



Accidental Bowel Leakage

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

This pamphlet explains

- symptoms, causes, and risk factors
- how the cause is diagnosed
- how ABL can be treated

Bowel Control

Normal bowel function is important for your

- quality of life
- physical health
- mental health

What is normal bowel function?

Normal bowel function requires healthy 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 **sphincter muscles** of the **anus** must be strong enough to stay closed until you need to pass stool or gas.

What can I do if my bowel function doesn't seem normal?

Talking about ABL may feel embarrassing, but telling your **obstetrician-gynecologist (ob-gyn)** or other health care professional is the first step in getting treatment. Many types of treatment are available depending on the cause of the problem.

Symptoms

ABL can make women anxious and uncomfortable being around other people. This is why it's important

to talk about your symptoms with your ob-gyn or other health care professional.

What are the symptoms of accidental bowel leakage?

Symptoms of a bowel control problem may include

- leaking stool, mucus, or gas
- strong or urgent need to have bowel movements
- diarrhea
- constipation
- streaks or stains of stool on your underwear

Causes

What causes accidental bowel leakage?

ABL can be caused by digestive disorders, including

- **irritable bowel syndrome (IBS)**
- **inflammatory bowel disease (IBD)**
- other chronic diseases

Can childbirth be a cause of bowel control problems?

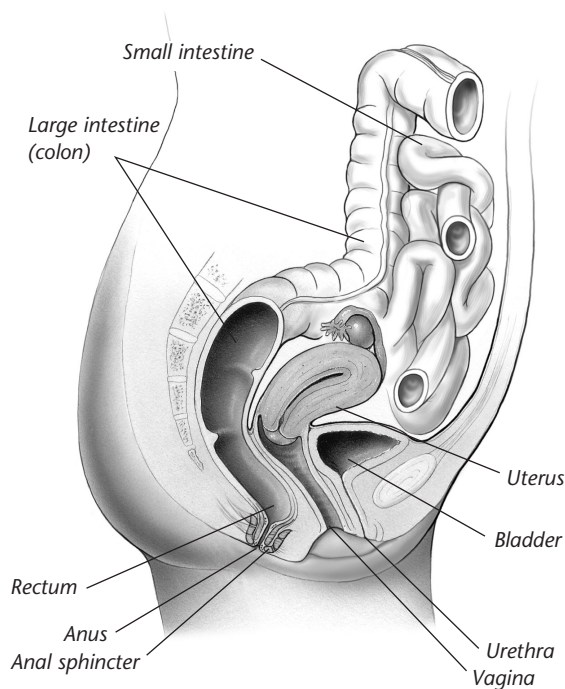
In some women, bowel control problems often are the result of vaginal childbirth. As the **fetus** passes through the **vagina**, the muscles and tissues of the rectum may be stretched or torn. The anal sphincter also can be injured during vaginal delivery.

Some women have short-term bowel control problems right after childbirth that improve within a few days or weeks. Other women do not develop a problem until later in life. Also, as a person ages, the anal sphincter may weaken. A minor problem in a younger woman can become worse with age.

What are the risk factors for developing accidental bowel leakage?

Some other common factors that may put you at high risk of ABL include

- chronic constipation
- diarrhea
- increased number of bowel movements (more than 21 stools a week)
- often feeling an urgent need to have a bowel movement
- not being able to control urine
- obesity
- smoking
- older age
- decreased physical activity
- anal intercourse
- other health conditions, such as **depression**, **diabetes mellitus**, and IBD
- past **radiation therapy** to the anal region



Diagnosis

Finding the cause of ABL is an important step in finding the right treatment. Talking honestly with your ob-gyn or other health care professional offers the best chance of finding the right treatment for you (see the box “Talking With Your Doctor”).

What happens at an office visit?

Your ob-gyn or other healthcare professional may examine your vagina, anus, and rectum. This is done to look for signs of problems, such as loss of nerve reflexes or muscle tone. In some cases, tests may be needed.

What tests are available for accidental bowel leakage?

