

Accidental Bowel Leakage

Accidental bowel leakage (ABL) is the loss of normal control of the bowels leading to leakage of stool (fecal incontinence) or leakage of stool and gas (anal incontinence). ABL is a common problem, and about 6 percent of young women and 15 percent of older women experience it during their lifetime.

About ABL

Women with ABL are not always able to control their bowel movements and may experience passage of stool into their underwear or clothing. Some women have difficulty controlling gas, while others may have trouble controlling loss of liquid or solid stool.

Many different factors can contribute to ABL. Normally, the nerves and muscles in the rectum and anus, the intestines, and mental alertness work together to make sure you do not leak stool. ABL can be due to problems with the muscles and nerves in the rectum and anus as well as abnormalities in bowel movement consistency like constipation and loose stools. These problems can result from many different causes, such as damage to the anal sphincters during childbirth or surgery, nerve disorders like multiple sclerosis, stroke, and spinal cord injury, diabetes that is not under good control, bowel problems such as irritable bowel syndrome and inflammatory bowel disease, and weakening of the pelvic muscles that occurs with aging.

Other factors that increase your risk of ABL include:

- Rectal prolapse
- Hemorrhoids and associated constipation
- Radiation therapy to the pelvic area
- Medications and nutritional supplements

Diagnosis

Proper bowel control relies on a complex system of nerves and muscles and good GI health. A careful review of your health history including all medications and supplements you take is needed to find the best treatment for you. Your health care provider will also ask about your vaginal childbirth experience, including how many babies you had, whether a forceps or vacuum was used, and any episiotomies or perineal tears you experienced as well as any surgery in the anus or rectum.

The provider will examine your anal area and look for any injury. This starts with an examination of the skin surrounding the anus and a rectal exam. Your provider will look for signs of a fistula, which is a connection between the bowel and the vagina or the perineal skin.

You may need a series of tests to further evaluate the problem:

- Anorectal manometry—The strength of your anal sphincter is tested by having you squeeze on a pressure-sensing probe.
- Ultrasound—This exam takes a picture from inside your rectum of the anal sphincter muscles. The doctor looks for any defects or weak areas in these muscles.
- Anoscopy or proctoscopy—A camera is used to look inside your anus or rectum.
- Defecography—This imaging test is used to study your rectum and anal canal during a bowel movement using x-rays or MRI.
- Nerve tests—These tests check if the nerves to your rectum and anus are working as they should.

These tests are easy to do and important to help your provider understand the whole picture.

Treatment

There are many treatment options. It may take a period of trial and error to find the one or combination of treatments that work best for you. Be honest with your provider and keep working to find a solution.

LEARN THE TERMS

Accidental bowel leakage (ABL): Leakage of stool (fecal incontinence) or leakage of stool and gas (anal incontinence).

Anal sphincters: Two muscles (external and internal sphincters) that form a band around the anus and allow one to hold in gas and stool.

Perineum: The tissue (skin and muscles) located between the vagina and the anus.

Perineal tear: Tearing of the skin and/or underlying muscles of the perineum during vaginal delivery, which sometimes involves the anal sphincter.

Pelvic floor muscle exercises (PFME): Exercises that strengthen the muscles of the pelvic floor. Regular daily exercising of the pelvic muscles can improve and even prevent urinary and bowel leakage.

Sacral nerve stimulation: Implantation of a small device near the spinal canal that sends small electrical pulses to the nerves in the anal region, leading to improved control over the bowels. This can also be used to treat urinary leakage.

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AIM FOR 25 TO 38 GRAMS OF FIBER DAILY		
Examples of High Fiber Foods	Serving Size	Grams of Fiber
BREADS AND CEREALS		
Oat or wheat bran (raw)	1 ounce	12
All Bran Cereal	1/2 cup	10
Bran Buds	1/2 cup	8
Oatmeal (cooked)	1 cup	4
Whole wheat pasta	1 cup	4
LEGUMES, COOKED		
Pinto beans	1 cup	15
Baked beans	1 cup	14
Lima beans	1 cup	13
Navy beans	1/2 cup	9 1/2
White beans	1/2 cup	9 1/2
SEEDS AND NUTS		
Flaxseed	1 ounce	8
Almonds	1 ounce	4
VEGETABLES		
Artichoke, boiled	1 med	6
Pumpkin, canned	1/2 cup	5
Potato, baked with skin	1 med	5
Acorn squash	1/2 cup	4 1/2
Green peas	1/2 cup	4
Leafy greens	1 cup	4
FRUITS		
Dates	1/2 cup	6.5
Pears	1 med	4
Raspberries	1/2 cup	4
Blackberries	1/2 cup	4
Blueberries	1/2 cup	4
Apples with skin	1 med	4

