



Bowel Incontinence and Aging

By: William F. Norton, Publications Editor, International Foundation for Functional Gastrointestinal Disorders (IFFGD), Milwaukee, WI and Jeannette Tries, Ph.D., Therapy Director, Center for Continence and Pelvic Floor Disorders, Aurora Women's Pavilion, West Allis, WI

Many women develop bowel control problems during or after pregnancy. Changes can occur in muscles and nerves that control the ability to hold in gas, urine, or stool. Problems with bowel control may begin right away or years after delivery. There are ways to improve bowel control. Knowing how to talk to a doctor about this will help in finding solutions.

Having a baby can change many things in life. Most of these changes are welcome, but some can be an unwanted surprise. New mothers do not expect, for example, to start having problems controlling their bowel movements. However, this can be a problem for some women after childbirth. Sometimes the problems begin during pregnancy or right after the baby is born. Other times they start years later. The problems may go away after a while, or may continue or get worse with time.

If this is happening to you, you are not alone. Many women have this problem. That does not mean it is normal or that you have to, "just live with it." If you begin having problems with your bowel control, it is a sign that something may be wrong – and you should seek help from your doctor.

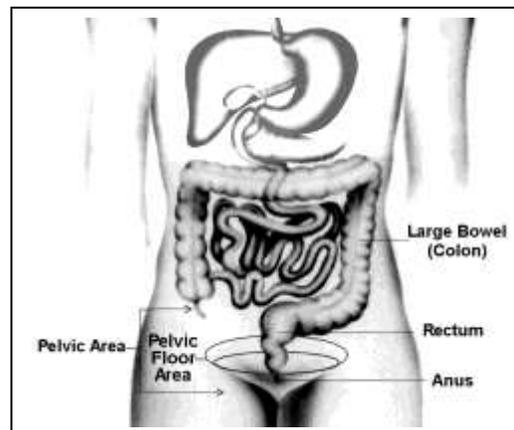
This publication will help you to understand:

- What may go wrong
- How to talk to your doctor about it
- What can be done about it

How your body works

The part of your body below your bellybutton and between your hip bones is the pelvic area. At the bottom of this area are layers of muscle that span the bottom part of the pelvic bones. The muscles attach to the front, back, and sides of the hip bones. These muscles are called the "pelvic floor."

The pelvic floor supports organs in the pelvic area. The organs include the birth canal (vagina), the bladder, and the rectum. The bladder holds urine and the rectum holds stool until we urinate or have a bowel movement. Ring-like muscles at the end of the rectum (anal sphincter muscles) control the passing of gas or stool. When the bladder, rectum, and pelvic floor muscles are working right, you have control over when and where you go to the bathroom. If these organs and muscles are not working right, then urine, gas, or stool may leak. This loss of control is termed "incontinence."



What may go wrong

Your pelvic floor goes through lots of changes when you are pregnant and at the time of vaginal childbirth. As the fetus grows during pregnancy, there is greater pressure on the pelvic floor. Some women are prone to develop urine or bowel control problems as a result of pregnancy itself. Constipation can also develop. Some women develop swollen blood vessels (hemorrhoids) in and around the anus and lower rectum. Constipation and hemorrhoids can lead to soiling following a bowel movement. They are risk factors for developing more severe incontinence later in life.

During delivery the baby must fit through the birth canal, which is supported by the pelvic floor. This can cause some stretching or tearing of tissue in the vaginal area.

Usually the tears are just in the skin, heal fast, and are no cause for concern. Less often, the injury goes deeper.

The worst and least frequent injuries are tears all the way through the muscles. When this happens, surgery is needed to repair the injury. However, the repair does not always restore bowel function as it was before pregnancy. Up to one-half of the women who have this kind of injury and repair will later have leakage or loss of control of gas or stool. The use of forceps or a vacuum-assisted device to help deliver the baby, or an episiotomy (a cut the doctor sometimes makes in the vaginal area) can increase the risk of injury.

Injury to the muscles or nerves may cause changes in bowel control after delivery of your baby. The changes include:

- Urgency – having very little time between feeling the urge to have a bowel movement and the need to pass stool
- Incontinence – loss of control of gas, liquid stool, or solid stool

Urgency and incontinence of gas (and of urine) are common right after delivery. Usually these problems will get better after a few months. In some women, the problems do not go away. They may get worse over time. Sometimes, the problems go away after delivery of a first child, but come back after a second or later delivery. Still other times, the problems do not begin until many years later.