The following are some of the tests that may be done to see how well the muscles in your anus and rectum are working:

- Anorectal manometry—This test uses a small sensing device to test the strength of the anal sphincter. The device is placed in the anus and records changes in pressure as you relax and tighten the muscles.
- Defecography—This X-ray test is used to study the rectum and anal canal during a bowel movement.
- Nerve tests—These tests check if the nerves to the rectum and anus are working well.
- Imaging tests, such as an **ultrasound exam**
- Tests to look inside your anus, rectum, and colon, including **colonoscopy**
- Tests of blood, stool, and urine

Treatment

The type of treatment depends on the cause of the problem and how severe it is. Your ob-gyn may care for you, or you may be referred to a doctor who specializes in treating ABL, such as a gastroenterologist.

Are there things I can do myself?

Many women with ABL can improve symptoms with self-care. Changes in diet, taking medication, or doing special exercises can make a difference for many women. Also, your doctor can give you advice about caring for the skin around the anus, which can become irritated. This irritation can lead to pain or itching (see the box “Perianal Skin Care”).

How can a food diary help?

If you leak gas or have diarrhea, keeping a food diary can help you identify foods that cause these problems. If you find a pattern, you can avoid these foods. Your food diary should note what you eat, how much, and when. You also will keep track of your symptoms, what type of bowel movements you have, and when they occur.

Talking With Your Doctor

Many women are not comfortable talking about accidental bowel leakage with a doctor. For this reason, the problem often goes untreated. Be open and honest with your ob-gyn or other health care professional, the way you would with any other medical problem.

At your office visit, your ob-gyn or other health care professional will ask about your medical history and symptoms. You may be asked to keep a record each time you pass stool. Write down whether you had regular bowel movement or leakage of stool or gas. Also, write down any other symptoms and what you were doing at the time. This symptom record will help your ob-gyn or other health care professional diagnose why you are having problems.

You also should tell him or her about any prescription or over-the-counter products or herbal remedies you may be taking. Some medications and supplements can cause constipation or diarrhea and may contribute to your symptoms.

You and your ob-gyn or other health care professional will review the results of your physical exam and any tests that might have been ordered. You also will talk about your symptom record. Describe your symptoms clearly to help your ob-gyn or other health care professional find the best treatment for you.

Date and time of normal bowel movement	Date and time of leakage	Description of leakage (solid, liquid, or gas) and any warning or other symptoms	Food, activities, and stress before the leakage occurred
6/13 7:15 am	6/13 10:10 am	liquid-urgency	Drank 8 oz milk

Which foods can make accidental bowel leakage worse?

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 also can cause diarrhea. Some people have trouble absorbing fatty foods. Other people have trouble with spicy foods, alcohol, and caffeine. Keeping a food diary can help you figure out which foods affect you.

Which foods can help?

If you have constipation, your ob-gyn or other health care professional may suggest you eat more fruits and

vegetables, drink plenty of water, and add fiber. Fiber is found in plant foods. It is the part of the plant that your body cannot digest. Fiber can help prevent constipation by adding bulk to the stool, making it easier to pass.

How much fiber should I eat each day?

Adult women should eat about 25 grams of fiber daily. Foods that are high in fiber include

- the outer shell of whole grains like oats, corn, and wheat
- beans
- berries
- green, leafy vegetables

You also can add fiber by using fiber supplements.

Is medication an option?

In some cases, yes. Your ob-gyn or other health care professional may choose a medication that fits your situation and that can best control your bowel leakage. Some over-the-counter medications can help relieve symptoms. Stronger medications that treat diarrhea, control gas leakage, or prevent constipation may be prescribed.

Can exercise help my symptoms?

Yes. *Keegel exercises* strengthen the muscles that surround the openings of the anus, *urethra*, and vagina.

Perianal Skin Care

Leakage of stool can irritate the skin around the anus and cause pain or itching. You can manage anal discomfort by

- avoiding foods that irritate the perianal skin
- using zinc oxide ointment around the anus
- wearing disposable underwear or using pads in your own underwear

Talk with your ob-gyn or other health care professional about approaches that are best for you. Report any skin breakdown, rashes, irritation, or itching.

Doing these exercises regularly may improve incontinence (see the box “Kegel Exercises”). Your ob-gyn, other health care professional, or a physical therapist can help you be sure you are doing these exercises correctly.

What is bowel training?

Bowel training involves training yourself to have regular bowel movements at the same time each day. Several techniques can be used. Your ob-gyn or other health care professional can tell you which technique is best for you based on your symptoms.

What is biofeedback training?

