

HOW TO MAKE AN APPOINTMENT AT UNC

The UNC Center for Functional GI and Motility Disorders accepts referrals from doctors or patients to test for the causes of bowel leakage, and we also offer a range of treatments from education and medical management to biofeedback. Our dedicated Pelvic Floor Biofeedback clinic, directed by Steve Heyman, PhD, accepts referrals from physicians. You can schedule an appointment for anorectal manometry and biofeedback by contacting GI Procedures at (919) 966-5563.

If you would like further information on our services or to have your physician's office schedule an appointment, please call Linda Miller at **(919) 966-0141**

For appointments in the Clinic with Dr Drossman and Dr Scarlett, or Physician Assistants Dalton, Eckert and Maier, please call Linda Miller at **(919) 966-0141**

OTHER RESOURCES

- Log onto the Center's website: www.med.unc.edu/ibs
- For more information on treating fecal incontinence in children, log onto: hsc.virginia.edu/cmctutorials/constipation/ or log onto www.soilingsolutions.com
- To receive a newsletter for patients with functional gastrointestinal disorders, contact International Foundation for Functional Gastrointestinal Disorders, PO Box 170864, Milwaukee, Wisconsin 53217-8076 or telephone (888) 964-2001

THE UNC CENTER FOR FUNCTIONAL GI & MOTILITY DISORDERS



To make an appointment at our clinic, please contact 919-966-0141

www.med.unc.edu/ibs

BOWEL LEAKAGE



UNC
SCHOOL OF MEDICINE



WHAT IS BOWEL LEAKAGE?

Bowel leakage is passing fecal material (bowel movement) when you do not intend to. This can happen to anyone if they have bad diarrhea, but we diagnose it as a medical problem only if it happens repeatedly in someone who has a mental age of at least four years. Bowel leakage is also called fecal incontinence.

“SKID-MARKS” ON YOUR UNDERWEAR: IS THAT BOWEL LEAKAGE?

For every person who passes actual fecal material in their clothes, there are 6-10 others who just stain their underwear. This is a milder form of incontinence, which has different causes than losing fecal matter. It can usually be eliminated by medical treatments.

ACCIDENTALLY PASSING GAS: IS THAT BOWEL LEAKAGE?

Most people pass rectal gas every day, up to 20 times per day. While this can be very embarrassing, it happens so frequently that most doctors would not call it bowel leakage or fecal incontinence. However, your doctor can sometimes help you reduce the odor or the amount of gas you pass.

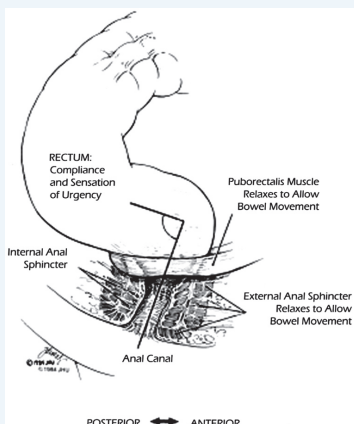
WHO HAS BOWEL LEAKAGE?

- About 8% of people living in their own homes
- 45% of nursing home residents

It is 5 times more common in nursing homes because many people enter a nursing home as a result of having bowel leakage. Fecal incontinence is more common in children and in the elderly than it is in young and middle-aged people. Among children, boys have it more often than girls, but in adults it affects equal numbers of men and women.

WHAT CAUSES BOWEL LEAKAGE?

- Hemorrhoids or rectal prolapse (bulging of the rectal lining through the anus) may cause minor incontinence by making it hard to clean up or by blocking the sphincter muscle from closing completely.
- Diarrhea, especially when there is a strong urge, can cause bowel leakage. Patients are more likely to have bowel leakage if they have ulcerative colitis, Crohn's disease, or infectious diarrhea, and about 20% of patients with irritable bowel syndrome have occasional bowel leakage because of diarrhea.
- Constipation can cause bowel leakage, especially in children. A large amount of hard bowel movement in the rectum can cause the involuntary sphincter muscle to remain open, and liquid or soft bowel movement can leak out.
- Childbirth injuries. During childbirth, there is a tremendous stretching of the muscles in the pelvic floor, which can damage the nerves or tear the sphincter muscles.



- Diabetes mellitus. Bowel leakage can result from injuries to the sensory nerves, which tell us when the rectum is filling up and when we need to squeeze the sphincter muscle. This may happen after you have had diabetes a long time, or it can be caused by spinal cord injury or stroke.
- Ulcerative colitis or radiation treatment can cause the rectum to become stiff. This makes fecal material shoot through the rectum too quickly for you to squeeze the sphincter muscles to prevent leakage.
- Dementia and difficulty in walking or undoing buttons or zippers can also contribute to incontinence.

HOW IS BOWEL LEAKAGE DIAGNOSED?

Your doctor can often tell if your bowel leakage is related to constipation or diarrhea just by asking you questions and examining you. However, if this examination suggests that there is a different cause, two tests can help your doctor choose the best treatment.

- Anorectal manometry. This test measures the strength of the anal sphincter muscles as well as testing the elasticity of your rectum and your ability to feel when your rectum is full.
- Anal ultrasound. This is a test of the thickness of muscles surrounding the anal canal; it is used to identify patients with a tear in the anal sphincter muscles.

HOW IS BOWEL LEAKAGE TREATED?

- Over-the-counter antidiarrheal drugs along with increased fiber are used when bowel leakage is related to diarrhea or loose stools.
- Laxatives combined with a daily schedule to try to have a bowel movement is effective in about 60% of patients with constipation-related bowel leakage.
- Pelvic floor exercises can be used to strengthen weak sphincter muscles.
- Biofeedback helps patients learn how to squeeze their sphincter muscles or improve their rectal sensation by using machines to monitor how well they are doing.
- Surgery: The simplest operation is to sew the ends of a torn sphincter muscle together. Other techniques involve creating a new sphincter by wrapping a different muscle around the anal canal or putting in an artificial sphincter.