Common Bowel Problems

I have uncontrollable loss of bowel movements

Normally bowel movements (stools) are stored in the rectum until the bowel sends a message to the brain that it is full, and the person finds a convenient bathroom. This voluntary control is provided by a ring of muscular tissue called the anal sphincter which surrounds the anal opening and lower rectum. This sphincter works together with other muscles, nerves and connective tissue that support the pelvic floor. Sometimes, through damage to any of these tissues, voluntary control is lost, allowing leakage of stool or gas. This is called anal incontinence. A specific type of anal incontinence is known as fecal incontinence.

Fecal incontinence means difficulty controlling your bowel movements. The loss may occur in association with a strong urge to defecate, or there may be no warning or sensation that an accident is occurring. Stool loss may occur during intercourse. Another common problem is smearing of stool on the undergarments after or in between bowel movements.

Many younger women are also troubled by fecal incontinence and as many as 10% of women over age 65 who are not living in nursing homes report troublesome loss of bowel control.

There could hardly be a more devastating problem to have to live with than the fear of losing control of your bowels. Yet, we know that most women with this problem do not bring it up with their doctors and often do not seek treatment even when they do. We also know that most primary care physicians do not routinely inquire about problems with stool loss.

It is important to know that while not everyone can be cured, most women with fecal incontinence can be helped substantially - often without surgery.

Anything that damages the anal sphincter, or the other muscles, nerves or connective tissue of the pelvis can cause uncontrolled loss of stool. Examples include:

- problems with hemorroids
- irritable bowel syndrome
- damage to the pelvic floor at the time of childbirth
- pelvic surgeries and scarring
- nervous system diseases like multiple sclerosis or Parkinson's Disease
- accidental injuries

There are several approaches that are used to decrease or stop uncontrolled loss of stool. What works best for any one person depends on the cause of her problem. Frequently used treatments include:
PELVIC FLOOR Therapy-including exercises, physical therapy, biofeedback, can strengthen and tone muscles.

MANAGEMENT OF STOOL CONSISTENCY-used to keep the stool soft but formed, a combination of fiber, exercise, fluids, and constipating medications like Immodium, can limit fecal loss.

SURGERY-can repair damaged muscles of the anal sphincter.

Generally, you must see a physician who has special training in the diagnosis and treatment of bowel incontinence. Urogynecologists, colorectal surgeons and gastroenterologists are all appropriate specialists. Be sure to ask if they have an interest and experience in treating bowel incontinence. Not all do.

The evaluation to decide what types of treatment might work best includes a physical exam, and special tests designed to understand how the muscles and nerves in your bowel area are working. These tests can include a special radiology procedure called a defecating proctogram, anal ultrasound or a test of rectal and anal function called anal manometry. Most people report that the tests are sometimes embarrassing, but not painful, and that the information they provide is can be critical to helping your doctors understand and treat the causes of your problem.

I can’t hold my bowel movements when I get the urge to go

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My bowel movements alternate between diarrhea and constipation

Irritable bowel syndrome is a very common disorder of the bowel. People with IBS often have crampy pain, a gassy feeling, bloating, and changes in their bowel movements that can vary from constipation to urgent, frequent diarrhea. This can cause a great deal of discomfort and distress, but no permanent harm to the intestines. It does not appear to be related to inflammatory bowel diseases like ulcerative colitis and Chrom's disease, nor is it associated with and increased risk of bowel cancer.

The cause of IBS isn’t known. There is no sign of actual disease or inflammation in the bowel of people with IBS. We know that bowel motility is controlled by a network of muscles, nerves, and hormones. People with IBS seem to have a network that is more sensitive and reactive to stimuli that are usually not a problem for most people. This results in muscle spasms that can cause pain and keep the bowel from functioning normally.

Triggers that commonly cause flair ups in people with IBS include:

Foods: chocolate, milk and dairy products, alcohol, caffeine, spices, fatty foods (like poultry skin, meat fat, ice cream) or some vetgetables may be a problem for some people.

Hormones: many women find that they have flair-ups at certain times of their menstural cycle.

Stress: because stress hormones released in the body do effect the bowel, many people notice flair ups during times when they feel anxious or upset.

Because the symptoms of IBS can mimic more life-threatening diseases like bowel cancer, the evaluation for IBS usually includes a detailed history and physical, and a colonoscopy - a procedure where a small tube with a camera on it is inserted into the bowel to look at the bowel wall. Tests for food allergies, and colon infections way also be indicated.

Although there isn’t really a cure for IBS there are many treatments that can effectively control the problem for most people. Common treatments include:

Fiber: Regular fiber supplements(such as Metamucil, Fibercon, or Citrucel) benefit almost everyone with IBS by making it easier for the colon to move the stool along and by decreasing the swings between constipation and diarrhea.

Diet: Trigger foods described above should be avoided. The amount of fiber and bulk (raw fruits and vegetables, whole grains, and supplements) can be adjusted to find a comfortable level.
Medications: Medications that control spasms of the bowel are often prescribed to slow down the bowel and decrease sensations of pain and cramps. Examples are dicyclomine (Bentyl) and amitryptaline (Elavil). A drug known as tegaserod (Zelnorm) was recently approved for treatment of IBS in the United States. It should be used only under the supervision of a physician experienced in the treatment of IBS.

Stress management: Formal training in relaxation and stress management can markedly decrease pain and discomfort.

Accupuncture: Some people find relief from IBS through acupuncture.

**It is painful for me to have a bowel movement**

What most people call constipation is really two different problems. One is infrequent bowel movements. Generally, having less that 2 bowel movements per week is considered abnormal. This is usually due to slow bowel transit time. The other is what is commonly described as 'straining at stool' i.e. painful or difficult defecation. The medical term for this problem is obstructed defecation. As with many related medical problems, the two can exist together - and often do.

Slow bowel transit time can be due to deterioration or poor stimulation of the nerves that control the waves of muscle contractions that move through the colon. Problems such as diabetes and poor diet without enough fiber are examples. It can also be due to inadequate fluid in the diet. It is important to drink enough fluids so that you produce 1-2 quarts of light yellow urine every day. Aerobic exercise also improves colon contractions. Depression and stressful life situations can also slow down the colon and produce slow transit time.

Obstructed defecation results from inability to relax the anal sphincter and pelvic floor muscles when you are sitting on the toilet and have the urge to defecate. These muscles are usually somewhat contracted to help prevent stool leakage. In order to easily eliminate your body must allow them to relax. Problems with relaxing these muscles can arise from nerve damage to the pelvic floor - such as from child birth or pelvic surgery. Psychological issues such as a history of abuse, current depression or stressful life situations can cause the problem too. Once someone starts to strain to force out their bowel movements, this only makes the problem worse by contracting the muscles more and causing more nerve damage.

Another common cause of obstructed defecation is a rectocele. This is a hernia of the connective tissue that supports the rectum and causes the rectum to bulge in to the vagina. This pocket can trap stool and make it difficult to completely eliminate bowel movements.

Treatment should first begin with 1) use a fiber supplement daily, 2) drink plenty of fluids and 3) don't strain to have a bowel movement and 4) excercise regularly. If there are life
problems like depression or abuse that are affecting your bowels, then try to address those with the help of a physician or psychologist.

If these simple measures don't work, then you should talk to your primary care physician. If you can't solve these problems together, then a specialist such as a urogynecologist, colorectal surgeon or gastroenterologist should be consulted.