



The American College of
Obstetricians and Gynecologists



FREQUENTLY ASKED QUESTIONS
FAQ139
GYNECOLOGIC PROBLEMS

Accidental Bowel Leakage

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What is accidental bowel leakage?

Accidental bowel leakage is loss of normal control of your **bowels**. It also is called **fecal incontinence**. This condition leads to leakage of solid or liquid stool (feces) or gas.

Why does accidental bowel leakage occur?

Accidental bowel leakage can occur if there are problems with the muscles and nerves in the rectum and pelvis. The large intestine (also called the **colon**) must be able to form and store the stool until you can get to the bathroom. The following problems can lead to accidental bowel leakage:

- Injury to the **sphincter muscles** of the **anus**
- Loss of feeling in your **rectum**
- Inability of your rectum to stretch and store stool
- Stool that is too liquid or loose
- Severe constipation

What are some of the causes of accidental bowel leakage?

The most common cause of accidental bowel leakage is childbirth. During childbirth, the muscles and tissues of the rectum may be stretched or torn or your anal sphincter can be injured. Other conditions that can lead to accidental bowel leakage include the following:

- **Hemorrhoids** that have prolapsed (protrude from the anal opening)
- Certain medications that cause loose stools
- Certain illnesses, such as **diabetes**, **multiple sclerosis**, or **stroke**, that can damage the nerves to the rectum and cause loss of feeling
- Problems with the gastrointestinal system, such as **inflammatory bowel disease**, **irritable bowel syndrome**, or cancer of the rectum
- Surgery or radiation therapy to the pelvic area

What are the symptoms of accidental bowel leakage?

Women with a bowel control problem may leak gas or liquid or solid stool. Other symptoms may include the following:

- A strong or urgent need to have a bowel movement
- Stool spotting on underwear or pads
- Diarrhea
- Constipation

How will my health care provider diagnose the cause of my accidental bowel leakage?

Your health care provider first will ask about your medical history and symptoms. You likely will have a physical examination of your **vagina**, anus, and rectum to look for signs of problems, such as loss of normal nerve reflexes or muscle tone. In some cases, tests may be needed.

What tests may be done to help determine the cause of accidental bowel leakage?

The following tests commonly are performed to find out more information about accidental bowel leakage:

- **Anoscopy** or **proctoscopy**—These tests use a short scope to see inside your anal canal or rectum.
- Anorectal manometry—This test checks the strength of your anal sphincter.
- Defecography—This X-ray test is used to study your rectum and anal canal during a bowel movement.
- Nerve tests—These tests check if the nerves to your rectum and anus are working as they should.
- **Ultrasound exam**—This exam allows images from inside your rectum to be taken.

How is accidental bowel leakage treated?

There are several ways that accidental bowel leakage can be treated. The type of treatment that you have depends on the cause of the problem and how severe it is. You may be referred to other health care providers who specialize in treating accidental bowel leakage. Treatment can include lifestyle changes, **biofeedback**, medications, sacral nerve stimulation, injections, and surgery.

What types of lifestyle changes can help treat accidental bowel leakage?

Having regular bowel movements can be helpful in preventing constipation and diarrhea and treating accidental bowel leakage. If you have constipation, your health care provider may suggest more exercise. If you are taking a medication that has diarrhea or constipation as a side effect, your health care provider may change your dosage or switch you to another medication. Bowel retraining may be recommended. Dietary changes also may be helpful.

What is bowel retraining?

Bowel retraining involves training yourself to have regular bowel movements at the same time each day. Several techniques can be used. Your health care provider can use your signs and symptoms to tell you which technique is best for you. Most people have regular bowel movements within a few weeks of starting a bowel-retraining program.

What dietary changes are helpful if I have diarrhea?

Certain foods can cause diarrhea. Dairy products and foods that contain gluten, a protein found naturally in wheat, rye, and barley, can cause gas and diarrhea in some people. Some artificial sweeteners can cause diarrhea. Some people have trouble absorbing fatty foods. Spicy foods can irritate the stomach lining, as can alcohol and caffeine. Keeping a food diary can help you identify the foods that cause your symptoms. If you find a pattern, you can avoid these foods.

What dietary changes are helpful if I have constipation?

