NHS Greater Glasgow and Clyde

SPHERE Bladder and Bowel Service

Types of Incontinence

Bowel Incontinence

What is Bowel Incontinence?

Bowel incontinence is defined as follows (adapted from Bliss et al 2017): -

Anal Incontinence – involuntary loss of faeces, flatus and/or mucous

- Faecal Incontinence – involuntary loss of faeces
- Flatus Incontinence – involuntary loss of intestinal gas (or flatus)
- Mucous Incontinence – involuntary loss of mucous from the rectum

Each type of bowel incontinence has subtypes: -

- Passive – when an individual is unaware of liquid or soft stool leaking from the anus
- Urge – when need for a bowel movement comes on quickly, leaving very little time to get to the toilet
- Functional – for a physical or cognitive reason the individual is unable to get to the toilet without assistance and there may not be anything wrong with the bowel or digestive system.

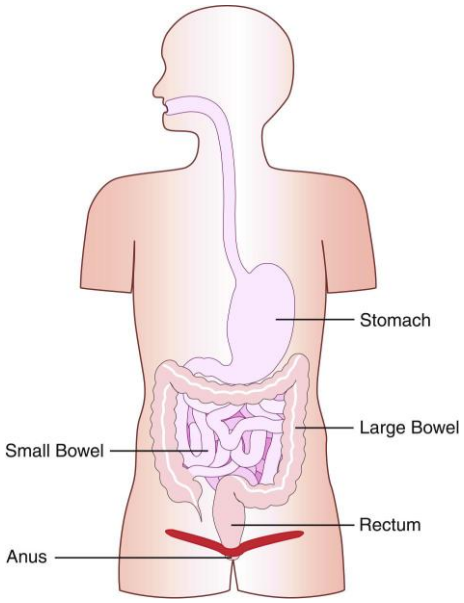
Causes of Bowel Incontinence

- Neurological disease, e.g. spinal cord injury, cauda equina syndrome, multiple sclerosis, spina bifida, dementia, stroke.
- Lifestyle and environmental issues – inadequate toilet facilities, poor diet, dependence on carers for mobility; communication difficulties.
- Age - more common in older adults.
- Physical disability – **see also information Sheet on Functional Urinary and Faecal Incontinence**
- Severe cognitive impairment, confusion and memory loss
- Learning disability.
- Following childbirth, e.g. anal sphincter injury
- Pelvic organ prolapse, rectal prolapse, third degree haemorrhoids
- Faecal loading
- Post radiotherapy treatment

The Bowel

Bowel care is an essential part of good nursing care and bowel dysfunction can have a devastating effect on an individual's quality of life. Bowel problems can also have a negative impact on bladder function and successful us of a urinary catheter.

In addition to this people find it difficult and embarrassing to talk about bowel issues, so it is important to ask the right questions in the right way.



What can go wrong with the bowel?

Constipation

Constipation occurs when there is a delay in passing a stool and as a result it becomes hard and difficult to pass and there may be a feeling of discomfort and bloating. Many people are tempted to push or strain to help pass these hard stools - this can contribute to haemorrhoids (piles) and weak pelvic floor muscles.

Pressure on the bladder or bladder neck can have an impact on bladder control, making it difficult to pass urine (sometimes causing urinary retention) and sometimes leading to passing only small amounts of urine during the day and passing a lot at night when the pressure on the bladder is alleviated by lying down.

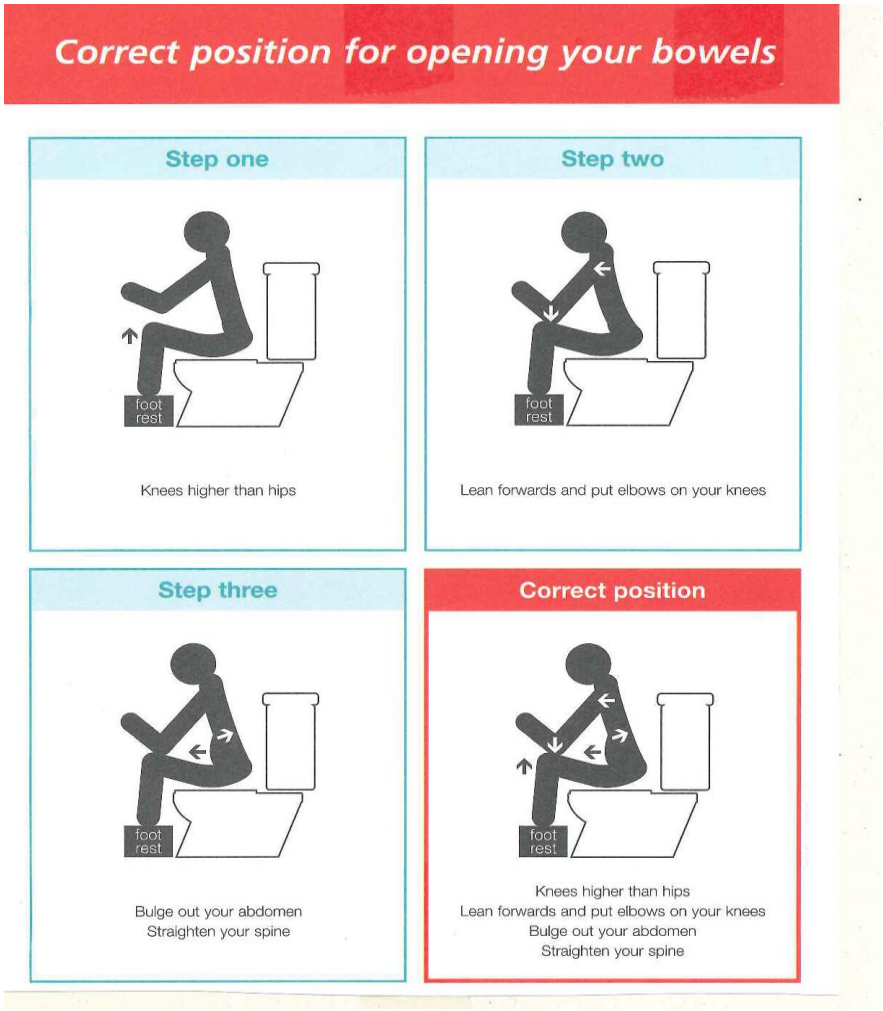
What causes constipation?

