

# What I need to know about Bowel Control



U.S. Department  
of Health and  
Human Services

NATIONAL INSTITUTES OF HEALTH

**NIDDK** NATIONAL INSTITUTE OF  
DIABETES AND DIGESTIVE  
AND KIDNEY DISEASES

National Digestive Diseases  
Information Clearinghouse



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## What is bowel control?

Bowel control means you are able to hold a bowel movement until you reach a bathroom. You may have a bowel control problem if you

- have trouble holding a bowel movement
- have solid or liquid stool leak when you don't expect it
- find streaks of stool on your underwear

Bowel control problems—also called **fecal incontinence**\*—can be upsetting and embarrassing. Most people with bowel control problems feel ashamed and try to hide the problem. They may not want to leave the house for fear of losing bowel control in public. They may withdraw from friends and family.

Bowel control problems are often caused by a medical issue. If you have a bowel control problem, don't be afraid to talk with your health care provider about it. Your health care provider may be able to help.

\*See page 22 for tips on how to say the words in **bold** type.



## Who gets bowel control problems?

People of any age can have a bowel control problem. Bowel control problems aren't always a part of aging, but they are more common among older adults. Having any of the following can increase the risk of developing a bowel control problem:

- **diarrhea**, which is passing loose, watery stools three or more times a day
- a disease or injury that damages the nervous system
- poor overall health—multiple chronic illnesses
- a difficult childbirth with injuries to the pelvic floor—the muscles, ligaments, and tissues that support the uterus, **vagina**, bladder, and rectum

Bowel control problems affect about 18 million U.S. adults—one out of every 12 people. If you have a bowel control problem, you are not alone.

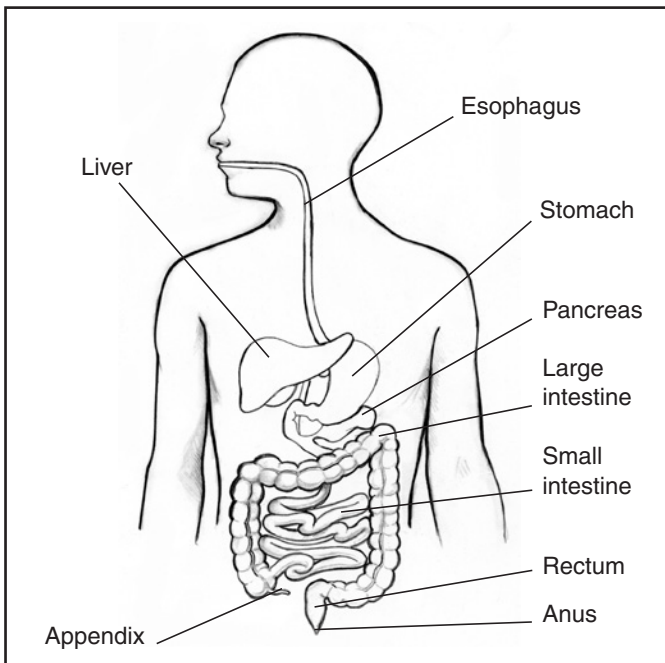


## How does bowel control work?

As food moves through your digestive system, most of it is broken down into a form your body can use as energy. Some parts of the food you eat cannot be digested and move into the large bowel, also called the large **intestine**. By the time undigested food reaches the **rectum**—the lower end of the large bowel—it has formed into solid waste called stool.

