How to treat Fecal Incontinence

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Good afternoon listeners, I am Martin Carr, a gastroenterologist in practice in Orange County, California, with another podcast segment. This time I am discussing the topic of fecal incontinence—which means either having an accident, not making it to the toilet in time for a BM, or discovering stool in your underwear that you did not even realize had passed. I have been treating people with GI problems for over 30 years and I think that helping someone to correct fecal incontinence can make a tremendous difference in that person's life. People who are having problems with fecal incontinence become hermits--their social interactions become dramatically reduced and they are often very, very unhappy people. Despite how awful it can be to have fecal incontinence, many people with this problem do not even complain to physician and get help, either because they are too embarrassed to bring it up, or perhaps because they don't realize there is any help for this problem. But there are actually good solutions and I am going to focus on the 2 important concepts helping somebody who has fecal incontinence. Those 2 concepts are #1 make sure that the stools are never too soft or liquidy, and #2 help the anal sphincter to start working correctly which often means to help the person strengthen the sphincter but sometimes can also mean to deal with problems such as tight pelvic floor muscles that are preventing the sphincter from working right. Whenever I talk with people who have a problem with fecal incontinence I ask them, "Do you have accidents with normal formed stool or is it stool that is soft or liquidy?" The answer is almost always that it happens when the stool is too soft or liquidy. Early on in this series of podcasts, from December, 2017, I have a segment that talks about how to treat advanced diarrhea. For the purpose of this discussion I am assuming that patient has had some discussions with a physician and they have excluded inflammatory disorders or infectious disorders that are giving severe diarrhea and that rather we are dealing with someone whose stool consistency is just a little bit too soft or loose for a week sphincter to control. There is something called the Bristol stool scale that has a readings from rockhard stools #1 going down to watery stools #7. People with a weak anal sphincter will have trouble controlling stools that are #6 or 7 sometimes #5 on the scale but if the stool is well-formed Bristol scale #4 or a bit firmer #3 they usually will not have any accidents.

So how do we help a person to never have stools that are too liquidy to control? It's simple--give them the appropriate dose of a medication that absorbs bile in the intestines often along with this a fiber supplement. What is bile, and why would taking a medication that absorbs it change loose stools into normal, formed Bristol scale 3 or 4 stools? The liver makes about a quart of bile each day and it is necessary in our upper small intestine to help us to digest and absorb fats and also the fat-soluble vitamins A, D, E and K. In a normal, healthy person this bile is absorbed through the wall of the small intestine and goes back through the portal veins to the liver where the bile components are repackaged in the so-called enterohepatic recirculation of bile. Keep that idea in your mind—the bile comes out of the liver, helps us digest and absorb fats and vitamins, and then there is recycling of bile from the liver, out to the intestine, and back to the liver.

It turns out that in many older adults that reabsorption of bile in the end of the small intestine starts to become inefficient and as a result bile is getting into the large intestine or colon. When the colon sees bile, it gets a message that it is time to get wet and empty. For many people who are dealing with fecal incontinence, this malabsorption of bile is the factor that is making their stools looser than when they were younger. Fortunately there is a way that we can prevent too much bile from getting into the

colon. There are medications that will absorb bile, or the medical term is sequester bile in the intestine, and carry it out through the colon without the colon seeing it. These drugs exist because many years ago this is how people with high cholesterol were treated before the modern statin drugs for high cholesterol. Cholesterol and bile acids are both made in the liver and they are made from the same precursor molecule to the last step and then it either becomes a bile acid molecule or molecule of cholesterol. Starting many years ago, patients would be given these bile binding agents to lower the cholesterol because then the liver had to make more bile and could not make as much cholesterol. All that is to say, this explains why these drugs still are around. There are some people who cannot take the statin drugs to lower the cholesterol so there is a market for people with high cholesterol to use these drugs called cholestyramine, which is a powder, and colesevelam originally also called WelChol and finally colestipol. These 3 medications, the powder cholestyramine and the tablets colesevelam and colestipol, are available to give to people who are having stools that are too loose and make them more normal. Usually either 1 packet of cholestyramine or between 2 and 4 of either the other pills once a day at a meal when you not taking other prescription medications will do the trick. You have to take these bile absorbing medications away from other prescription medicines or some other prescription medicines would stick to them also and then you would not absorb it and benefit from it. A lot of patients will take this at lunch if that is the time of day when they do not have to take other prescription medications. Once the right dose is found and stool consistency is perfect and perhaps adding a little bit of a fiber supplement as necessary to make things very predictably good, now we can help the person work on the second part of treating fecal incontinence and that is helping the anal sphincter to work right. It turns out that there is a set of exercises to help people strengthen the muscle and you may have heard of these.