There are several reasons why people become constipated:

- Not drinking enough fluids
- Not eating enough fibre
- Lack of physical activity
- Ignoring the call to go to the toilet
- Some medicines may cause constipation
- Following stress or illness
- Some neurological conditions, e.g. Parkinson's Disease or Multiple Sclerosis
- Post surgery or a diagnostic procedure
- Bowel disorders, e.g. Irritable Bowel Syndrome, inflammatory bowel disease, diverticular disease

How to avoid constipation

1) **Fluid intake** – a fluid intake of at least 1.5 – 2 litres taken gradually throughout the day.
2) **A Fibre Rich Diet** – fibre adds bulk to stools and helps them to move through the digestive system more quickly and makes them easier to pass. This can be done by increasing fruit and vegetable intake, by eating wholegrain cereals, porridge, wholemeal bread and pulses such as beans or lentils. Fibre should be increased gradually into the diet over a few weeks to allow the body to adjust.
3) **Physical Activity** – increasing physical activity can be a good way to help with constipation. This should be done gently using small changes to the everyday routine, e.g. using the stairs rather than the lift or escalator, getting off the bus one or two stops early and walking the rest of the way, going swimming, cycling, or joining an exercise class. The recommended guideline from the Department of Health (2011) is 30 minutes of moderate aerobic activity at least 5 times a week.
4) **Medicines** – medications should be discussed with the doctor, nurse or pharmacist. If a particular medication seems to be causing constipation this is not necessarily a reason for the individual to stop taking them, but it means that extra care must be taken to avoid getting constipated.
5) **Going to the Toilet** – it is important not to delay going to the toilet when there is a need to have bowels open. Many people feel this need within half an hour of meals (gastro-colic reflex) and it may help to give extra time after meals to allow this. It is useful to establish a routine of going to the toilet at a particular time of day to open bowels and for many this will be after breakfast or another meal.
6) **Avoid straining** – straining can cause other problems like haemorrhoids and can also weaken the pelvic floor muscles and can result in other bowel (and bladder) problems, so should be avoided. If the individual is sitting on the toilet at the right time there should be no need to strain. It is also important to sit in the best position to allow the bowels to move (see below).



Diarrhoea

This is when the stools are loose and watery; this can cause people to have frequent and urgent bowel movements, sometimes resulting in incontinence. There are many causes of diarrhoea:

- Food poisoning
- Bowel infection
- Some medicines, e.g. antibiotics, anti- depressants
- Eating too much fibre
- Taking too many laxatives
- Anxiety and stress

Diarrhoea can also be a symptom of an underlying disorder such as irritable bowel syndrome, inflammatory bowel disease or diverticular disease. You should see your doctor if you have persistent diarrhoea.

Faecal impaction with overflow can also cause symptoms of passive faecal incontinence and it is important that this is not misdiagnosed and anti-diarrhoea medications prescribed.

What treatment is available for diarrhoea?

General Dietary Recommendations

- Dietary fibres contribute to faecal weight. Sources of fibre include: fruit and vegetables, beans and pulses, wholegrains and bran.
- Reducing fibre may help to manage symptoms of diarrhoea, but should be reintroduced when symptoms settle.
- Hydration is important for gut health, especially those suffering from diarrhoea – a minimum fluid intake of 1.5 – 2 litres is recommended. Normally fluid requirements are 30-35mls per kilogram body weight. The use of fluid balance charts are useful to monitor intake.
- There is evidence to suggest that using certain probiotics can reduce the length of a diarrhoea episode.
- Vitamins and minerals may be depleted. Seek advice from dietician**.**
- Special diets, such as lactose-free, low residue and gluten free can be recommended following guidance from a dietician, as unnecessary restrictions can compromise nutritional status.