Once stool reaches the rectum, muscles and nerves work together to

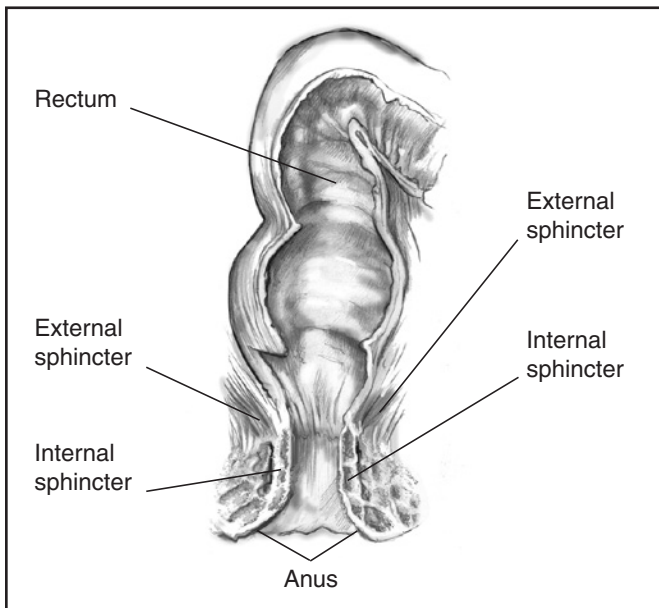
- hold stool in your rectum



The digestive system

- let you know when your rectum is full
- release stool when you're ready

The rectum stretches to hold stool until you are ready to have a bowel movement. Stool passes out of your body through the anus—the opening at the end of the rectum—when you have a bowel movement. **Sphincter** muscles—ringlike muscles at the end of the rectum—keep the **anus** closed to hold stool in the rectum until you are ready to release it. Other muscles called pelvic floor muscles support the rectum and a woman's vagina and help maintain bowel control.



The external and internal anal sphincter muscles

## What causes bowel control problems?

Bowel control problems can have many causes. Some common causes are diarrhea, **constipation**, damage to muscles or nerves, and loss of the rectum's ability to stretch.

**Diarrhea.** Diarrhea causes bowel control problems because loose stool fills the rectum more quickly than the rectum can stretch to hold it. This rapid filling will make you feel a sense of urgency to get to the toilet.

**Constipation.** You might be surprised to learn that constipation can lead to bowel control problems. Constipation causes large, hard stools to get stuck in the rectum. Then, watery stool can leak out around the hard stool. Constipation also causes muscles of the rectum to stretch and become weak so they can't hold stool long enough for the person to get to a bathroom.

**Muscle damage or weakness.** If the sphincter muscles are damaged, they won't be strong enough to keep the anus closed and stool can leak out. Weak pelvic floor muscles also make holding stool in the rectum harder to do.

**Nerve damage.** If the nerves that control the sphincters are damaged, the muscles can't work the way they should. Damage to the nerves that sense stool in the rectum can make knowing when you need to use the bathroom difficult.

Muscles and nerves can be damaged by

- surgery to remove **hemorrhoids**, which are swollen blood vessels in and around the anus and lower rectum
- a long-term habit of straining to pass stool
- childbirth
- stroke
- diseases that affect the nerves, such as **diabetes** and **multiple sclerosis**
- spinal cord injury

**Loss of stretch.** If the rectum is scarred or inflamed, it becomes stiff and can't stretch as much to hold stool. Then, if the rectum gets too full, stool can leak out. **Radiation** treatment for rectal cancer or other pelvic cancers can cause scarring of the rectum. **Inflammatory** bowel diseases—long-lasting disorders such as ulcerative colitis and Crohn's disease—can cause swelling and irritation that make the rectal wall stiff.

**Hemorrhoids.** External hemorrhoids, which develop under the skin around the anus, can prevent the anal sphincter muscles from closing completely. Small amounts of mucus or liquid stool can then leak through the anus.

## **Aging and Bowel Control Problems**

Bowel control problems are more likely to affect older adults than younger people because as you age

- muscles lose some of their strength
- tissues lose some ability to stretch

For older people, physical disabilities and poor health may also make reaching a bathroom in time hard to do.



## Childbirth and Bowel Control Problems

Bowel control problems sometimes start right after giving birth if damage to the pelvic floor muscles happens during delivery. For some women, however, bowel control problems may not appear until many years later.

Childbirth-related bowel control problems may be caused by

- injuries to nerves during labor and delivery
- tearing of the sphincter muscles during delivery
- damage to the sphincter muscles caused by forceps used to help deliver the baby
- **episiotomy**—a cut doctors sometimes make in the vaginal area to make a larger opening for the baby to come out



## What do I tell my health care provider about my bowel control problem?

You may be embarrassed to talk about your bowel control problem, but your health care provider will not be shocked or surprised. Your health care provider will probably ask you questions like these:

- How often do you have a bowel control problem?
- Do you leak a little bit of stool or do you lose complete control of your bowels?
- Do you feel a strong urge to have a bowel movement or do you lose control without warning?
- Is your bowel control worse when you have diarrhea or constipation?
- How is your bowel control problem affecting your daily life?