They are referred to as the Kegel exercises and these were developed by an American gynecologist named Arnold Kegel who lived from 1894-1981. Back in the 1940s he published a famous paper about how women who had been through childbirth and had a weak pelvic floor, which was causing them to have leakage of urine or stool from the urinary or anal sphincters, and how they could correct this by doing these exercises to increase the strength of the pelvic floor muscles. The anal sphincter and the urethral sphincter or urinary sphincter are right close to each other and are really controlled by one figure-8-shaped muscle. If you interrupt urination briefly by causing that squeeze in the pelvic floor that is what a Kegel exercise is--that squeeze of the pelvic floor. It is interesting that in very elderly people or people who have had spinal cord difficulties that are causing them to have loss of good innervation to the urinary sphincter and the anal sphincter, they will unconsciously start to recruit other muscles to try to keep hold of the sphincters and even the gluteal or buttock muscles will get involved.

How do we teach people how to get this set of muscles to be stronger? Some patients benefit greatly from seeing a pelvic floor physical therapist. These individuals are trained physical therapists who have specialized in helping people with pelvic floor problems. It is not just as simple as helping people to do that squeezing exercise to strengthen the sphincter. There are some people who have problems with increased tension or tightness of the muscles in the pelvic floor and that tightness and difficulty with relaxation is with preventing the sphincters from working right and controlling either urine or stool. When I see patients in the office who have never seen a physician about this problem before, one of the first things I would do is perform a gentle rectal exam with the patient lying on the left side on an exam table using a gloved finger and a little bit of lubricant. This allows us to check that the person has sensation and to see how strong the squeeze of the anal sphincter is. If the person has an intact squeeze and normal movements of the pelvic floor muscles as seen by asking the person to bear down and put some pressure, usually we can get started educating the person about the need to do the Kegel exercises. Here is a simple example of a set of instructions to have someone strengthen the pelvic floor

muscles with the Kegel exercises:you can say to the person start with a 5-second contraction with 15 seconds in between, do that 5 times twice a day, in the morning and again at night. Do that for a week, 5 seconds 5 times, 15 seconds relaxation in between. At the end of that first week move up to 6 seconds 1 1000-2-1000,3-1000, 4-1000,5-1000, 6-1000, then a 15 second pause and do 6 of these twice a day. Each week add on 1 second and 1 repetition, and plan to do this twice a day until after a total of 5 or 6 weeks later you are up to a 10-second contraction which you repeat 10 times with a full 15 seconds in between each contraction or each repetition, and you plan to do that twice a day. People can improve the strength of the muscles and strength of the sphincter by 60% or sometimes more over that period of time. A pelvic floor physical therapist can actually use an instrument called a perineometer, a device that helps the pelvic floor physical therapist to measure strength of the squeeze of the pelvic floor muscles and helps give the patient some feedback about how strong they are at the beginning and how much stronger they get as they practice these exercises and come back for additional visits.

So this is the essence of helping someone with fecal incontinence to get back back control and stop being a hermit and be able to function as they had in the past: to get the stool consistency perfect using the bile sequestration agents cholestyramine, colesevelam or colestipol, taken away from other prescription medications, at a dose adjusted to work right, perhaps in combination with a fiber supplement like Benefiber or Acacia fiber once a day or twice a day; then to go through the examination of the sphincter and either strengthening with Kegel exercises or with pelvic floor physical therapy to help relax tight muscles and go through some exercises to do stretching and get the pelvic floor muscles working correctly again with that special help.

I hope that this is been helpful to you listeners. Again there are a lot of people out there with fecal incontinence who never gone to physician, have never told their primary care physician or seen a gastroenterologist or seen a pelvic floor physical therapist, and all of that help is available. Pass this along to any people you know or family members with this problem--they can listen to this podcast. There will be a transcribed copy of this available on the website also. Thanks for listening, have a great week.