DIETARY CHANGES: What you drink and eat affects your bowel movements. Drink enough water to make your urine a pale yellow color-but, not completely clear like water. Limit caffeinated coffees, teas, and sodas, as well as alcohol and artificial sweeteners. For those with leakage of liquid stool, using fiber to bulk stool can minimize leakage episodes. Avoid constipation and keep stools the consistency of toothpaste. Some women find it helpful to keep a food diary to identify which foods are most bothersome. If you need help figuring out what to eat, ask for a referral to a dietitian.

TIMED BOWEL MOVEMENTS: Eating food stimulates the colon to release stool. Reserve time for a bowel movement after each meal and ensure you can get safely to a bathroom. You also want to have plenty of time to go without having to strain to force a bowel movement out.

SKIN CARE: Women with ABL often have sore skin around the anus. Sometimes, this area can become inflamed. Contact your doctor if open sores form. After you go, gently wipe with soft toilet paper, avoiding excessive cleaning. Even better, clean the area with warm water and pat dry. Do not wipe aggressively as this can stimulate stool seepage from the anus. Wearing cotton underwear and loose-fitting clothing is helpful, too. Use cotton pads rather than menstrual pads, if you need a pad. Do not use perfumed or scented soaps, lotions, powders or deodorants—they can worsen the soreness. Other products to avoid include antiseptics, disinfectants, and wipes with alcohol.

PELVIC FLOOR MUSCLE EXERCISES (PFME):

PFME can help manage ABL episodes. For some, strengthening the pelvic floor can stop bowel leakage. Ask your doctor for a referral to a specialized physical therapist (CPT) to learn how to best perform PFME. The PT can also teach you exercises to help strengthen your anal muscles.

MEDICINES: The drug loperamide may be taken to help reduce the frequency of diarrhea. Some women with ABL are not able to completely empty their bowels or pass small and hard stools. A laxative may help resolve this symptom. To avoid worsening your problem, talk with your provider before you start using these medicines.

BULKING PROCEDURES: Your surgeon will inject gel just under the wall of the anus to press the walls of the anus together. By narrowing the opening of the anus, the sphincter muscles may be able to close better to hold in the stool.

SACRAL NERVE STIMULATION: For women with leakage of formed stool, sacral nerve stimulation may help gain control over the bowels. A device is implanted in the buttock with the lead extending into the spinal canal to deliver pulses of electricity to the nerves that go to your bowels. This often feels like a faint vibration or tapping sensation. By changing the nerve messages to the bowels, the leakage can be treated.

SURGERY: If the damage to your anal muscles or nerves is severe, surgery may be recommended. There are different types of ABL operations:

- Anal sphincteroplasty: A torn anal sphincter muscle is sewn back together.
- Endoscopic radiofrequency (heat) therapy: The surgeon tightens the anal sphincter muscles by using heat to build up the opening, which helps to control bowel movements.
- Ostomy: As a last resort, the surgeon may suggest that the bowels empty through an opening (ostomy) on your abdomen rather than through the anus.

OTHER OPTIONS: Ask your doctor about anal or vaginal inserts that might help hold in the stool.

Three Takeaways

1. **ABL can be upsetting and embarrassing. You are not alone. There are treatments to help manage and, for some women, cure ABL. Ask for help.**
2. **There are many lifestyle treatments that help women manage ABL, including dietary changes, timed bowel movements, skin care, pelvic floor muscle exercises, and anal sphincter muscle exercises.**
3. **Other treatments for ABL include medicines, sacral nerve stimulation, bulking procedures, and surgery.**