



Let's talk
about bowel
incontinence.

nafc.org

Treatment options for
bowel incontinence

It's time to talk about
bowel incontinence and
the treatments that
are available

THERE'S NOTHING TO BE ASHAMED OF



Don't lose hope...

The fact that you're reading this brochure right now means that you or someone close to you is dealing with symptoms of bowel incontinence. Whether your problems are minor or major, they are problems – but the good news is that there are more treatments than ever to help you get back to healthier bowel function.

WHAT IS BOWEL INCONTINENCE?

It goes by many names – bowel incontinence, fecal incontinence, accidental bowel leakage – but no matter what you call it, if you can't control when your body releases stool, you may have it. These don't have to be explosive episodes, either – many people don't realize that even modest symptoms can be signs of bowel incontinence, including:

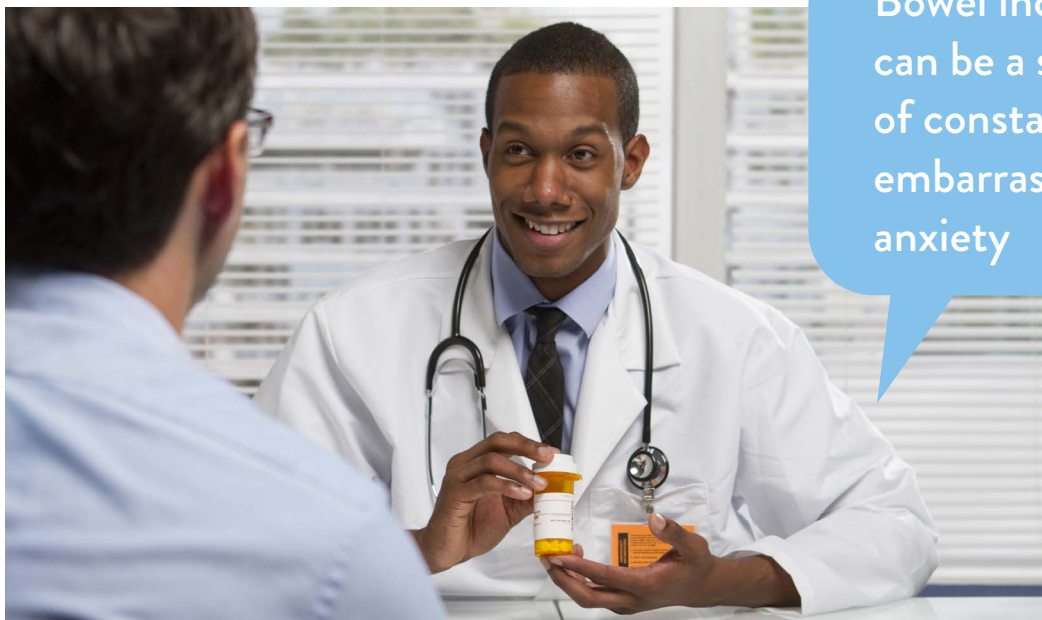
- Having trouble holding a bowel movement
- Having solid or liquid stool leak when least expected
- Finding streaks in your underwear
- Mapping out restrooms before you leave the house
- Avoiding specific types of foods because they increase your symptoms

HOW COMMON IS BOWEL INCONTINENCE?

If any of these symptoms sound familiar, there's no reason to be ashamed. Bowel incontinence is an incredibly common condition – almost certainly more common than you realize, and even more common than most doctors realize. According to one recent study, fecal incontinence affects more than 1 out of 3 patients who see a primary care physician¹.

With numbers like that, you'd think this would be a more common conversation between patients and doctors. If only! According to the same study, almost 9 out of 10 patients who were looking for help with their symptoms had to bring the subject up with their doctors themselves.

That's a real problem for a couple of reasons. Not only is fecal incontinence a medical condition that deserves to be treated, but because people are so reluctant to talk about it, it can go undiagnosed for much longer than it should. It also tends to occur more frequently in older populations, making it a leading contributor to nursing home admissions – older patients with the condition are 17% more likely to be admitted than those without it².



