# THE 2002 OFFICIAL PATIENT'S SOURCEBOOK *on*

# FECAL INCONTINENCE

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# Dedication

To the healthcare professionals dedicating their time and efforts to the study of fecal incontinence.

# Acknowledgements

The collective knowledge generated from academic and applied research summarized in various references has been critical in the creation of this sourcebook which is best viewed as a comprehensive compilation and collection of information prepared by various official agencies which directly or indirectly are dedicated to the study of fecal incontinence. All of the *Official Patient's Sourcebooks* draw from various agencies and institutions associated with the United States Department of Health and Human Services, and in particular, the Office of the Secretary of Health and Human Services (OS), the Administration for Children and Families (ACF), the Administration on Aging (AOA), the Agency for Healthcare Research and Quality (AHRQ), the Agency for Toxic Substances and Disease Registry (ATSDR), the Centers for Disease Control and Prevention (CDC), the Food and Drug Administration (FDA), the Healthcare Financing Administration (HCFA), the Health Resources and Services Administration (HRSA), the Indian Health Service (IHS), the institutions of the National Institutes of Health (NIH), the Program Support Center (PSC), and the Substance Abuse and Mental Health Services Administration (SAMHSA). In addition to these sources, information gathered from the National Library of Medicine, the United States Patent Office, the European Union, and their related organizations has been invaluable in the creation of this sourcebook. Some of the work represented was financially supported by the Research and Development Committee at INSEAD. This support is gratefully acknowledged. Finally, special thanks are owed to Tiffany LaRochelle for her excellent editorial support.

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- The Official Patient's Sourcebook on Crohn Disease
- The Official Patient's Sourcebook on Cyclic Vomiting Syndrome
- The Official Patient's Sourcebook on Diarrhea
- The Official Patient's Sourcebook on Diverticular Disease
- The Official Patient's Sourcebook on Gallstones
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- The Official Patient's Sourcebook on Rapid Gastric Emptying

- The Official Patient's Sourcebook on Short Bowel Syndrome
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# INTRODUCTION

## Overview

Dr. C. Everett Koop, former U.S. Surgeon General, once said, "The best prescription is knowledge."[1] The Agency for Healthcare Research and Quality (AHRQ) of the National Institutes of Health (NIH) echoes this view and recommends that every patient incorporate education into the treatment process. According to the AHRQ:

> Finding out more about your condition is a good place to start. By contacting groups that support your condition, visiting your local library, and searching on the Internet, you can find good information to help guide your treatment decisions. Some information may be hard to find—especially if you don't know where to look.[2]

As the AHRQ mentions, finding the right information is not an obvious task. Though many physicians and public officials had thought that the emergence of the Internet would do much to assist patients in obtaining reliable information, in March 2001 the National Institutes of Health issued the following warning:

> The number of Web sites offering health-related resources grows every day. Many sites provide valuable information, while others may have information that is unreliable or misleading.[3]

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[1] Quotation from http://www.drkoop.com.
[2] The Agency for Healthcare Research and Quality (AHRQ): http://www.ahcpr.gov/consumer/diaginfo.htm.
[3] From the NIH, National Cancer Institute (NCI): **http://cancertrials.nci.nih.gov/beyond/evaluating.html**.

Since the late 1990s, physicians have seen a general increase in patient Internet usage rates. Patients frequently enter their doctor's offices with printed Web pages of home remedies in the guise of latest medical research. This scenario is so common that doctors often spend more time dispelling misleading information than guiding patients through sound therapies. *The Official Patient's Sourcebook on Fecal Incontinence* has been created for patients who have decided to make education and research an integral part of the treatment process. The pages that follow will tell you where and how to look for information covering virtually all topics related to fecal incontinence, from the essentials to the most advanced areas of research.

The title of this book includes the word "official." This reflects the fact that the sourcebook draws from public, academic, government, and peer-reviewed research. Selected readings from various agencies are reproduced to give you some of the latest official information available to date on fecal incontinence.

Given patients' increasing sophistication in using the Internet, abundant references to reliable Internet-based resources are provided throughout this sourcebook. Where possible, guidance is provided on how to obtain free-of-charge, primary research results as well as more detailed information via the Internet. E-book and electronic versions of this sourcebook are fully interactive with each of the Internet sites mentioned (clicking on a hyperlink automatically opens your browser to the site indicated). Hard copy users of this sourcebook can type cited Web addresses directly into their browsers to obtain access to the corresponding sites. Since we are working with ICON Health Publications, hard copy *Sourcebooks* are frequently updated and printed on demand to ensure that the information provided is current.

