2–9.6 grams
1/2 cup of shredded wheat, ready-to-eat cereal	2.7–3.8 grams
1/3 cup of 100% bran, ready-to-eat cereal	9.1 grams
1 small oat bran muffin	3.0 grams
1 whole-wheat English muffin	4.4 grams
Fruits	
1 small apple, with skin	3.6 grams
1 medium pear, with skin	5.5 grams
1/2 cup of raspberries	4.0 grams
1/2 cup of stewed prunes	3.8 grams
Vegetables	
1/2 cup of winter squash, cooked	2.9 grams
1 medium sweet potato, baked in skin	3.8 grams
1/2 cup of green peas, cooked	3.5–4.4 grams
1 small potato, baked, with skin	3.0 grams
1/2 cup of mixed vegetables, cooked	4.0 grams
1/2 cup of broccoli, cooked	2.6–2.8 grams
1/2 cup of greens (spinach, collards, turnip greens), cooked	2.5–3.5 grams

Source: U.S. Department of Agriculture and U.S. Department of Health and Human Services, *Dietary Guidelines for Americans, 2010.*

Medicines

If diarrhea is causing your bowel control problem, medicine may help. Your doctor may suggest using bulk laxatives to help you make more solid stools that are easier to control. Your doctor may also suggest antidiarrheal medicines that slow down your bowels and help control the problem.

Bowel Training

Training yourself to have bowel movements at certain times during the day—such as after meals—may help. Developing a regular pattern may take a while, so don't give up if it doesn't work right away.

Pelvic Floor Exercises and Biofeedback

Exercises that strengthen your pelvic floor muscles can help with bowel control. To do pelvic floor exercises, you squeeze and relax these muscles 50 to 100 times a day. The trick is finding the right muscles to squeeze. Your doctor can help make sure you're doing the exercises the right way. Biofeedback therapy may also help you learn to do the exercises correctly. Biofeedback therapy is painless and uses a machine to let you know when you are squeezing the right muscles. You practice what you learn at home. Success with pelvic floor exercises depends on what is causing your bowel control problem, how severe the problem is, and your motivation and ability to follow your doctor's recommendations.

Surgery

Depending on the reason for your bowel control problem or how severe it is, your doctor may recommend surgery. Surgery options include

- **Sphincteroplasty,** which involves sewing back together the separated ends of a sphincter muscle torn by childbirth or another injury and is the most common type of surgery for bowel control problems
- Artificial anal sphincter, which is a procedure to place an inflatable cuff around your anus and implant a small pump beneath your skin to inflate or deflate the cuff
- Nonabsorbable bulking agent, which is injected into the wall of your anus to bulk up the tissue around your anus, making the opening of your anus narrower so your sphincters are able to close better

- Bowel diversion, which is an operation that reroutes the normal movement of stool out of the body when part of the bowel is removed; colostomy or ileostomy are the types of bowel diversion used to treat bowel control problems

Electrical Stimulation

Electrical stimulation involves placing wires in the sacral nerves to your anus and rectum and constantly stimulating the nerves with electrical pulses. Electrical stimulation is also called **sacral nerve stimulation** or **neuromodulation.** The sacral nerves connect to the part of your spine in the hip area. A battery-operated stimulator is placed under your skin. Based on your response, the doctor can adjust the amount of stimulation so it works best for you. You can turn the stimulator on or off at any time.

How do I cope with my bowel control problem?

There are steps you can take to manage your bowel control problem. Try these everyday tips:

- Carry a bag with cleanup supplies and a change of clothes with you when leaving the house.
- Find public restrooms before you need one.
- Use the toilet before leaving home.
- Wear disposable underwear or absorbent pads inserted in your underwear.
- If you lose bowel control often, use a fecal deodorant—a pill that you chew or swallow to reduce the smell of stool and gas. These pills are available without a prescription. Your doctor can help you choose which type is best for you.

You should be aware that eating causes contractions in your large intestine that push stool towards your rectum. The rectum also contracts for 30 to 60 minutes after eating. Both of these events make it more likely that you will pass gas and have a bowel movement soon after eating. This activity may increase if you are anxious. You might want to avoid eating in restaurants or at social events, or you may want to take antidiarrheal medicines before eating in these situations.

What should I do about anal discomfort?

The skin around your anus is delicate and sensitive. Constipation and diarrhea or contact between skin and stool can cause pain or itching. Here are some things you can do to relieve discomfort:

Wash with water. Gently wash the anal area with water, but not soap, after a bowel movement. Soap can dry out and irritate your skin, and so can rubbing with dry toilet paper. Alcohol-free wipes are a better choice.

Air dry. Let the area air dry after washing. If you don't have time, gently pat yourself dry with a clean cloth.

Use a moisture-barrier cream. Use a cream that contains ingredients such as dimethicone—a type of silicone—that form a barrier between your skin and stool. Clean and dry the area before you apply the cream. Ask your doctor what kind of cream to use.

Try nonmedicated powders. Plain talcum powder or cornstarch may help relieve pain or itching.

Use wicking pads or disposable underwear. If you use pads or disposable underwear worn in close contact with your skin, make sure they have a wicking layer. The wicking layer protects your skin by pulling moisture away from your skin and into the pad.

Wear clothes and underwear that allow air to flow. Tight clothes and plastic or rubber underwear that block air can make skin problems worse. Clothes and underwear that allow air to flow help skin stay dry.

