

The Impact of Faecal Incontinence:

- It can negatively affect your quality of life.
- It can cause embarrassment, lower self-esteem, shame, anxiety and depression.
- It can lead to feeling like you have to organise your life around easy access to toilet facilities.
- It can result in social isolation and avoidance of social activities.
- Loss of income, due to days off from work or in extreme cases the inability to work.
- Purchasing protective pads and extra clothing can result in financial worries for some.
- For employers it can mean loss of productivity due to lost hours.

Practical Advice:

- Always be prepared.
- Plan and establish easy access to toilets in advance of going out to help reduce anxiety.
- Ask your healthcare professional regarding 'can't wait' cards.
- Use underwear protection if required for extra security.
- Bring a spare set of clothes, wipes and neutralising spray with you when going out in case you have an episode of FI.
- Eat small meals frequently rather than three large meals a day.
- Avoid caffeine and other stimulants and reduce intake of spice and fried food as these may cause diarrhoea.
- Reduce intake of fibre while having diarrhoea and slowly reintroduce fibre when stool returns to normal.
- The use of anti-diarrhoea tablets is not recommended as they may mask the severity of your symptoms when your IBD is active. However consult your healthcare professional and they give you the best advice.

(National Association for Crohn's and Colitis - 2006)

If you have experienced Faecal Incontinence remember you are not alone. It is very important not to be afraid to talk to your doctor or nurse specialist if you experience FI as they will help you manage it.

Useful contacts:

IRELAND:

Irish Society for Crohn's and Colitis (ISCC)
Carmichael Centre,
North Brunswick St.
Dublin 7
T: 01 8725737
www.iscc.ie

UK:

Crohn's and Colitis UK
4 Beaumont House,
Sutton Road,
St Albans,
Herts AL1 5HH,
UK
T: 0044 172 7830038
www.crohnsandcolitis.org.uk/contact

Patient Information Faecal Incontinence

Useful and Practical Advice for Patients

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What is IBD?

Inflammatory Bowel Disease (IBD) is an umbrella term used to describe Crohn's Disease (CD) and ulcerative colitis (UC). It is a chronic disease which occurs in the digestive tract. Crohn's Disease results in inflammation and ulceration which can be found anywhere along the digestive tract, from the mouth to the anus (back passage). Ulcerative colitis also results in inflammation and ulceration but differs from CD in that the inflammation and ulceration is only found in the large bowel. IBD has periods of remission (wellness) and relapse (active disease). A period of active disease is often referred to as a "flare".

Some of the symptoms which you may have when your disease is active may include:

- *Diarrhoea*
- *Abdominal pain*
- *Bleeding from the back passage*
- *Urgency (needing to go to the toilet immediately)*
- *Incontinence (difficulty with bowel control)*
- *Tiredness*
- *Weight loss*
- *Anaemia (low red blood count)*

Causes of IBD:

The cause of IBD is unknown. However, it is thought that in some cases it may be familial. Other factors such as exposure to viral or bacterial illness, stress and smoking may play a role. It is thought that for some reason your immune system which is supposed to protect you becomes over active and causes inflammation in the digestive tract.

There are approximately 20,000 people in Ireland with a diagnosis of IBD. It can affect any age group with the peak incidence being between the ages of 15- 35 years.

The Bowel

The bowel, which is part of the digestive tract, is a long tube which runs from the stomach to the anus (back passage). It consists of two parts - first the small bowel and then the large bowel.



The Function of the Small Bowel:

The small bowel facilitates the break down and absorption of most of the food and liquids that we eat and drink. The naturally occurring fluids and enzymes (elements that break down food) that are present in the small bowel help with the breakdown and the absorption of nutrients from the food we eat. What is not absorbed (the waste) passes from our small bowel into the large bowel. This waste produce is generally very watery.

The Function of the Large Bowel:

The large bowel absorbs fluids from the waste produce which comes from the small bowel. As the waste produce moves through the large bowel, fluid is reabsorbed and the waste becomes more solid (faecal matter).

The large bowel also acts as a store for the waste (faeces) you produced until such time as it is convenient for you to go to the toilet.

Faecal Incontinence:

Faecal Incontinence (FI) is the inability to control the passing of solid or liquid stool (faecal matter) from the back passage, which leads to involuntary soiling. It is a common and distressing symptom related to IBD. Understandably even one episode of FI is enough to cause a significant fear that it will reoccur. Unfortunately FI is under-reported by patients and under-recognised by health care professionals.

It remains a hidden problem with many people feeling too embarrassed or ashamed to report the problem to their doctor. It is estimated that 24% of people with IBD have FI. This is approximately one and a half times greater than in the general population.

FI in IBD can significantly affect an individual's physical, psychological and social wellbeing. In a recent study, only 38% of patients will tell their doctor if they are experiencing FI.

FI can occur regardless of whether your disease is active (flare-up) or not, however it is more likely to occur when your disease is active. For most people with IBD, active disease means an increased frequency in watery stool (diarrhoea).

Causes of Faecal Incontinence in IBD:

Diarrhoea

Diarrhoea is when the bowel opens frequently with loose watery stool. It is the most common cause of FI in IBD. Diarrhoea can also cause urgency. Urgency is a need to rush to the toilet caused by an increase in loose watery stools. Not being able to control the passing of stool because of urgency can also cause FI.

Active IBD (Flare)

When your IBD is active, ulceration and inflammation occurs affecting the normal function of your bowel. It can prevent the large bowel from reabsorbing the fluid from the waste matter which comes from the small bowel. This in turn can result in diarrhoea, urgency and faecal incontinence.

Perianal Disease in Crohn's Disease

In Crohn's Disease sometimes inflammation can penetrate the layers of the bowel. If this occurs in the rectum it can damage the muscle at the end of the back passage (the anus). If the muscle is damaged, the ability to control the passing or holding of stool may be reduced.

Management of Faecal Incontinence:

As many healthcare professionals may not ask, it is important to bring your experiences of FI to their attention.

If your IBD is active then medical management should help to relieve your symptoms. Your healthcare professional may optimise your medical management.

If FI remains a significant problem despite your IBD being inactive, you should ask to be referred to a specialist in the area of FI or a physiotherapist.

Referral to a dietician may help in the management of your FI by providing advice regarding a low residue diet (reduced fibre diet) and other information regarding a healthy balanced diet.