In addition to extensive references accessible via the Internet, every chapter presents a "Vocabulary Builder." Many health guides offer glossaries of technical or uncommon terms in an appendix. In editing this sourcebook, we have decided to place a smaller glossary within each chapter that covers terms used in that chapter. Given the technical nature of some chapters, you may need to revisit many sections. Building one's vocabulary of medical terms in such a gradual manner has been shown to improve the learning process.

We must emphasize that no sourcebook on fecal incontinence should affirm that a specific diagnostic procedure or treatment discussed in a research study, patent, or doctoral dissertation is "correct" or your best option. This sourcebook is no exception. Each patient is unique. Deciding on appropriate

options is always up to the patient in consultation with their physician and healthcare providers.

## Organization

This sourcebook is organized into three parts. Part I explores basic techniques to researching fecal incontinence (e.g. finding guidelines on diagnosis, treatments, and prognosis), followed by a number of topics, including information on how to get in touch with organizations, associations, or other patient networks dedicated to fecal incontinence. It also gives you sources of information that can help you find a doctor in your local area specializing in diagnosing and treating fecal incontinence. Collectively, the material presented in Part I is a complete primer on basic research topics for patients with fecal incontinence.

Part II moves on to advanced research dedicated to fecal incontinence. Part II is intended for those willing to invest many hours of hard work and study. It is here that we direct you to the latest scientific and applied research on fecal incontinence. When possible, contact names, links via the Internet, and summaries are provided. It is in Part II where the vocabulary process becomes important as authors publishing advanced research frequently use highly specialized language. In general, every attempt is made to recommend "free-to-use" options.

Part III provides appendices of useful background reading for all patients with fecal incontinence or related disorders. The appendices are dedicated to more pragmatic issues faced by many patients with fecal incontinence. Accessing materials via medical libraries may be the only option for some readers, so a guide is provided for finding local medical libraries which are open to the public. Part III, therefore, focuses on advice that goes beyond the biological and scientific issues facing patients with fecal incontinence.

## Scope

While this sourcebook covers fecal incontinence, your doctor, research publications, and specialists may refer to your condition using a variety of terms. Therefore, you should understand that fecal incontinence is often considered a synonym or a condition closely related to the following:

- Functional Incontinence of Stool
- Soiling

- Stool Incontinence

In addition to synonyms and related conditions, physicians may refer to fecal incontinence using certain coding systems. The International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM) is the most commonly used system of classification for the world's illnesses. Your physician may use this coding system as an administrative or tracking tool. The following classification is commonly used for fecal incontinence:[4]

- 307.7 encopresis
- 787.6 incontinence of feces
- 788.3 incontinence

For the purposes of this sourcebook, we have attempted to be as inclusive as possible, looking for official information for all of the synonyms relevant to fecal incontinence. You may find it useful to refer to synonyms when accessing databases or interacting with healthcare professionals and medical librarians.

## Moving Forward

Since the 1980s, the world has seen a proliferation of healthcare guides covering most illnesses and conditions. Some are written by patients or their family members. These generally take a layperson's approach to understanding and coping with an illness or disorder. They can be uplifting, encouraging, and highly supportive. Other guides are authored by physicians or other healthcare providers who have a more clinical outlook. Each of these two styles of guide has its purpose and can be quite useful.

As editors, we have chosen a third route. We have chosen to expose you to as many sources of official and peer-reviewed information as practical, for the purpose of educating you about basic and advanced knowledge as recognized by medical science today. You can think of this sourcebook as your personal Internet age reference librarian.

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[4] This list is based on the official version of the World Health Organization's 9th Revision, International Classification of Diseases (ICD-9). According to the National Technical Information Service, "ICD-9CM extensions, interpretations, modifications, addenda, or errata other than those approved by the U.S. Public Health Service and the Health Care Financing Administration are not to be considered official and should not be utilized. Continuous maintenance of the ICD-9-CM is the responsibility of the federal government."

Why "Internet age"? All too often, patients with fecal incontinence will log on to the Internet, type words into a search engine, and receive several Web site listings which are mostly irrelevant or redundant. These patients are left to wonder where the relevant information is, and how to obtain it. Since only the smallest fraction of information dealing with fecal incontinence is even indexed in search engines, a non-systematic approach often leads to frustration and disappointment. With this sourcebook, we hope to direct you to the information you need that you would not likely find using popular Web directories. Beyond Web listings, in many cases we will reproduce brief summaries or abstracts of available reference materials. These abstracts often contain distilled information on topics of discussion.