Bowel incontinence can be a source of constant embarrassment and anxiety

SOURCES

1. Whitehead, W. E., Palsson, O. S., & Simren, M. (2016). Treating Fecal Incontinence: An Unmet Need in Primary Care Medicine. *North Carolina Medical Journal*, 77(3), 211–215. doi:10.18043/ncm.77.3.211
2. Rao SSC, Bharucha AE, Chiarioni G, et al. Anorectal disorders. *Gastroenterol*. 2016;150(6):P1430-1442.

You can make lifestyle and behavioral changes to improve your situation

TREATMENTS TODAY

Regardless of your age or the severity of your symptoms, there are a number of options that can help improve your bowel function, including some that you can start doing on your own right now.

BEHAVIORAL MODIFICATION

Most people with fecal incontinence have light to moderate episodes, and many of them are able to manage their condition with nothing more than lifestyle and behavior changes.

Here are some of the most common things you can do as you work to improve your condition:



- **DIET MODIFICATION** – If you eat a sensible diet, you’re probably already getting an adequate amount of fiber, but it can’t hurt to make sure to get your share of whole grains, fruits, fresh vegetables and beans.
- **CONSIDER SUPPLEMENTS** – If irregularity is one of your issues, look at products that contain psyllium, like Metamucil – they can add bulk to your stool and make for more well-controlled bowel movements.
- **DON’T FORGET THE WATER** – Keeping hydrated is important for healthy bowel movements. For most people, that means drinking between 8 and 12 cups a day. Plain old water is usually your best option, too, and try to cut back or eliminate caffeine and alcohol, which can contribute to incontinence.
- **STAY PHYSICALLY ACTIVE** – Try to get moving for 30 minutes a day to improve digestion (among other things). You don’t have to do a strenuous workout, either – simply walking briskly is a great place to start.
- **BOWEL RETRAINING** – This is a do-it-yourself program to re-teach your bowel how to have regular, controlled movements. To learn more visit nafc.org/bowel-retraining or speak with your doctor.



Bowel health issues affect 21 million Americans.^{3,4,5} The good news is that there are real, proven treatment options available - you just need to be comfortable enough to talk about it.

SOURCES

3. Whitehead WE, Borrud L, Goode PS, et al. Fecal incontinence in US adults: epidemiology and risk factors. *Gastroenterol.* 2009;137(2):512-517.

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5. US Census Bureau 2020. US adult and under-age-18 populations: 2020 census. <https://www.census.gov/library/visualizations/interactive/adult-and-under-the-age-of-18-populations-2020-census.html>. Accessed June 20, 2022.

PRODUCTS

Those who require additional help with their condition can take advantage of a number of products that can help them better manage their symptoms and live with fewer worries about accidents:



- **ABSORBENTS AND PROTECTIVE WEAR** – There's a wide variety of disposable or reusable absorbent products that may be used for the management of bowel leakage.
- **BUTTERFLY®** – A body liner specifically designed for women and men with light to moderate ABL. Butterfly fits comfortably and invisibly on the buttocks, providing secure protection.
- **COLLECTION SYSTEM** – For those with heavier leakage, there are multiple collection options, ranging from bags adhered directly to the skin to catheters and tubes attached to a collection bag.




MEDICATIONS

For incontinence, there are many over-the-counter medications including Imodium® as well as prescription medication such as Lomotil®, Nulev® and Lotronex®.

NON-INVASIVE TREATMENTS

- **PELVIC MUSCLE EXERCISES (KEGELS)** – You may have thought they're only useful for bladder issues, but they're actually very effective for gaining strength in the muscles used for bowel function, too.
- **BIOFEEDBACK** – By learning to pay close attention to your body, you can identify and train the muscles associated with bowel function. There are a number of devices and methods available to help you do so.
- **SECCA®** – A physician delivers precisely controlled radiofrequency energy to the anal canal to thicken the tissue, a process which can improve the function of the sphincter muscle.
- **FENIX®** – A small, flexible band of titanium beads with magnetic cores is used to create a barrier to involuntary bowel leakage. The magnetic bond is temporarily broken to allow the voluntary passage of stool and then restored immediately after.

