16.8: Bowel Incontinence

Bowel incontinence is the accidental loss of bowel control causing the unexpected passage of stool. Incontinence can range from leaking a small amount of stool or gas to not being able to control bowel movements. The rectum, anus, pelvic muscles, and nervous system must work together to control bowel movements. A patient must also be able to recognize and respond to the urge to have a bowel movement. If there is a problem with any of these factors, bowel incontinence can occur.\[1\]

Causes of bowel incontinence include the following:

- Ongoing (chronic) constipation, causing the anus muscles and intestines to stretch and weaken, leading to diarrhea and stool leakage
- Fecal impaction with a lump of hard stool that partly blocks the large intestine
- Long-term laxative use
- Colectomy or bowel surgery
- Lack of sensation of the need to have a bowel movement
- Gynecological, prostate, or rectal surgery
- Injury to the anal muscles in women due to childbirth
- Nerve or muscle damage from injury, a tumor, or radiation
- Severe diarrhea that causes leakage
- Severe hemorrhoids or rectal prolapse
- Stress of being in an unfamiliar environment
- Emotional or mental health issues\[2\]
Interventions

Many people feel embarrassed about bowel incontinence and do not share this information with their health care provider. It is essential for nurses to communicate therapeutically with patients experiencing bowel incontinence and let them know it can often be treated with simple changes such as diet changes, bowel retraining, pelvic floor exercises, or surgery.

Ask the patient to track the foods eaten to determine if certain types of foods cause problems. Foods that may lead to incontinence in some people include the following:

- Alcohol
- Caffeine
- Dairy products (due to lactose intolerance)
- Fatty, fried, or greasy foods
- Spicy foods
- Cured or smoked meats
- Sweeteners such as fructose, mannitol, sorbitol, and xylitol

It is often helpful to add fiber to the diet to add bulk and thicken loose stool. To increase fiber, encourage the patient to eat whole grains with a goal of 30 grams of fiber a day. Other products, such as psyllium, can be used to add bulk to stools.

**Bowel retraining** involves teaching the body to have a bowel movement at a certain time of the day. This also includes encouraging the patient to go to the bathroom when feeling the urge to do so and not ignoring it. For some people, it is helpful to schedule this consistent time in the morning when the natural urge occurs after drinking warm fluids or eating breakfast. For other people, especially those with a neurological cause, a laxative may be scheduled every three days to stimulate the urge to have a bowel movement.

Patients can be educated about pelvic floor exercises to regain control of their anal sphincter muscle. Read more about pelvic floor exercises under the “Urinary Incontinence” section.

Some patients can’t tell when it’s time to have a bowel movement or they can’t move well enough to get to the bathroom safely on their own. These patients require special care in long-term care settings. To promote effective bowel movements, assist them to the toilet after meals and when they feel the urge. Also, make sure the bathroom is comfortable and private.

If these simple treatments do not work, surgery may be needed to correct the problem. There are several types of procedures that a surgeon selects based on the cause of the bowel incontinence and the person’s general health.

Encourage patients with bowel incontinence to use special pads or undergarments to help them feel protected from accidents when they leave home. These products are available in pharmacies and in many other stores.


