



Colon & Rectal Surgery

Anal/Fecal Incontinence

Loss of stool control with soiling of underclothes is a common problem. In general, we see two types of patients with this condition:

One group has a definite area where the muscle around the anus is weak or injured and needs repair. These patients usually need surgery to fix the problem.

The second group has overall weakness, causing these patients to have little sensation of moving their bowels. They usually cannot make it to the bathroom in time or do not realize they have had a bowel movement until they change their clothes. They must wear pads and limit their schedule to avoid accidents.

Having good stool control requires three things:

- Firm stool
- Good muscle
- Sensation

By working on these three things, many of our patients improve without the need for further therapy.

Firm stool: The stool should be firm and not watery or loose. For a firm stool, take a fiber supplement with small amounts of water. Fiber supplements tend to firm the stool and make it easier to control. If your stools are already firm, this step may not be necessary.

Good muscle: Exercising the anal muscles or sphincters will help improve the tone of the anus. The sphincter muscles are like any other muscle and respond to exercise by getting stronger. Stronger anal muscles eventually will help increase stool control.

Sensation: Although we cannot improve sensation, we can make the stool more regular and bowel movements more predictable. Taking a Fleets enema every morning or a glycerin suppository after bowel movements will empty the rectum and help avoid accidents throughout the day.

If these three measures fail, we may recommend evaluation of the anal sphincter with ultrasound, anal manometry and/or pudendal nerve testing.

Some patients experience improvement with biofeedback (physical therapy) programs.

Surgery, if needed, consists of tightening the anal opening to increase control of the stool. This operation has an 80% success rate and requires a short stay in the hospital. As with any operation, a small risk of infection or bleeding exists. Recovery time ranges from 3-6 weeks. Most patients have good results and are pleased with the degree of control they obtain.