**Faecal Incontinence**

One of the first major milestones in our progress from infancy to adulthood is to gain control over our bowel functions. To loose this control in adult life is socially difficult and maybe physiologically devastating. Many suffer from faecal incontinence are even reluctant to admit the problem to their doctor. This is a serious mistake as faecal incontinence can be controlled.

Faecal incontinence occurs as a result of one or several factors. The anal sphincter is a complex muscle and nerve system which allows us to sense if rectal contents are air, liquid or solid. Damage to this sphincter will interfere with our ability to control our bowel. Normally forceful bowel contractions occur only when we want to defecate. If the bowel lining is inflamed it may contract forcefully enough to overcome the anal sphincter resistance this can occur in diverticular disease, irritable bowel, ulcerative colitis etc.

It is obviously easier for the anal sphincter to hold back solid sausage faeces than a liquid bowel motion. Thus conditions that cause watery bowel motions can cause or aggravate faecal incontinence.

Investigation of faecal incontinence will include assessment of all of the above risk factors.

Treatment of faecal incontinence depends totally on the result of investigations. Many treatments will be extremely simple, e.g. Physiotherapy sessions to improve pelvic floor muscle tone; anti spasmodics to reduce bowel contraction, dietary changes; the addition of bulking agents; and anti diarrhoeal medications. Specific diseases such as irritable bowel syndrome and inflammatory bowel disease all have specific treatments (link there). Where the anal sphincter has been seriously damaged surgery maybe necessary.