While we focus on the more scientific aspects of fecal incontinence, there is, of course, the emotional side to consider. Later in the sourcebook, we provide a chapter dedicated to helping you find peer groups and associations that can provide additional support beyond research produced by medical science. We hope that the choices we have made give you the most options available in moving forward. In this way, we wish you the best in your efforts to incorporate this educational approach into your treatment plan.

*The Editors*

# PART I: THE ESSENTIALS

## ABOUT PART I

Part I has been edited to give you access to what we feel are "the essentials" on fecal incontinence. The essentials of a symptom typically include the definition or description of the symptom, a discussion of who it affects, the diseases that are associated with a given symptom, tests or diagnostic procedures that might be specific to the symptom, and treatments for the symptom. Your doctor or healthcare provider may have already explained the essentials of fecal incontinence to you or even given you a pamphlet or brochure describing fecal incontinence. Now you are searching for more in-depth information. As editors, we have decided, nevertheless, to include a discussion on where to find essential information that can complement what your doctor has already told you. In this section we recommend a process, not a particular Web site or reference book. The process ensures that, as you search the Web, you gain background information in such a way as to maximize your understanding.

# CHAPTER 1. THE ESSENTIALS ON FECAL INCONTINENCE: GUIDELINES

## Overview

Official agencies, as well as federally-funded institutions supported by national grants, frequently publish a variety of guidelines on fecal incontinence. These are typically called "Fact Sheets" or "Guidelines." They can take the form of a brochure, information kit, pamphlet, or flyer. Often they are only a few pages in length. The great advantage of guidelines over other sources is that they are often written with the patient in mind. Since new guidelines on fecal incontinence can appear at any moment and be published by a number of sources, the best approach to finding guidelines is to systematically scan the Internet-based services that post them.

### The National Institutes of Health (NIH)[5]

The National Institutes of Health (NIH) is the first place to search for relatively current patient guidelines and fact sheets on fecal incontinence. Originally founded in 1887, the NIH is one of the world's foremost medical research centers and the federal focal point for medical research in the United States. At any given time, the NIH supports some 35,000 research grants at universities, medical schools, and other research and training institutions, both nationally and internationally. The rosters of those who have conducted research or who have received NIH support over the years include the world's most illustrious scientists and physicians. Among them are 97 scientists who have won the Nobel Prize for achievement in medicine.

[5] Adapted from the NIH: **http://www.nih.gov/about/NIHoverview.html**.

There is no guarantee that any one Institute will have a guideline on a specific condition or disease, though the National Institutes of Health collectively publish over 600 guidelines for both common and rare conditions and disorders. The best way to access NIH guidelines is via the Internet. Although the NIH is organized into many different Institutes and Offices, the following is a list of key Web sites where you are most likely to find NIH clinical guidelines and publications dealing with fecal incontinence and associated conditions:

- Office of the Director (OD); guidelines consolidated across agencies available at **http://www.nih.gov/health/consumer/conkey.htm**
- National Library of Medicine (NLM); extensive encyclopedia (A.D.A.M., Inc.) with guidelines available at **http://www.nlm.nih.gov/medlineplus/healthtopics.html**
- National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK); guidelines available at **http://www.niddk.nih.gov/health/health.htm**

Among these, the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) is particularly noteworthy. The NIDDK's mission is to conduct and support research on many of the most serious diseases affecting public health.[6] The Institute supports much of the clinical research on the diseases of internal medicine and related subspecialty fields as well as many basic science disciplines. The NIDDK's Division of Intramural Research encompasses the broad spectrum of metabolic diseases such as diabetes, inborn errors of metabolism, endocrine disorders, mineral metabolism, digestive diseases, nutrition, urology and renal disease, and hematology. Basic research studies include biochemistry, nutrition, pathology, histochemistry, chemistry, physical, chemical, and molecular biology, pharmacology, and toxicology. NIDDK extramural research is organized into divisions of program areas:

- Division of Diabetes, Endocrinology, and Metabolic Diseases
- Division of Digestive Diseases and Nutrition
- Division of Kidney, Urologic, and Hematologic Diseases

The Division of Extramural Activities provides administrative support and overall coordination. A fifth division, the Division of Nutrition Research Coordination, coordinates government nutrition research efforts. The

[6] This paragraph has been adapted from the NIDDK: **http://www.niddk.nih.gov/welcome/mission.htm**. "Adapted" signifies that a passage is reproduced exactly or slightly edited for this book.

