

Can't Hold Back: What You Need To Know About Fecal Incontinence

Most elderly people manifest this as they lose control of their certain muscles and as a result of certain diseases. This isn't an easy condition to bear with as it may put you in embarrassing situations. Incontinence is a lack of voluntary control of excretory function. It affects nearly 12% of the American population and the rate is still climbing at a steady rate yearly.

Fecal incontinence

Fecal incontinence is one of two kinds of incontinence that people experience. This is also called bowel incontinence. It is the inability to control over bowel movement. This causes involuntary excretion and leaking of stool or feces from the rectum. This may range from occasional leakage of stool while passing gas to total loss of bowel control. People with fecal incontinence may also experience other bowel-related conditions such as diarrhea, constipation, gas and abdominal cramps.

People with bowel incontinence are often plagued with feelings of shame and humiliation. A lot of people affected by this condition are afraid to seek help in fear of being ridiculed, thereby trying to manage the problem on their own. This may lead to serious self-esteem issues that may result to social withdrawal and isolation which in turn may end into cases of severe anxiety, more specifically, agoraphobia.

Causes

Here are the five most common causes of fecal incontinence:

Muscle damage. Injury to the one of both of the ring-like muscles at the end of the rectum may cause fecal incontinence. The internal and external anal sphincter contract to help retain stool. When it is damaged, these muscles may have partial or total functionality, and leakage may occur. This may occur as a result of improperly performed episiotomy, or as a side effect of hemorrhoid surgery.

Nerve damage. Incontinence may come as a result of damage to the nerves that control the anal sphincters or the nerves that detect stool in the rectum. When the nerves surrounding the sphincter is damaged, the muscles may not be able to function effectively. If the sensory nerves are damaged, a person will not feel the need to defecate until it is too late. This may come as a result of childbirth, of long-term constipation, stroke, and/or diseases that cause nerve degeneration.

Loss of storage capacity. The rectum normally stretches to contain feces until a person voluntary releases it. However, when a person is subjected to certain surgeries or therapies, or has inflammatory bowel disease that causes scarring, the rectal walls may become stiff and less elastic. Once the rectum is unable to expand and accommodate as much stool, it may result to fecal incontinence.

Diarrhea. Loose stool is more difficult to contain than solid stool and may sometimes leak on its own.

Pelvic floor dysfunction. Abnormalities of the pelvic floor may cause decreased rectal sensation, decreased anal canal pressure, decreased squeeze pressure of the anal canal, and rectal prolapse. All of which may lead to incontinence.

Treatment

As with any medical condition, treatment depends on the cause and the severity of the bowel incontinence. Treatment may include one or a combination of the following:

Dietary change. Food affects the consistency of stool and how quick it passes through the digestive tract. Eating food that add bulk to stool and decrease the water content of feces may help make it firmer. Also, avoiding foods and/or drinks that may relax the sphincter muscles like coffee, tea, and chocolate.

Medications. Certain medications like anti-diarrheal drugs, laxatives, and stool softeners may help with bowel incontinence in different ways.

Anti-diarrheals help reduce leakage incidents. For people who've developed fecal incontinence due to constant constipation, laxatives and stool softeners are suggested to promote normal bowel movement and stop "accidents" from happening.

Bowel training. This is advised to people who lack anal sphincter control or have decreased awareness of their need to defecate to restore muscle strength. This may include setting specific schedules for going to the toilet, or making a conscious effort to defecate after eating.

Surgery. This is suggested to people who've had anal sphincter damage due to childbirth or rectal prolapse. Such surgeries as sphincteroplasty, where weakened anal sphincters are repaired; operations to treat rectal prolapse or hemorrhoids; sphincter replacement and/or repair; and colonostomy may be advised depending on the severity of the incontinence.

It is understandable to want to keep a condition such as fecal incontinence to yourself, people who don't care will ridicule you for having this condition. Treatments are available for us to take advantage of and use to put an end to bowel incontinence. Don't pay too much attention to what other people will say about you when they find out. Think more about what this will do to you in the long run.

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