There are many options including non-invasive treatments available to you



There is a family of minimally invasive procedures called neuromodulation

ADVANCED THERAPIES

When people talk about advanced therapies for incontinence, they're usually talking about a family of procedures called neuromodulation. These are minimally invasive therapies that work by addressing the communication between your brain and your bowels, helping to restore healthy function. Like any medical procedure, though, they're not for everybody, but for those who are candidates for the treatment, they offer a real opportunity for relief.

- For more than 25 years, sacral neuromodulation has been used to treat incontinence in hundreds of thousands of patients. The most widely used and pioneered in this space is the InterStim™ System by Medtronic.
- It has safe and proven technology that has been chosen by more than 375,000 patients. The InterStim™ system works by targeting the nerve signals that regulate bladder and bowel function.^{6,7,8} This can help restore communication to the brain and reduce your symptoms.
- A neurostimulator is attached to a lead (a thin wire) and implanted under the skin. The system will deliver gentle stimulation to the nerves that help control your bladder and bowel symptoms.
- To learn more about the InterStim™ System, visit www.talkleaks.com

SURGICAL TREATMENTS

In the most extreme of cases, when other treatment methods fail, patients may want to consider surgery. These procedures are usually considered a last resort because they carry risks beyond those associated with other therapies, but for patients who need them, they can be welcome – and very effective – options.

- **SPHINCTEROPLASTY** – This procedure corrects defects in the anal sphincter.
- **ANTEGRADE COLONIC ENEMA** – A passageway is made from the large intestine to an opening on the abdominal wall. The patient will use this opening to insert fluid that flushes out the bowels, usually once a day.
- **ARTIFICIAL ANAL SPHINCTER** – Patients receive a small implant that imitates the natural function of the anal sphincter muscle. It's manually controlled by the patient with a bulb pump placed discretely in the body.
- **COLOSTOMY** – The surgeon creates an opening in the abdominal wall and connects the end of the colon to it. A disposable bag is attached to this opening to collect waste.