What to do if you notice changes in your bowel control

If you see changes in your bowel control, the first step is to tell your doctor. He or she will want to know if the changes seem to be getting better or worse over time. You may need to see your doctor for a physical exam to find out what is causing the problem. Here are some things to tell your doctor:

- What are the changes you are seeing – what happens and how often does it happen?
- How often do you have loose stool or diarrhea?
- How often do you have hard stool or constipation?
- Does what you eat or drink seem to make a difference?
- What medicines are you taking?
- Have you ever had problems like this before?

What can improve bowel control

If your pelvic floor muscles are getting better but are weak, there are exercises that can help to make them stronger. Ask your doctor about this. He or she might help you with this or refer you to someone else who will teach you ways to improve muscle strength.

The form and consistency of stools can be a problem. You are more likely to experience leakage if you have frequent loose stools, or diarrhea. Your doctor may suggest foods (either to try or to stay away from) or medicines to help normalize your stool. Efforts should be made to avoid constipation and straining with stool because these problems increase the risk of bowel incontinence later in life.

Biofeedback is another kind of therapy that can help. First, you will need tests of the nerves and muscles of the pelvic floor, to see what is working and what is not. Biofeedback is a painless procedure. It uses special sensors and a video screen to help you change bodily functions that you are usually not aware of. Working with a trained therapist can help improve function of the muscles that control passing of gas or stool.

Your doctor may suggest surgery to repair damaged muscles. Colon and rectal surgeons specialize in this type of operation. There are risks as well as possible benefits from surgery. You need to talk about these with your doctor. Full restoration of function may not be possible with surgery alone but there may be improvement. Other things, like diet, bowel management, medication, and biofeedback therapy may also help improve function after surgery.

Scientists are looking into other ways to improve bowel control. These range from electrical stimulation to implants to injections. Ask your doctor about all treatments available before deciding what will work best for you.

Summary

Women may suffer from loss of bowel control or incontinence for many reasons. Risk factors range from a number of diseases, to overall health issues, to injuries. Certain injuries suffered during childbirth are among these risk factors.

Loss of bowel control may seem embarrassing to talk about. You may feel like you are the only one with this

problem. It is important for you to know that you are not alone, and there are many ways to treat the problem. Do not suffer in silence. Talk to your doctor and get help.

Where to find out more

Through the efforts of groups like IFFGD and others, understanding is increasing about incontinence and the problems people with the disorder face. Contact IFFGD for more information about bowel control and incontinence. You can call us toll-free at 1-888-964-2001 or go to our web site at www.aboutIncontinence.org.

Other helpful reading

Here are just a few of the many helpful publications from IFFGD:

Living With and Managing Fecal Incontinence and Regaining Control. A personal story and practical tips on everyday living with the challenges of incontinence. IFFGD publication #301.

Strategies for Establishing Bowel Control. Help with incontinence, incomplete emptying, or chronic constipation. IFFGD publication #302.

Changes in Pelvic Floor Function at Childbirth and After Delivery. A review of the use of episiotomy during delivery, and common symptoms related to bowel function after delivery. IFFGD publication #309.

About IFFGD

The International Foundation for Functional Gastrointestinal Disorders (IFFGD) is a 501(c)(3) nonprofit education and research organization. We work to promote awareness, scientific advancement, and improved care for people affected by chronic digestive conditions. Our mission is to inform, assist, and support people affected by gastrointestinal disorders. Founded in 1991, we rely on donors to carry out our mission. Visit our websites at: www.iffgd.org or www.aboutIncontinence.org.

About the Publication

Opinions expressed are an author's own and not necessarily those of the International Foundation for Functional Gastrointestinal Disorders (IFFGD). IFFGD does not guarantee or endorse any product in this publication or any claim made by an author and disclaims all liability relating thereto. This article is in no way intended to replace the knowledge or diagnosis of your doctor. We advise seeing a physician whenever a health problem arises requiring an expert's care.

For more information, or permission to reprint this article, contact IFFGD by phone at 414-964-1799 or by email at iffgd@iffgd.org.