The more details and examples you can give about your problem, the better your health care provider will be able to help you. Be prepared to tell your health care provider

- when your bowel control problem started
- how often you have a loss of bowel control
- whether you leak liquid or solid stool or only stain your underwear
- if you have hemorrhoids that bulge through your anus when you lift things or at other times
- if any foods seem to make the problem worse
- if you aren't able to control passing gas





## How will my doctor find out what is causing my bowel control problem?

Your doctor will take your medical history and probably do a physical exam. Your doctor may also do one or more medical tests or send you to a specialist for tests. Different tests can

- check how well the sphincter muscles are working
- show how much stool the rectum can hold, how well the rectum holds it, and how well the rectum passes it out of the body
- show the inside of the rectum so the doctor can look for signs of disease or other problems, such as swelling and irritation, scar tissue, or tumors
- check for nerve damage

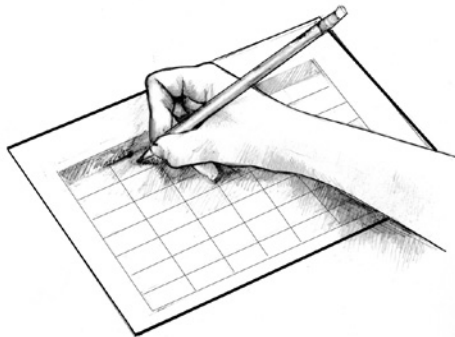
Once the cause of your bowel control problem is found, you and your doctor can choose the best treatment.

## How are bowel control problems treated?

### Diet

Different foods affect how hard or soft your stool is and how fast it travels through your digestive system. You can make changes in what and how you eat to help manage your bowel control problem.

- **Keep a food diary.** Write down what you eat, how much you eat, and when you lose bowel control. Keep a record of whether foods that contain lactose—a sugar found in milk and foods made with milk—or drinks that contain artificial sweeteners tend to cause diarrhea. After a few days, you may begin to see a link between certain foods and loss of bowel control. Discuss your food diary with your health care provider.



## **Foods That May Cause Diarrhea**

Some foods that may cause diarrhea include

- dairy products, such as milk or ice cream
- artificial sweeteners
- drinks and foods with caffeine, such as coffee, tea, or chocolate
- prunes or figs
- fatty or greasy foods
- spicy foods
- alcoholic drinks

- **Eat the right amount of fiber.** For many people, fiber makes stool soft, adds bulk, and makes stool easier to control. It can help whether you tend to have diarrhea or constipation. Fiber is found in fruits, vegetables, whole grains, and beans. Fiber supplements purchased in a pharmacy or health food store are another common source of fiber to treat bowel problems. Add fiber to your diet slowly so your body can adjust. Too much fiber all at once can cause bloating.

- **Get plenty to drink.** Drink eight 8-ounce glasses of liquid a day to help prevent constipation. Water is a good choice. Avoid drinks with caffeine, alcohol, milk, artificial sweeteners, or carbonation if they give you diarrhea.

## Medicines

If you have constipation, your doctor may have you take **laxatives** to help soften stool and make it easier to pass. If your problems are caused by diarrhea, your doctor may suggest medicines to control it.



## Pelvic Floor Exercises

Exercises that strengthen your pelvic floor muscles can help with bowel control. To do pelvic floor exercises, you squeeze and relax these muscles 50 to 100 times a day. The trick is finding the right muscles to squeeze. Your doctor, nurse, or a specially trained therapist can help make sure you're doing the exercises the right way.

**Biofeedback** therapy may help. Biofeedback therapy is painless and uses a machine to let you know when you are squeezing the right muscles.

## Improved Toileting Habits

Training yourself to have bowel movements at certain times during the day—such as after meals—may help. It may take a while to develop a regular pattern, so don't give up if it doesn't work right away.

## Surgery

Depending on the reason for your bowel control problem or how severe it is, your doctor may recommend surgery. The most common type of surgery is called **sphincteroplasty**, which involves sewing back together the separated ends of a sphincter muscle torn by childbirth or another injury. Other types of surgery include placing an artificial sphincter, which is an inflatable cuff, around the anus and implanting a small pump beneath the skin to inflate or deflate the cuff.