When used to manage ABL, **biofeedback** is a training technique that helps you improve the function of the anal sphincter muscles. In biofeedback, sensors are placed inside or outside the anus. These sensors provide visual feedback on a monitor so you can see if you are contracting and relaxing muscles correctly.

Like exercising any other type of muscle, you can strengthen the anal sphincter muscles over time. By helping you identify your anal muscles, biofeedback can improve your ability to sense stool or gas in the rectum.

Other Treatments

There are other treatments for ABL. These include special devices, nerve stimulation, injections, and surgery.

Kegel Exercises

Kegel exercises help tone the muscles of the pelvic floor. These muscles support your urethra, **bladder**, **uterus**, and rectum. Strengthening these muscles may help improve bladder control. After delivery, exercises may help tighten vaginal muscles that are stretched from childbirth. Here is how Kegel exercises are done:

- Squeeze the muscles that you use to stop the flow of urine. This pulls the vagina and rectum up and back.
- Hold for 3 seconds, then relax for 3 seconds.
- Do 10 contractions three times a day.
- Increase your hold by 1 second each week. Work your way up to 10-second holds.

Make sure you are not squeezing your stomach, thigh, or buttock muscles. You also should breathe normally. Do not hold your breath as you do these exercises.

You can do Kegel exercises anywhere—while working, driving in your car, or watching television. But you should not do these exercises when you are urinating.

What devices are used for symptoms?

- One device pumps air into a balloon inside your vagina. The inflated balloon puts pressure on the rectum. This keeps stools from passing. To control when you pass stool, you can add or remove air from the balloon.
- Another device is an anal plug. You can remove the plug when you need to pass stool.

What is sacral nerve stimulation?

Electrical stimulation therapy can be used when the nerves that control the bowels are not working correctly. With 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 to restore the normal function of the bowels.

What are injections?

A special kind of injection can be used to treat bowel control problems. With this treatment, an agent that adds bulk is injected in the tissue surrounding the anus. This narrows the anal opening to help the anal sphincter work better.

What should I know about surgery?

In some cases, surgery may help correct loss of bowel control. Most people will try other treatments before surgery is recommended.

If the sphincter muscle of the anus is torn, it sometimes can be repaired with surgery. Sutures (stitches) are used to bring together the torn ends of the sphincter so they can heal. Your ob-gyn or other health care professional can help you decide if surgery is an option for you.

Finally...

Accidental bowel leakage can have a significant impact on your quality of life. But there is hope for improvement with the right treatment. If you think you have a bowel control problem, talk with your ob-gyn or other health care professional about your symptoms. Treatments are available that can help you regain control of your bowels.

Glossary

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

Biofeedback: A technique used by physical therapists to help a person control body functions, such as heartbeat or blood pressure.

Bladder: A hollow, muscular organ in which urine is stored.

Bowels: The small and large intestines.

Colon: The large intestine.

Colonoscopy: An exam of the large intestine using a small, lighted instrument.

Depression: Feelings of sadness for periods of at least 2 weeks.

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

Fecal Incontinence: Involuntary loss of control of the bowels.

Fetus: The stage of human development beyond 8 completed weeks after fertilization.

Inflammatory Bowel Disease (IBD): The name for a group of diseases that cause inflammation of the intestines. Examples include Crohn's disease and ulcerative colitis.

Irritable Bowel Syndrome (IBS): A digestive disorder that can cause gas, diarrhea, constipation, and belly pain.

Kegel Exercises: Pelvic muscle exercises. Doing these exercises helps with bladder and bowel control as well as sexual function.

Large Intestine: The portion of the intestine that starts at the end of the small intestine and ends at the anus.

Obstetrician–Gynecologist (Ob-Gyn): A doctor with special training and education in women's health.

Pelvis: The lower portion of the trunk of the body.

Radiation Therapy: Treatment with radiation.

Rectum: The last part of the digestive tract.

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

Ultrasound Exam: A test in which sound waves are used to examine inner parts of the body. **Urethra:** A tube-like structure. Urine flows through this tube when it leaves the body.

Uterus: A muscular organ in the female pelvis. During pregnancy, this organ holds and nourishes the fetus.

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

This information was designed as an educational aid to patients and sets forth current information and opinions related to women's health. It is not intended as a statement of the standard of care, nor does it comprise all proper treatments or methods of care. It is not a substitute for a treating clinician's independent professional judgment. Please check for updates at www.acog.org to ensure accuracy.

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