

Fecal Incontinence

Fecal or bowel incontinence can affect the quality of your life. Many men and women experience difficulty socializing or indulging in their everyday routines, out of fear of fecal incontinence.

Why put your life on hold when you can get the condition treated? At Huntington Colorectal Surgeons, our team of leading colorectal surgeons have helped hundreds of patients lead better lives through timely treatment for fecal incontinence.

Our surgeons - Dr. Howard Kaufman, Dr. Gabriel Akopian and Dr. Juliane Golan – are reputed in the San Gabriel Valley for their extensive expertise, professionalism, and empathy. You can count on them for premium-quality care.

Contact us today to schedule a consultation.

Signs of fecal incontinence

Fecal incontinence is a condition where stools leak suddenly and uncontrollably through the rectum. Constant exposure to fecal matter can cause bacterial infection and may lead to the formation of skin ulcers. This can make it painful when you sit or walk. Additionally, fecal incontinence may cause embarrassing situations if you are out with others.

The most apparent signs of fecal incontinence are:

- Loss of bowel control
- Diarrhea-like symptoms
- Abdominal bloating due to gas accumulation

Causes of fecal incontinence

- **Muscle damage**

The anal sphincters (one of the muscles in the rectum) stop the stools from moving out of the rectum. When the sphincters are weak or damaged, they will be unable to prevent fecal matter from leaking out of the rectum.

- **Nerve damage**

There are many nerves present in the rectum, which convey messages that open and close the rectal muscles when there is a stool presence. If these nerves are damaged, the rectum may not get the right message and may lead to fecal incontinence.

- **Chronic constipation & fecal impaction**

When you have a serious and prolonged constipation, it can lead to the formation of what is called “impacted feces” – a mass of hard stool that is stuck in the colon and is difficult to push out. In these cases, some fecal matter may leak out of the rectum.

- **Prolonged diarrhea**

Severe diarrhea can lead to temporary fecal incontinence. However, the muscle weakness that sometimes follow bouts of prolonged diarrhea can lead to severe incontinence.

- **Hemorrhoids**

Hemorrhoids are swollen blood vessels in the anorectal region. Hemorrhoids that are located outside the anus. They can block the passage of stools during bowel movement and cause fecal incontinence.

- **Pelvic floor dysfunction**

The pelvic floor supports the rectum and prevents feces from moving downward to the anus. A weak or damaged pelvic floor can dysfunction, leading to the rectal muscles losing control over the fecal matter.

- **Rectal prolapse**

Rectal prolapse is a condition when the rectum moves out of place and comes partially or fully out of the anus. This movement of the rectum can block the passage of feces and cause fecal incontinence.

Who is more likely to get fecal incontinence – men or women?

Both men and women can experience fecal incontinence. However, it is more common in:

- Women who have been pregnant and have undergone childbirth.
- Men and women above the age of 65.
- People with physical disabilities who may be unable to reach the bathroom on time.

It's important to note that not all patients experience complete loss of bowel control. For some, fecal incontinence may be minor and limited to frequent passing of gas. For others, the condition can resemble diarrhea.

If treated early, you can prevent fecal incontinence from becoming serious. This is where our team at Huntington Colorectal Surgeons help. We diagnose your condition quickly and prescribe customized treatments that can help you experience relief from fecal incontinence.

Diagnosing fecal incontinence

At Huntington Colorectal Surgeons, we diagnose fecal incontinence using a combination of the following techniques:

- Digital examination of the bowels.
- X-ray video imaging of a bowel movement.
- Electromyography to test the responsiveness of your nerves and muscles in the rectal region.
- Barium enema to see the entire lower gastrointestinal tract.
- Stool culture.

Sacral Nerve Stimulation Therapy to treat fecal incontinence

Our board-certified colorectal specialists use the state-of-the-art Sacral Nerve Stimulation Therapy to treat fecal incontinence.

The sacral nerves control the movement of the pelvis and the lower limbs. They are responsible for the functioning of the pelvic floor and the opening/closing of the rectum. If the sacral nerve is damaged, then the pelvic floor starts to dysfunction, leading to fecal incontinence.

In Sacral Nerve Stimulation Therapy, electrical pulses are directed at the sacral nerves. These pulses control the contraction and expansion of the pelvic floor and anal sphincters, preventing fecal leakage.

How is Sacral Nerve Stimulation Therapy performed?

The procedure starts with local anesthesia to numb the lower part of the body. The first stage of the procedure starts with the insertion of a thin lead wire near the sacral foramen. Vibrations are sent through the wire and you are asked to confirm where you experience the slight pulling sensations. Based on your inputs, the position of the wire is adjusted so that the vibrations are felt in the anorectal region.

The lead wire is then moved deeper into the right or left buttock (this depends on your unique requirements) and brought out through the skin, where it will be connected to an external stimulation device. The vibrations from this device correct the erroneous neural impulses that cause your pelvic floor or anorectal muscles to malfunction. After the procedure, the settings of the device are adjusted to suit your needs and comfort.

This device is a temporary solution that will be used for about 2-3 weeks, to verify whether you benefit from sacral nerve therapy. After the trial period, you will be asked to return to our Pasadena colorectal surgical facility for a check-up. Your fecal incontinence symptoms should have decreased in frequency by at least 50% for you to be eligible for stage two of the treatment.

In stage two, the temporary device is removed and the permanent neurostimulator is implanted. Using minimally-invasive robotic surgery, we make a small pocket just below the surface of the skin. The neurostimulator is implanted in this pocket and a small lead is connected to this device.

The neurostimulator we use is the Axonics System, a cutting-edge technology designed specifically for sacral nerve therapy. The titanium-ceramic construction protects it from damage inside the body, keeping you safe. The coin-size device is inconspicuous and has a functional life of 15 years.

The neurostimulator comes with a discreet patient control programmer, that is easy to use and which can be tucked away in your pocket. With this, you can control the strength of the electrical impulses, customizing your therapy as you heal. The wireless charging system makes the device easy-to-use and you only need to charge it once a month.

Once the procedure is complete, our doctors teach you how to use the remote control and adjust the settings as necessary. You will be asked to come in for post-op checks to ensure the therapy is producing the desired results.

The neurostimulator, when switched on, is completely pain-free and you feel only gentle vibrations near the anorectal region. You will notice an immediate difference in your ability to control your bowels and you'll be able to return to your normal routine in no time.

If you have any questions about the procedure or require advice on lifestyle changes to prevent fecal incontinence, feel free to speak to our surgeons. You can also visit our facility in Pasadena, California.