## What should I do about anal discomfort?

The skin around the anus is delicate and sensitive. Constipation and diarrhea or contact between skin and stool can cause pain or itching. Here are some things you can do to relieve discomfort:

- **Wash with water.** Gently wash the area with water, but not soap, after a bowel movement. Soap can dry out and irritate the skin, and so can rubbing with dry toilet paper. Alcohol-free wipes are a better choice.
- **Air dry.** Let the area air dry after washing. If you don't have time, gently pat yourself dry with a clean cloth.
- **Use a moisture-barrier cream.** Use a cream that contains ingredients such as dimethicone—a type of silicone—that form a barrier between your skin and stool. Clean and dry the area before you apply the cream. Ask your health care provider what kind of cream to use.

- **Try nonmedicated powders.** Plain talcum powder or cornstarch may help relieve pain or itching.
- **Use products with a wicking layer.** If you use pads or disposable underwear worn in close contact with your skin, make sure they have a wicking layer. The wicking layer protects the skin by pulling moisture away from the skin and into the pad.
- **Wear clothes and underwear that allow air to flow.** Tight clothes and plastic or rubber underwear that block air can make skin problems worse. Clothes and underwear that allow air to flow help keep skin dry. Change soiled underwear as soon as you can.

## How do I cope with my bowel control problem?

Living with a bowel control problem can be upsetting. You may feel ashamed and alone. But there are things you can do to improve your life and feel better about yourself.

- Try these everyday tips:
  - Take a bag with cleanup supplies and a change of clothes with you everywhere.
  - Find public restrooms before you need them.
  - Use the toilet before leaving home.
  - If you think you might have a loss of bowel control, wear disposable underwear.
  - If you lose bowel control frequently, use a fecal deodorant—a pill that you chew or swallow to reduce the smell of stool and gas. These pills are available without a prescription. Your doctor can help you choose which type is best for you.



- When you have to travel or attend business or social gatherings, use medicines that help control diarrhea.
- While you are undergoing medical treatment, wear absorbent pads or disposable underwear. The best pads and underwear are those that aren't bulky and don't make noise when you walk.
- Talk with your health care provider.
- Contact professional or patient-advocacy groups for information and support (see page 23).



## Points to Remember

- Bowel control means you are able to hold a bowel movement until you reach a bathroom.
- People of any age can have a bowel control problem. You are not alone.
- Bowel control problems don't have to be a part of aging, but they are more common among older adults.
- Bowel control problems are often caused by a medical issue that can be treated.
- Don't be afraid to talk with your health care provider about your bowel control problem.
- Diet changes, medicines, bowel training, or surgery may help.
- You can take steps to cope with your bowel control problem.

## Hope through Research

The National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) conducts and supports research into bowel control problems. Researchers are working to better understand the causes of bowel control problems and explore new treatment options.

Participants in clinical trials can play a more active role in their own health care, gain access to new research treatments before they are widely available, and help others by contributing to medical research. For information about current studies, visit [www.ClinicalTrials.gov](http://www.ClinicalTrials.gov).

## Pronunciation Guide

**anus** (AY-nuhss)

**biofeedback** (BY-oh-FEED-bak)

**constipation** (KON-stih-PAY-shuhn)

**diabetes** (DY-uh-BEE-teez)

**diarrhea** (DY-uh-REE-uh)

**episiotomy** (eh-PIZ-ee-OT-uh-mee)

**fecal incontinence** (FEE-kuhl) (in-KON-tih-nenss)

**hemorrhoids** (HEM-uh-roydz)

**inflammatory** (in-FLAM-uh-toh-ree)

**intestine** (in-TESS-tin)

**laxatives** (LAK-suh-tivz)

**multiple sclerosis** (MUHL-tih-puhl)  
(sklee-ROH-siss)

**radiation** (RAY-dee-AY-shuhn)

**rectum** (REK-tuhm)

**sphincter** (SFINGK-tur)

**sphincteroplasty** (SFINGK-tur-oh-PLASS-tee)

**vagina** (vuh-JY-nuh)

## For More Information

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The National Digestive Diseases Information Clearinghouse (NDDIC) is a service of the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK). The NIDDK is part of the National Institutes of Health of the U.S. Department of Health and Human Services. Established in 1980, the Clearinghouse provides information about digestive diseases to people with digestive disorders and to their families, health care professionals, and the public. The NDDIC answers inquiries, develops and distributes publications, and works closely with professional and patient organizations and Government agencies to coordinate resources about digestive diseases.

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