

Faecal incontinence and loose stools

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This leaflet provides information and guidance on faecal incontinence (leakage) and loose stools.

Faecal incontinence and loose stools

There are many factors that can lead to faecal incontinence and loose stools e.g. dietary intake, food intolerances and medications, including the use of laxatives. Underlying medical conditions, recent surgery or treatments can impact stool consistency and faecal incontinence, and sometimes these settle with time. Poor anal tone¹ can lead to passive loss of stool², whether loose or hard.

¹Poor anal tone = lack of muscle tone around the anus where stool comes out

²Passive loss of stool = stool leaks out with no warning and can be without an awareness it is happening. This could be on exercise including minimal walking or when stationary/sat.

Normal bowel pattern

A normal pattern of bowel evacuation varies from person to person. Normal range includes from three times per day to once every third day. The aim is to pass a formed stool that is not hard or too soft according to the Bristol Stool Form Scale, which is used to assess stool consistency/softness.

Diet and fibre intake

- Some foods are natural laxatives. Too many of these in combination can result in a very loose stool e.g. spicy foods, including curry, coffee and other caffeinated drinks, alcohol, chocolate, prunes, prune juice, figs, molasses and liquorice. Artificial sweeteners are also known to soften stool.
- An adequate intake of fibre is needed as part of a balanced diet. Fibre comes in two types, soluble and insoluble, both are less well digested than other foods. Often a balance of both types of fibre can solve bowel problems.

- The Department of Health (www.gov.uk/government/organisations/department-of-health-and-social-care) suggests 30g of fibre per day to include the equivalent of five different fruit and vegetables, two wheat biscuits e.g. shredded wheat/weetabix, two thick slices of wholemeal bread and the skin of a jacket potato or skin from fruit.
- Soluble fibre is found in oats, chia seeds, flax/linseeds, physillium and fruit and vegetables. Cooking can destroy some of the fibre content of food. Soluble fibre is more easily digested than insoluble fibre and can speed up the digestive system/transit time. Too much soluble fibre can result in a loose stool.
- Insoluble fibre is found in bran and wheat products, and in the skin of fruits and vegetables. It is less easily digested; it bulks the stool and has the tendency to slow the digestive system/transit time.
- Adjusting the diet can include reducing soluble fibre and increasing insoluble fibre, and identifying trigger factors and eliminating them from the diet. However, everyone is different and the fibre content that suits one person may not suit another.

Medications that soften stool

- A review and adjustment of medication where possible can be useful. However, some medications may be necessary long term to manage underlying medical conditions. Newly prescribed medications can sometimes cause bowel problems, and other side effects, in the short term. After approximately four to six weeks the body often adjusts to the regular medication and side effects may settle and no longer be an issue. Other medications may continue to be a problem long term, in which case diet changes and/or introduction of bulking/anti-motility agents may be required.
- Regular use and over use of laxatives can lead to softened stools that become impossible to control. Reducing or stopping these medications can resolve the issue.
- Adjusting the diet to include higher levels of fibre can manage the bowel without the need for ad hoc or regular laxatives that can induce an 'all or nothing' action.

Irritable bowel syndrome (IBS) and diet

- IBS is a common condition of the digestive tract, it is a collection of symptoms but not considered to be a disease in itself
- Food intolerances and anxiety play a part
- Adjusting fibre intake can help manage stool consistency. Insoluble fibre may not be helpful to some people.
- Identifying trigger foods and eliminating from the diet can be helpful
- The FODMAP diet (a marked exclusion diet) can help some people to eliminate trigger foods from their diet. This diet requires dietician oversight; please do not attempt without this support. The FODMAP diet involves removing lots of foods from the diet in the short-term and re-introducing them one by one in order to identify foods that cause bowel problems.
- Finding ways to manage anxiety is also important

Bulking stools

If adjusting your medications and diet has not produced the desired effect of bulking and firming your stool, there are some medications that can be considered.

Ispaghula Husk/Fybogel: This is a gluten-free bulking agent used for both soft stools and constipation. It bulks the stool by absorbing water in the gut, therefore promoting the gut's normal movement/gut motility. It doesn't cause constipation. It is important to drink adequate amounts of fluid with this medication, around 1.5-2 litre/3-4 pint. It comes in a sachet and needs to be mixed in ½ pint/¼ litre of ice cold water and can be taken twice daily after food. Avoid taking within ½ -1 hour of other medications and at bedtime. Ispaghula husk affects the absorption of thyroxine, so people taking prescribed thyroxine may need their dose adjusted.

Ispaghula husk can cause wind and bloating.

Ispaghula husk takes 12-24 hours to start to take effect, maximum effect will be after 2-3 days.

Loperamide/Imodium: This slows the gut's normal activity/movement thus decreasing transit time. Keeping stool in the bowel for longer allows more water to be absorbed, causing a firmer stool. Loperamide increases anal sphincter/valve tone which can reduce urgency and leakage. It is best taken ½ hour before meals where possible; the medication is then available in the body to act once food enters the gut. The amount of loperamide to slow the gut is individual to each person; the dose is slowly increased in order to avoid constipation. Your nurse or doctor can advise.

Loperamide can cause wind, headache, dizziness, dry mouth, nausea, indigestion and somnolence/sleepiness. However, most people do not experience significant problems.

A liquid formulation is available on prescription only, whilst capsules can be bought over the counter or obtained on prescription.

Anal sphincter exercises

A regular intensive regime of anal sphincter exercises will strengthen and tone the muscles around the back passage and increase bowel control.

Your specialist nurse/physiotherapist will be able to advise and show you how to do the anal sphincter exercises.

PALS

The Patient Advice and Liaison Service (PALS) ensures that the NHS listens to patients, relatives, carers and friends, answers questions and resolves concerns as quickly as possible. If you have a query or concern call 01271 314090 or email ndht.pals@nhs.net. You can also visit the PALS and Information Centre in person at North Devon District Hospital, Barnstaple.

Have your say

Northern Devon Healthcare NHS Trust aims to provide high quality services. However, please tell us when something could be improved. If you have a comment or compliment about a service or treatment, please raise your comments with a member of staff or the PALS team in the first instance.

'Care Opinion' comments forms are on all wards or online at www.careopinion.org.uk.

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