Institute supports basic and clinical research through investigator-initiated grants, program project and center grants, and career development and training awards. The Institute also supports research and development projects and large-scale clinical trials through contracts. The following patient guideline was recently published by the NIDDK on fecal incontinence.

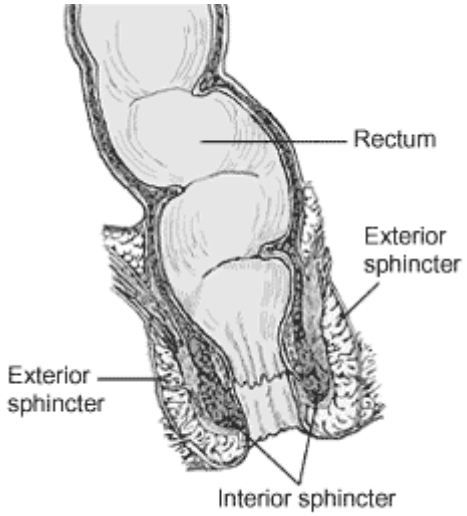
## What Is Fecal Incontinence?[7]

Fecal incontinence is the inability to control your bowels. When you feel the urge to have a bowel movement, you may not be able to hold it until you can get to a toilet. Or stool may leak from the rectum unexpectedly.

More than 6.5 million Americans have fecal incontinence. It affects people of all ages--children as well as adults. Fecal incontinence is more common in women than in men and more common in older adults than in younger ones. It is not, however, a normal part of aging.

Loss of bowel control can be devastating. People who have fecal incontinence may feel ashamed, embarrassed, or humiliated. Some don't want to leave the house out of fear they might have an accident in public. Most try to hide the problem as long as possible, so they withdraw from friends and family. The social isolation is unfortunate but may be reduced because treatment can improve bowel control and make incontinence easier to manage.

[7] Adapted from the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK): **http://www.niddk.nih.gov/health/digest/pubs/fecalincon/fecalincon.htm**.




Anatomy of the rectum and anus.

## Causes

Fecal incontinence can have several causes:

- Damage to the anal sphincter muscles
- Damage to the nerves of the anal sphincter muscles or the rectum
- Loss of storage capacity in the rectum
- Diarrhea
- Pelvic floor dysfunction

### Muscle Damage

Fecal incontinence is most often caused by injury to one or both of the ring-like muscles at the end of the rectum called the anal internal and/or external sphincters. The sphincters keep stool inside. When damaged, the muscles aren't strong enough to do their job, and stool can leak out. In women, the damage often happens when giving birth. The risk of injury is greatest if the doctor uses forceps to help deliver the baby or does an episiotomy, which is a cut in the vaginal area to prevent it from tearing during birth. Hemorrhoid surgery can damage the sphincters as well.

### Nerve Damage

Fecal incontinence can also be caused by damage to the nerves that control the anal sphincters or to the nerves that sense stool in the rectum. If the nerves that control the sphincters are injured, the muscle doesn't work properly and incontinence can occur. If the sensory nerves are damaged, they don't sense that stool is in the rectum. You then won't feel the need to use the bathroom until stool has leaked out. Nerve damage can be caused by childbirth, a long-term habit of straining to pass stool, stroke, and diseases that affect the nerves, such as diabetes and multiple sclerosis.

### Loss of Storage Capacity

Normally, the rectum stretches to hold stool until you can get to a bathroom. But rectal surgery, radiation treatment, and inflammatory bowel disease can cause scarring that makes the walls of the rectum stiff and less elastic. The rectum then can't stretch as much and can't hold stool, and fecal incontinence results. Inflammatory bowel disease also can make rectal walls very irritated and thereby unable to contain stool.

### Diarrhea

Diarrhea, or loose stool, is more difficult to control than solid stool that is formed. Even people who don't have fecal incontinence can have an accident when they have diarrhea.

### Pelvic Floor Dysfunction

Abnormalities of the pelvic floor can lead to fecal incontinence. Examples of some abnormalities are decreased perception of rectal sensation, decreased anal canal pressures, decreased squeeze pressure of the anal canal, impaired anal sensation, a dropping down of the rectum (rectal prolapse), protrusion of the rectum through the vagina (rectocele), and/or generalized weakness and sagging of the pelvic floor. Often the cause of pelvic floor dysfunction is childbirth, and incontinence doesn't show up until the midforties or later.

## Diagnosis

The doctor will ask health-related questions and do a physical exam and possibly other medical tests.