If you have constipation, your health care provider may suggest certain changes in your diet, such as eating more fruits and vegetables, drinking plenty of water, and adding fiber. Fiber is found in plant foods. It passes relatively unchanged through your digestive system. It can help prevent constipation by adding bulk to the stool, making it easier to pass. You should eat about 25 grams of fiber daily. Foods that are high in fiber include bran (the outer shell of whole grains like oats, corn, and wheat); beans; berries; and green, leafy vegetables. You also can add fiber by using fiber supplements.

What exercises can I do to help treat accidental bowel leakage?

Kegel exercises strengthen the muscles that surround the openings of the anus, **urethra**, and vagina and may improve accidental bowel leakage. If you have trouble locating the right muscles, biofeedback training may be helpful.

How is biofeedback used to help treat accidental bowel leakage?

When used to manage accidental bowel leakage, biofeedback is a training technique that helps you locate and strengthen the anal sphincter muscles. In biofeedback, sensors are placed inside or outside the anus. These sensors measure the strength of the muscle contraction. When you contract the right muscles, you will see the strength of the contraction on a monitor. This feedback lets you know that you are contracting the right muscles and how strong the contraction is.

What medications can be used to help treat accidental bowel leakage?

Your health care provider can choose a medication that fits your individual situation and can best control your bowel leakage. Medications that treat diarrhea, control gas leakage, or prevent constipation can be prescribed.

What is sacral nerve stimulation?

Sacral nerve stimulation can be used when the nerves that control the bowels are not working correctly. In this treatment, a device is implanted under the skin, usually right above the buttocks. A thin wire is placed near the sacral nerves (near the tailbone), which control the colon, rectum, and anal sphincter. The device sends a mild electrical signal along the wire to these nerves that restores the normal function of the bowels.

What kind of injection is available to help treat accidental bowel leakage?

A special kind of injection can be used to treat bowel control problems. In this treatment, an agent that adds bulk is injected into the tissue surrounding the anus. Tissue builds up in the area and narrows the anal opening. With a narrower opening, the sphincter may work better.

When is surgery done to treat accidental bowel leakage?

If the sphincter muscle of the rectum is damaged, it sometimes can be repaired with surgery. In some patients, an artificial anal sphincter can be implanted. If the colon, rectum, or anus cannot function, in rare cases a **colostomy** may be needed so the body can get rid of waste.

Glossary

Accidental Bowel Leakage: Inability to control the bowel, which can lead to leakage of solid or liquid stool (feces) or gas.

Anoscopy: An exam of the anus using an instrument called an anoscope.

Anus: The opening of the digestive tract through which bowel movements leave the body.

Biofeedback: A technique in which an attempt is made to control body functions, such as heartbeat or blood pressure.

Bowels: The small and large intestines.

Colon: The large intestine.

Colostomy: An opening that connects the colon to a bag on the surface of the abdomen, which provides a new way for stool and gas to leave the body.

Diabetes: A condition in which the levels of sugar in the blood are too high.

Fecal Incontinence: Inability to control the bowels.

Hemorrhoids: Swollen blood vessels located in or around the anus.

Inflammatory Bowel Disease: A term for several diseases that cause inflammation of the intestines.

Irritable Bowel Syndrome: A noninflammatory condition of the bowels that may cause cramping, diarrhea, or constipation.

Kegel Exercises: Pelvic muscle exercises that assist in bladder and bowel control as well as sexual function.

Multiple Sclerosis: A disease of the nervous system that leads to loss of muscle control.

Proctoscopy: An exam of the anus, rectum, and the last part of the colon using an instrument called a proctoscope.

Rectum: The last part of the digestive tract.

Sphincter Muscles: Muscles that can close a bodily opening, such as the sphincter muscles of the anus.

Stroke: A sudden interruption of blood flow to all or part of the brain, caused by blockage or bursting of a blood vessel in the brain and often resulting in loss of consciousness and temporary or permanent paralysis.

Ultrasound Exam: A test in which sound waves are used to examine internal structures.

Urethra: A tube-like structure through which urine flows from the bladder to the outside of the body.

Vagina: A tube-like structure surrounded by muscles leading from the uterus to the outside of the body.

If you have further questions, contact your obstetrician–gynecologist.

FAQ139: Designed as an aid to patients, this document sets forth current information and opinions related to women's health. The information does not dictate an exclusive course of treatment or procedure to be followed and should not be construed as excluding other acceptable methods of practice. Variations, taking into account the needs of the individual patient, resources, and limitations unique to the institution or type of practice, may be appropriate.

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