SOURCES

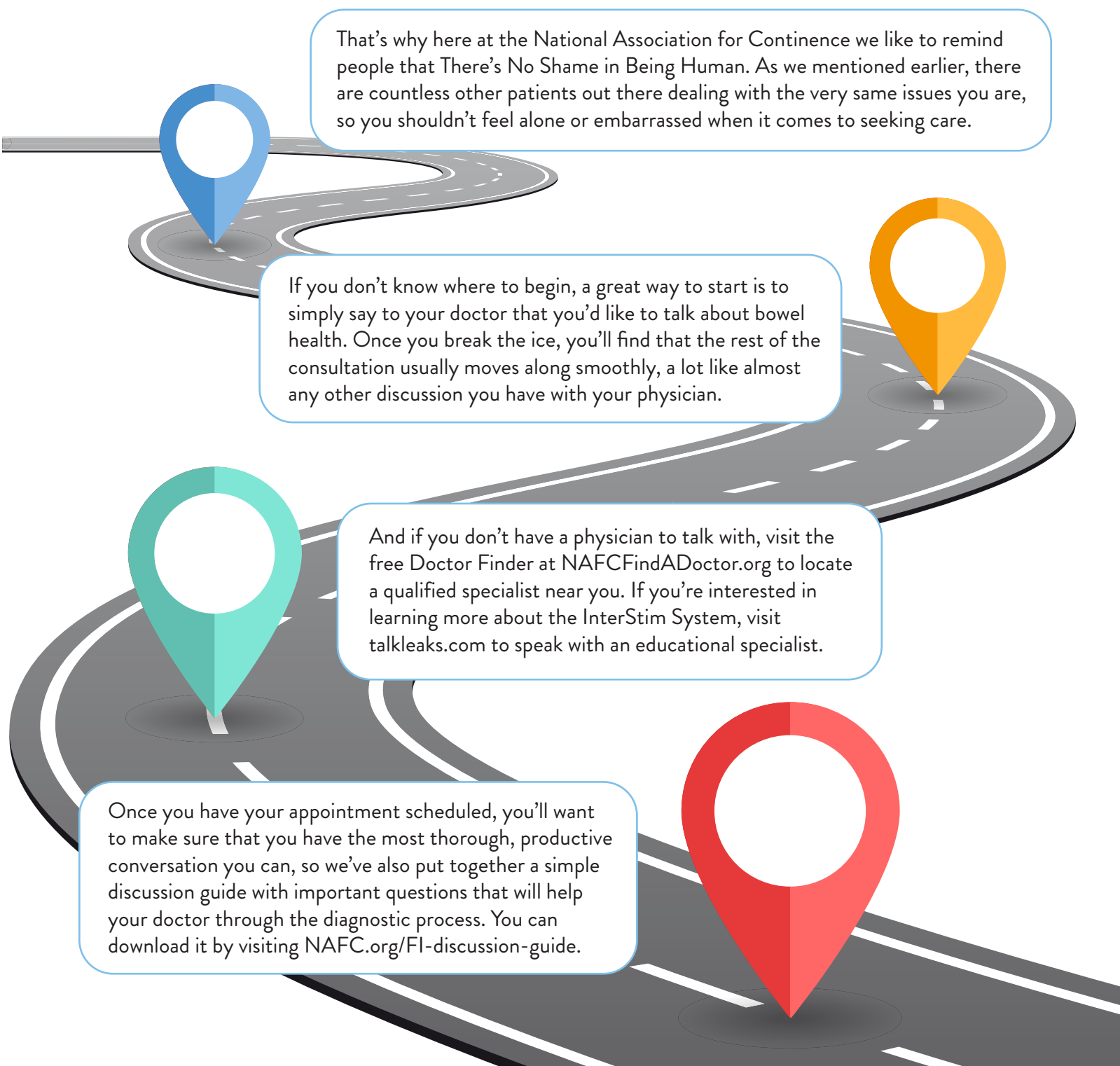
6 Leng WW, Morrisroe SN. Sacral nerve stimulation for the overactive bladder. *Urol Clin N Am*. 2006;33:491-501.

7 Chancellor MB, Chantier-Kastler EJ. Principles of sacral nerve stimulation (SNS) for the treatment of bladder and urethral sphincter dysfunctions. *Neuromod*. 2000;3(1):15-26.

8 Patton V, Wiklendt L, Arkwright JW, et al. The effect of sacral nerve stimulation on distal colonic motility in patients with fecal incontinence. *Br J Surg*. 2013;100(7):959-968.

GETTING STARTED ON YOUR TREATMENT PATH

No matter what your treatment path looks like, the most important step you'll take is the first one: Speaking with a doctor. But for many patients, that's the hardest step of all. Talking about bowel problems is something that nobody looks forward to, even if they do know that it's absolutely necessary to get the care they deserve.



That's why here at the National Association for Continence we like to remind people that There's No Shame in Being Human. As we mentioned earlier, there are countless other patients out there dealing with the very same issues you are, so you shouldn't feel alone or embarrassed when it comes to seeking care.

If you don't know where to begin, a great way to start is to simply say to your doctor that you'd like to talk about bowel health. Once you break the ice, you'll find that the rest of the consultation usually moves along smoothly, a lot like almost any other discussion you have with your physician.

And if you don't have a physician to talk with, visit the free Doctor Finder at NAFCFindADoctor.org to locate a qualified specialist near you. If you're interested in learning more about the InterStim System, visit talkleaks.com to speak with an educational specialist.

Once you have your appointment scheduled, you'll want to make sure that you have the most thorough, productive conversation you can, so we've also put together a simple discussion guide with important questions that will help your doctor through the diagnostic process. You can download it by visiting NAFC.org/FI-discussion-guide.