Change soiled underwear as soon as you can.

Points to Remember

- You have a bowel control problem if you accidentally pass solid or liquid stool or mucus from your rectum. Bowel control problems include being unable to hold a bowel movement until you reach a toilet and passing stool into your underwear without being aware of it happening.
- People of any age can have a bowel control problem.
- Bowel control problems can have many causes. Some common causes are
  - diarrhea
  - constipation
  - muscle damage or weakness
  - nerve damage
  - loss of stretch in the rectum

- childbirth by vaginal delivery
- hemorrhoids and rectal prolapse
- rectocele
- inactivity

- Treatment for bowel control problems may include one or more of the following:
  - eating, diet, and nutrition
  - medicines
  - bowel training
  - pelvic floor exercises and biofeedback
  - surgery
  - electrical stimulation

Hope through Research

The National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) and other components of the National Institutes of Health (NIH) conduct and support research into many kinds of digestive disorders, including bowel control problems. The Behavioral Therapy of Obstetric Sphincter Tears (BOOST), funded under NIH clinical trial number NCT01166399, surveys women who suffered a tear of the anal sphincters during childbirth to determine the incidence of bowel control problems in this population.

The NIDDK is sponsoring a study of biofeedback for bowel control problems, funded under NIH clinical trial number NCT00124904. The aims of the study are to compare biofeedback with alternative therapies, identify which patients are most likely to benefit, and assess the effect of treatment on quality of life.

Adaptive Behaviors among Women with Bowel Incontinence: The ABBI Trial, funded under NIH clinical trial number NCT00729144, focuses on the validation of a tool to measure behaviors women use to reduce symptoms of bowel control problems. The tool, called the Adaptation Index, was developed with input from investigators of the Pelvic Floor Disorders Network and refined through focus groups and is being validated in women with urinary incontinence and pelvic organ prolapse.

Clinical trials are research studies involving people. Clinical trials look at safe and effective new ways to prevent, detect, or treat disease. Researchers also use clinical trials to look at other aspects of care, such as improving the quality of life for people with chronic illnesses. To learn more about clinical trials, why they matter, and how to participate, visit the NIH Clinical Research Trials and You website at *www.nih.gov/health/clinicaltrials.* For information about current studies, visit *www.ClinicalTrials.gov.*

Pronunciation Guide

anal manometry (AY-nuhl) (muh-NOM-uh-tree)

anus (AY-nuhss)

biofeedback (BY-oh-FEED-bak)

colonoscopy (KOH-lon-OSS-kuh-pee)

constipation (KON-stih-PAY-shuhn)

defecography (DEF-uh-KOG-ruh-fee)

diabetes (DY-uh-BEE-teez)

diarrhea (DY-uh-REE-uh)

electromyography (ee-LEK-troh-my-OG-ruh-fee)

enema (EN-uh-muh)

episiotomy (eh-PIZ-ee-OT-uh-mee)

fecal incontinence (FEE-kuhl) (in-KON-tih-nenss)

flexible sigmoidoscopy (FLEK-suh-buhl) (SIG-moy-DOSS-kuh-pee)

gastroenterologist (GASS-troh-EN-tur-OL-uh-jist)

hemorrhoids (HEM-uh-roydz)

inflammatory (in-FLAM-uh-toh-ree)

intestine (in-TESS-tin)

laxative (LAK-suh-tiv)

multiple sclerosis (MUHL-tih-puhl) (sklee-ROH-siss)

neuromodulation (NOOR-oh-mod-yoo-LEY-shuhn)

pathologist (pa-THOL-uh-jist)

radiation (RAY-dee-AY-shuhn)

radiologist (RAY-dee-OL-uh-jist)

rectal prolapse (REK-tuhl) (proh-LAPS)

rectocele (REK-toh-seel)

rectum (REK-tuhm)

sacral nerve stimulation (SAY-kruhl) (nurv) (STIM-yoo-LAY-shuhn)

sphincters (SFINGK-turs)

sphincteroplasty (SFINGK-tur-oh-PLASS-tee)

uterus (YOO-tuhr-uhss)

vagina (vuh-JY-nuh)

vaginal (VAJ-ih-nuhl)

For More Information

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The Bowel Control Awareness Campaign

The National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) Bowel Control Awareness Campaign provides current, science-based information about the symptoms, diagnosis, and treatment of bowel control problems, also known as fecal incontinence. The Awareness Campaign is an initiative of the National Digestive Diseases Information Clearinghouse, a service of the NIDDK.

Download this publication and learn more about the Awareness Campaign at *www.bowelcontrol.nih.gov*.

National Digestive Diseases Information Clearinghouse

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The National Digestive Diseases Information Clearinghouse (NDDIC) is a service of the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK). The NIDDK is part of the National Institutes of Health of the U.S. Department of Health and Human Services. Established in 1980, the Clearinghouse provides information about digestive diseases to people with digestive disorders and to their families, health care professionals, and the public. The NDDIC answers inquiries, develops and distributes publications, and works closely with professional and patient organizations and Government agencies to coordinate resources about digestive diseases.

This publication is available at *www.digestive.niddk.nih.gov.*

This publication may contain information about medications. When prepared, this publication included the most current information available. For updates or for questions about any medications, contact the U.S. Food and Drug Administration toll-free at 1–888–INFO–FDA (1–888–463–6332) or visit *www.fda.gov.* Consult your health care provider for more information.

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