- Anal manometry checks the tightness of the anal sphincter and its ability to respond to signals, as well as the sensitivity and function of the rectum.
- Anorectal ultrasonography evaluates the structure of the anal sphincters.
- Proctography, also known as defecography, shows how much stool the rectum can hold, how well the rectum holds it, and how well the rectum can evacuate the stool.
- Proctosigmoidoscopy allows doctors to look inside the rectum for signs of disease or other problems that could cause fecal incontinence, such as inflammation, tumors, or scar tissue.
- Anal electromyography tests for nerve damage, which is often associated with obstetric injury.

## Treatment

Treatment depends on the cause and severity of fecal incontinence; it may include dietary changes, medication, bowel training, or surgery. More than one treatment may be necessary for successful control since continence is a complicated chain of events.

### 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, making it less watery and easier to control. Also, avoid foods that contribute to the problem. They include foods and drinks containing caffeine, like coffee, tea, and chocolate, which relax the internal anal sphincter muscle. Another approach is to eat foods low in fiber to decrease the work of the anal sphincters. Fruit can act as a natural laxative and should be eaten sparingly.

You can adjust what and how you eat to help manage fecal incontinence.

Keep a food diary. List what you eat, how much you eat, and when you have an incontinent episode. After a few days, you may begin to see a pattern between certain foods and incontinence. After you identify foods that seem to cause problems, cut back on them and see whether incontinence improves. Foods that typically cause diarrhea, and so should probably be avoided, include

- Caffeine
- Cured or smoked meat like sausage, ham, or turkey
- Spicy foods
- Alcohol
- Dairy products like milk, cheese, and ice cream
- Fruits like apples, peaches, or pears
- Fatty and greasy foods
- Sweeteners, like sorbitol, xylitol, mannitol, and fructose, which are found in diet drinks, sugarless gum and candy, chocolate, and fruit juices

Eat smaller meals more frequently. In some people, large meals cause bowel contractions that lead to diarrhea. You can still eat the same amount of food in a day, but space it out by eating several small meals.

Eat and drink at different times. Liquid helps move food through the digestive system. So if you want to slow things down, drink something half an hour before or after meals, but not with the meals.

Eat more fiber. Fiber makes stool soft, formed, and easier to control. Fiber is found in fruits, vegetables, and grains, like those listed below. You'll need to eat 20 to 30 grams of fiber a day, but add it to your diet slowly so your body can adjust. Too much fiber all at once can cause bloating, gas, or even diarrhea. Also, too much insoluble, or undigestible, fiber can contribute to diarrhea. So if you find that eating more fiber makes your diarrhea worse, try cutting back to two servings each of fruits and vegetables and removing skins and seeds from your food.

Eat foods that make stool bulkier. Foods that contain soluble, or digestible, fiber slow the emptying of the bowels. Examples are bananas, rice, tapioca, bread, potatoes, applesauce, cheese, smooth peanut butter, yogurt, pasta, and oatmeal.

Get plenty to drink. You need to drink eight 8-ounce glasses of liquid a day to help prevent dehydration and to keep stool soft and formed. Water is a good choice, but avoid drinks with caffeine, alcohol, milk, or carbonation if you find that they trigger diarrhea.

Over time, diarrhea can rob you of vitamins and minerals. Ask your doctor if you need a vitamin supplement.

### What Foods Have Fiber?[8]

| | |
|---|---|
| **Breads, Cereals, and Beans** | |
| 1/2 cup of black-eyed peas, cooked | 4 grams |
| 1/2 cup of kidney beans, cooked | 5.5 grams |
| 1/2 cup of lima beans, cooked | 4.5 grams |
| **Whole-Grain Cereal, Cold** | |
| 1/2 cup of All-Bran | 10 grams |
| 3/4 cup of Total | 3 grams |
| 3/4 cup of Post Bran Flakes | 5 grams |
| 1 packet of whole-grain cereal, hot (oatmeal, Wheatena) | 3 grams |
| 1 slice of whole-wheat or multigrain bread | 3 grams |
| **Fruits** | |
| 1 medium apple | 4 grams |
| 1 medium peach | 2 grams |
| 1/2 cup of raspberries | 4 grams |
| 1 medium tangerine | 3 grams |
| **Vegetables** | |
| 1 cup of acorn squash, raw | 2 grams |
| 1 medium stalk of broccoli, raw | 4 grams |
| 5 brussels sprouts, raw | 3 grams |
| 1 cup of cabbage, raw | 2 grams |
| 1 medium carrot, raw | 2 grams |
| 1 cup of cauliflower, raw | 2 grams |
| 1 cup of spinach, cooked | 2 grams |
| 1 cup of zucchini, raw | 2 grams |

[8] Source: USDA/ARS Nutrient Data Laboratory

### Medication

If diarrhea is causing the incontinence, medication may help. Sometimes doctors recommend using bulk laxatives to help people develop a more regular bowel pattern. Or the doctor may prescribe antidiarrheal medicines such as loperamide or diphenoxylate to slow down the bowel and help control the problem.