Chronic Diarrhoea

- Requires different nutritional management to that of acute diarrhoea. Conditions such as coeliac disease and lactulose intolerance require dietary manipulation as part of their primary treatment.
- Maintain good fluid intake, e.g. 1.5 - 2 litres fluid per day.
- Milk-based supplements or energy drinks are acceptable providing they do not worsen the symptoms.
- Consumption of soft or easily digested food, e.g. bananas, rice, toast. Once tolerated variety can be extended.
- Encourage small, frequent meals/snacks.
- Avoid spicy and greasy food.

Medication used to treat loose stools

- **Loperamide**

Action - slows down peristalsis which enable more water to be absorbed from the stools. This results in a firmer stool and less frequent passage.

- **Codeine Phosphate**

If a patient has overflow diarrhoea due to severe constipation or faecal impaction it will make this worse.

N.B. Anti-diarrhoea medications should never be take if there is blood or mucous in the stools or the individual is pyrexial.

How diarrhoea and faecal incontinence can affect the bladder:

Due to the shorter urethral length in women they will be at increased risk of urinary tract infection when the ability to perform personal hygiene is compromised, e.g. arthritic conditions, stroke, neurological conditions.

How diarrhoea/faecal incontinence can affect an indwelling catheter:

Increased risk of ascending infection from faecal contamination of the catheter.

Points to note in generally maintaining good bowel health

Bowel Habits
Establishing a good bowel habit, where the individual moves their bowels at approximately the same time every day is very effective in preventing bowel problems. Some individuals do not have a daily bowel movement, but go every other day, which is also within normal limits. Always consider the frequency of bowel movements along with the type and size according to the Bristol Stool Chart.

Gastro-colic reflex
When a meal is taken and food enters the stomach, the colon is stimulated to make room for more food, contents of the digestive tract move down and this can lead to pressure in the rectum and the urge to defaecate. This is called the gastro-colic reflex.
Many people find this reflex is strongest after breakfast and it can occur as soon as 15 minutes after starting to eat.

Urge to Defaecate
It is important not to ignore the urge to defaecate, as this can lead to the drying out of faeces which can be a particular challenge if an individual is unable to communicate their need to open their bowels. In this situation staff must look for signs of restlessness or agitation, which could indicate the need to use the toilet.

Environment
There are many factors to consider when assisting someone to use the toilet:

- Is there sufficient privacy for the individual?
- Is the person being given enough time or are they feeling rushed?
- Is the person in the right position, i.e. sitting or squatting comfortably on the toilet?
- Is the toilet seat the correct height, are the knees bent and feet flat on the floor or might a stool be required to maintain a good position?
- If equipment or aids are required, are they in place?

Peri-anal Hygiene

- It is important to clean the area carefully from front to back after leakage has occurred, because exposure to faeces might cause the anus to become irritated and/or itchy, as leaking stools irritate the skin
- Bacteria found in faeces are related to most urinary tract infections in females, which is why it is so important to cleanse faecal matter from the front of the peri-anal area towards the back, to avoid contaminating the urethra
- Soap and water will work well, as long as the area is gently cleansed and fully dried. There are also special wet wipes available and foam cleansers

Other Treatments for Consideration after Specialist Assessment

Biofeedback Therapy
Bio-feedback therapy uses a probe or balloon inserted into the rectum to process information relating to muscle tone. Patients are taught evacuation positioning, i.e. the optimal position is to sit on the toilet leaning forward with foreams resting on thighs, shoulders relaxed and feet placed on a small footstool. The aim is to encourage the patient to improve and take control of heir own bowel function.

Trans Anal Irrigation
The lower bowel is assisted to empty by introducing water via the anus.

Pelvic Floor Neuro Stimulation
An intra-anal electrode is used to stimulate and strengthen the external anal sphincter and pelvic floor muscles.

Sacral Nerve Stimulation
A device is implanted surgically and stimulates the sacral nerve with mild electric pulses.

Percutaneous Tibial Nerve Stimulation
A low frequency electrical current is delivered via an electrode placed at the ankle, adjacent to the posterior tibial nerve. This can help to alleviate urgency.

See Hints and Tips leaflets: -

- Voiding Programmes
- Gastro-Colic Reflex
- Skin Care and Incontinence

See also: -

NICE Clinical Guidance - Urinary Incontinence in Women: **Management**
https://www.nice.org.uk/guidance/cg171

NICE Clinical Guidance – Lower Urinary Tract Symptoms in Men: Management
https://www.nice.org.uk/guidance/cg97

NICE Clinical Guidance - Faecal Incontinence in Adults: Management
https://www.nice.org.uk/guidance/cg49