CONDITION

Bowel incontinence

Learn about bowel incontinence, including stool leakage, common causes, medical evaluation, treatment options, skin care, and when to seek urgent help.

WHAT IT IS
Unplanned leakage of solid or liquid stool

BODY SYSTEM
Digestive

MAIN SYMPTOMS
Stool leakage, urgency, leakage without awareness, anal skin irritation

WHAT CAUSES IT
Multiple causes, often acting together

HOW IT IS DIAGNOSED
Medical assessment and digital rectal examination

MAIN TREATMENT
Bowel management and pelvic floor therapy

CAN IT BE CURED?
Sometimes - depends on the underlying cause

IS IT AN EMERGENCY?
Sometimes - new leg weakness with severe back pain

LONG-TERM OUTLOOK
Often manageable, but may remain ongoing

Overview

Bowel incontinence is the unplanned leakage of solid or liquid stool. The medical term is fecal incontinence . It can range from a small stain in underwear to the complete loss of a bowel movement.

Some people have a sudden need to pass stool and cannot reach a toilet in time. Others leak stool without feeling it happen. Bowel incontinence may occur occasionally or become an ongoing problem.

Normal bowel control depends on several parts of the body working together. The rectum stores stool. Muscles around the anus, called anal sphincters, keep the opening closed. Nerves signal when the rectum is full and help coordinate the muscles. Stool consistency, thinking ability, and being able to reach a toilet also affect control.

Bowel incontinence is not an inevitable part of aging. It can develop at any age, although some causes become more common later in life. Many people avoid discussing it because they feel embarrassed. However, it is a medical symptom, and treatment often reduces leakage and its effect on daily life.

A medical assessment matters because bowel incontinence can have more than one cause. Diarrhea, constipation, muscle injury, nerve problems, and certain rectal conditions may all contribute. Identifying these factors helps guide treatment.

Symptoms

The main symptom is stool passing when a person did not intend it to. The pattern can provide clues about possible causes.

Symptoms may include:

Some people experience leakage during exercise, coughing, or other activity. Others have symptoms mainly when they have diarrhea. Constipation can also cause leakage if liquid stool passes around a hard mass of stool stuck in the rectum. This is called overflow incontinence .

Keeping a brief record may help with a medical visit. Useful details include when leakage occurs, stool consistency, urgency, foods eaten, medicines taken, and whether constipation or diarrhea is present.

- An urgent need to have a bowel movement followed by leakage
- Leakage without awareness or warning
- Small amounts of stool left in underwear after using the toilet
- Difficulty staying clean after a bowel movement
- Loss of liquid stool, solid stool, or both
- Mucus leaking from the anus
- Skin soreness, itching, or burning around the anus
- Difficulty controlling gas, which may occur with stool leakage

Causes and risk factors

Bowel incontinence often results from several problems acting together rather than a single cause.

Diarrhea is a common contributor because loose or watery stool is harder for the muscles around the anus to hold. Diarrhea may be related to an infection, a digestive disorder, food intolerance, or medicine.

Constipation can stretch and weaken the rectum over time. Repeated straining may also affect the pelvic floor, which is the group of muscles supporting the bowel and other pelvic organs. A hard stool blockage, known as fecal impaction , may allow liquid stool to leak around it.

The anal sphincter muscles can be damaged during vaginal childbirth, especially when there is a severe tear or an assisted delivery. Symptoms may begin soon after childbirth or years later. Anal or rectal surgery, pelvic injury, and some medical procedures can also affect these muscles.

Nerve damage can interfere with the feeling that stool is present or with the muscles needed to hold it. Possible causes include spinal cord injury, stroke, multiple sclerosis, diabetes-related nerve damage, and injury to pelvic nerves. Dementia may affect awareness of the need to use the toilet.

Conditions that reduce the rectum's ability to stretch and store stool can lead to urgency. These include inflammation from inflammatory bowel disease, scarring after pelvic radiation treatment, or previous rectal surgery.

Rectal prolapse occurs when part of the rectum slips down through the anus. A rectocele is a bulge of the rectum into the vagina. Either condition may interfere with complete emptying and contribute to leakage. Large or prolapsing hemorrhoids may sometimes make cleaning and closure of the anus more difficult, although hemorrhoids alone do not explain every case.

Limited mobility can also increase risk. A person may recognize the need for a bowel movement but be unable to reach or use a toilet quickly enough. Medicines and supplements that cause diarrhea, constipation, or reduced alertness may contribute as well.

Diagnosis

A clinician will usually begin by asking about the leakage, bowel habits, medical conditions, childbirth history, previous surgery, diet, and medicines. It is important to mention both constipation and diarrhea, even if they alternate.

The physical examination may include checking the abdomen and the skin around the anus. A digital rectal examination involves placing a lubricated, gloved finger into the rectum. This can help assess stool blockage, muscle strength, masses, and how the pelvic floor moves. Patients can ask what the examination will involve and may request a chaperone.