### Bowel Training

Bowel training helps some people relearn how to control their bowels. In some cases, it involves strengthening muscles; in others, it means training the bowels to empty at a specific time of day.

- Use biofeedback. Biofeedback is a way to strengthen and coordinate the muscles and has helped some people. Special computer equipment measures muscle contractions as you do exercises--called Kegel exercises--to strengthen the rectum. These exercises work muscles in the pelvic floor, including those involved in controlling stool. Computer feedback about how the muscles are working shows whether you're doing the exercises correctly and whether the muscles are getting stronger. Whether biofeedback will work for you depends on the cause of your fecal incontinence, how severe the muscle damage is, and your ability to do the exercises.
- Develop a regular pattern of bowel movements. Some people--particularly those whose fecal incontinence is caused by constipation--achieve bowel control by training themselves to have bowel movements at specific times during the day, such as after every meal. The key to this approach is persistence--it may take a while to develop a regular pattern. Try not to get frustrated or give up if it doesn't work right away.

### Surgery

Surgery may be an option for people whose fecal incontinence is caused by injury to the pelvic floor, anal canal, or anal sphincter. Various procedures can be done, from simple ones like repairing damaged areas, to complex ones like attaching an artificial anal sphincter or replacing anal muscle with muscle from the leg or forearm. People who have severe fecal incontinence that doesn't respond to other treatments may decide to have a colostomy, which involves removing a portion of the bowel. The remaining part is then either attached to the anus if it still works properly, or to a hole in the

abdomen called a stoma, through which stool leaves the body and is collected in a pouch.

## What to Do about Anal Discomfort

The skin around the anus is delicate and sensitive. Constipation and diarrhea or contact between skin and stool can cause pain or itching. Here's what you can do to relieve discomfort:

- Wash the area with water, but not soap, after a bowel movement. Soap can dry out the skin, making discomfort worse. If possible, wash in the shower with lukewarm water or use a sitz bath. Or try a no-rinse skin cleanser. Try not to use toilet paper to clean up--rubbing with dry toilet paper will only irritate the skin more. Premoistened, alcohol-free towelettes are a better choice.
- Let the area air dry after washing. If you don't have time, gently pat yourself dry with a lint-free cloth.
- Use a moisture barrier cream, which is a protective cream to help prevent skin irritation from direct contact with stool. However, talk to your health care professional before you try anal ointments and creams because some have ingredients that can be irritating. Also, you should clean the area well first to avoid trapping bacteria that could cause further problems. Your health care professional can recommend an appropriate cream or ointment.
- Try using nonmedicated talcum powder or corn starch to relieve anal discomfort.
- Wear cotton underwear and loose clothes that "breathe." Tight clothes that block air can worsen anal problems. Change soiled underwear as soon as possible.
- If you use pads or diapers, make sure they have an absorbent wicking layer on top. Products with a wicking layer protect the skin by pulling stool and moisture away from the skin and into the pad.

## Emotional Considerations

Because fecal incontinence can cause distress in the form of embarrassment, fear, and loneliness, taking steps to deal with it is important. Treatment can help improve your life and help you feel better about yourself. If you haven't

Learn about fecal incontinenceâ€”the accidental passing of solid or liquid stools from the rectum. Fecal incontinence is a problem that can often be treated.Â  Fecal incontinence, also called accidental bowel leakage, is the accidental passing of bowel movementsâ€”including solid stools, liquid stools, or mucusâ€”from your anus. The most common type of fecal incontinence is called urge incontinence. Common causes of fecal incontinence include diarrhea, constipation, and muscle or nerve damage. The muscle or nerve damage may be associated with aging or with giving birth. Whatever the cause, fecal incontinence can be embarrassing. But don't shy away from talking to your doctor. Treatments can improve fecal incontinence and your quality of life. Symptoms. Fecal incontinence may occur temporarily during an occasional bout of diarrhea, but for some people, fecal incontinence is chronic or recurring.