Further testing is not needed in every case. When tests are appropriate, they may include:

A colonoscopy is not required solely because of bowel incontinence. It may be recommended when there is rectal bleeding, a major change in bowel habits, unexplained anemia or weight loss, suspected bowel disease, or a need for routine colorectal cancer screening.

- Anorectal manometry , which measures pressure, sensation, and muscle coordination in the anus and rectum
- Endoanal ultrasound or pelvic magnetic resonance imaging, which can show sphincter muscle injuries
- Defecography , an imaging test that examines how the rectum and pelvic floor work during a bowel movement
- Anoscopy or proctoscopy , which uses a short instrument to view the anus and lower rectum
- Stool or blood tests when ongoing diarrhea, infection, inflammation, or another illness is suspected

Treatment and management

Treatment depends on whether leakage is related to loose stool, constipation, muscle weakness, structural damage, nerve problems, or a combination of factors. Care often begins with changes that make bowel movements more predictable and stool easier to control.

A bowel diary can help identify patterns. Meals, caffeine, alcohol, artificial sweeteners, dairy products, spicy foods, or high-fat foods may worsen diarrhea for some people. There is no single diet that works for everyone, so broad food restrictions are not usually helpful without a clear pattern.

Fiber can help form soft, bulky stool that is easier to control. It may also help constipation. Fiber is usually increased gradually because a sudden increase can cause gas or bloating. A clinician or dietitian can help determine whether food sources or a fiber supplement are appropriate.

Adequate fluid intake is important, particularly when diarrhea is present or fiber intake increases. However, large amounts of caffeine or alcohol may worsen urgency in some people.

If diarrhea is contributing, treatment may address its underlying cause. A clinician may recommend an antidiarrheal medicine such as loperamide in selected cases. These medicines are not appropriate for every type of diarrhea, especially when infection or intestinal inflammation may be present. A clinician or pharmacist should review medicines before they are started or changed.

When constipation or fecal impaction is the cause, management may involve a planned bowel routine, changes in fiber and fluids, or medicines that soften stool or promote bowel movements. A stool blockage may require medical treatment. Taking additional antidiarrheal medicine without recognizing an impaction can make the problem worse.

Bowel training involves using the toilet at planned times, often after meals when the bowel is naturally more active. Foot support and a comfortable position may make emptying easier. People with mobility difficulties may benefit from easier toilet access, raised toilet seats, commodes, or clothing that can be removed quickly.

Pelvic floor muscle therapy may improve strength and coordination. Biofeedback is a form of therapy that uses visual or sound feedback to help a person recognize rectal sensations and practice muscle control. It is usually guided by a trained therapist rather than performed as a general exercise program.

Gentle skin care can prevent irritation. The area can be cleaned with water or a mild, fragrance-free cleanser and patted dry. A barrier ointment may protect the skin from moisture. Absorbent pads, disposable underwear, or anal inserts may provide practical support, but they do not treat the underlying cause.

If conservative treatments do not provide enough relief, a specialist may discuss procedures. Sacral neuromodulation uses an implanted device to send mild electrical signals to nerves involved in bowel control. Sphincter repair surgery may be considered for selected muscle injuries, although results can change over time. Other options include bowel irrigation programs or, rarely, creating a colostomy so stool leaves through an opening in the abdomen. The expected benefits, limitations, and risks should be reviewed carefully.

Complications

Repeated contact with stool can cause soreness, skin breakdown, or infection around the anus. Prompt cleaning and moisture protection can reduce this risk.

Bowel incontinence may also affect emotional and social well-being. People may avoid travel, exercise, work, intimacy, or social events because they are worried about an accident. Anxiety and low mood can develop. These effects are important to discuss during treatment rather than treating leakage as only a physical problem.

Ongoing diarrhea can lead to dehydration. Severe constipation may lead to fecal impaction, rectal injury, or worsening overflow leakage. An untreated underlying condition may continue to cause symptoms.

Follow up

Routine follow-up is useful after treatment begins. A clinician may review stool consistency, the number of leakage episodes, urgency, skin health, treatment side effects, and how symptoms affect daily activities. A bowel diary can show whether a plan is helping.

Arrange a routine medical appointment if leakage is recurring, worsening, interfering with daily life, or accompanied by ongoing constipation or diarrhea. Prompt assessment is also appropriate for an unexplained change in bowel habits, weight loss, anemia, or persistent rectal discomfort.

Seek urgent medical advice for significant rectal bleeding, unexpected black or tar-like stool, bloody diarrhea with fever, severe abdominal pain or swelling, repeated vomiting, or signs of dehydration such as faintness and very little urination.

Seek emergency care for new loss of bowel control together with severe lower back pain, new leg weakness, numbness around the genitals or buttocks, or difficulty starting or controlling urination. This combination can indicate serious pressure on the nerves at the bottom of the spine and needs immediate assessment.

Sources

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