CONDITION

Fecal impaction

Fecal impaction is a hard mass of stool that becomes stuck in the rectum or colon.

WHAT IT IS
Hardened stool stuck in the rectum or colon

BODY SYSTEM
Digestive system

MAIN SYMPTOMS
Constipation, rectal pressure, abdominal pain, watery stool leakage

WHAT CAUSES IT
Stool buildup, usually after prolonged constipation

HOW IT IS DIAGNOSED
Rectal examination, sometimes abdominal imaging

MAIN TREATMENT
Disimpaction, then constipation prevention

CAN IT BE CURED?
Yes - blockage can usually be cleared

IS IT AN EMERGENCY?
Sometimes - severe pain, vomiting, or marked abdominal swelling

LONG-TERM OUTLOOK
Usually good, though recurrence is possible

Overview

Fecal impaction is a hard, dry mass of stool that becomes stuck in the rectum, the last part of the large bowel. Less often, it is lodged higher in the colon. It usually develops after constipation has continued for some time.

An impaction is different from an ordinary difficult bowel movement. The stool may be too large or hard to pass without treatment. Straining may produce little or no solid stool.

Some people develop watery stool leakage around the blockage. This is called overflow diarrhea. It can look like diarrhea even though constipation is the underlying problem.

Fecal impaction matters because it can cause pain, loss of appetite, bowel leakage, and difficulty passing urine. Most cases can be cleared, but treatment should not be delayed when symptoms are significant. Rare complications, such as damage to the bowel wall, need urgent

care.

Symptoms

Symptoms can develop gradually. They may be less obvious in an older person, someone who is seriously ill, or someone who cannot easily describe how they feel.

Possible symptoms include:

Confusion, restlessness, or a sudden change in behavior can sometimes be the main sign in a frail older adult. These symptoms have many possible causes and need medical assessment.

Not having a bowel movement every day does not by itself mean that you have an impaction. Normal bowel frequency differs from person to person.

- Passing little or no stool despite feeling the need to go
- Hard stool, straining, or pain when trying to pass stool
- Rectal pressure or a feeling that stool is stuck
- Abdominal discomfort, cramping, or bloating
- Small amounts of watery stool or mucus leaking from the anus
- Reduced appetite or nausea
- New loss of bowel control
- Pressure on the bladder, frequent urination, or difficulty urinating

Causes and risk factors

Fecal impaction usually begins when stool moves slowly through the colon. The colon continues to absorb water from it, making the stool harder and more difficult to pass. Repeatedly putting off bowel movements can add to the buildup.

Risk is higher when constipation is severe or long-lasting. Factors that may contribute include:

Some medicines slow the bowel or make stool harder. Examples include opioid pain medicines, some anticholinergic medicines, iron supplements, and certain medicines used for depression or psychosis. Do not stop a prescribed medicine without advice. A clinician or pharmacist can review whether it may be contributing.

Children can also develop fecal impaction, often in connection with long-term constipation and avoiding painful bowel movements. Assessment and treatment are adjusted for the child's age

and size.

- Limited movement, prolonged bed rest, or difficulty reaching a toilet
- Low food or fluid intake
- Painful conditions around the anus, such as a fissure
- Previous episodes of fecal impaction
- Conditions affecting bowel nerves or muscles, including spinal cord injury, Parkinson's disease, multiple sclerosis, or stroke
- Dementia, severe depression, or learning disabilities that affect toileting
- Changes in the structure of the colon or rectum

Diagnosis

A clinician will ask about your usual bowel pattern, recent symptoms, medicines, diet, fluid intake, mobility, and previous constipation. They may examine your abdomen for tenderness or swelling.

A digital rectal examination is often the key test. During this examination, a lubricated, gloved finger is gently inserted into the rectum to check for hard stool. It may feel uncomfortable, but it is usually brief.

If the rectum is empty, an impaction may still be located higher in the colon. An abdominal X-ray or CT scan may be used when the location is uncertain or there are signs of bowel obstruction, severe swelling, or another complication. A CT scan produces detailed pictures using X-rays.

Blood tests do not confirm fecal impaction. They may be used to look for dehydration, infection, kidney problems, or another cause of the symptoms.

Treatment and management

Treatment has two stages: removing the impacted stool and reducing the chance that it will happen again. The safest method depends on where the stool is, how hard it is, your symptoms, and whether a complication is suspected.

Stool low in the rectum may be softened with a rectal medicine, such as a suppository or enema. An enema places liquid into the rectum. It is not suitable in every situation, and some products can cause harm when used incorrectly or in people with certain medical conditions.

If the mass cannot pass, a trained clinician may break it into smaller pieces and remove it by hand. This is called manual disimpaction. Lubrication is used, and the procedure may need to be done in stages. Pain relief or sedation may be considered in some settings.

An impaction higher in the colon may sometimes be treated with an oral osmotic laxative. This type of medicine draws water into the bowel to soften stool. Before using it, clinicians may need to make sure there is no complete bowel blockage or perforation.

Surgery is rarely required. It may be needed if there is a perforation, dead bowel tissue, or an obstruction that cannot be managed another way.

After the impaction is cleared, treatment usually focuses on regular, soft bowel movements. This may include a maintenance laxative, changes to food and fluid intake, planned toilet time, and a review of contributing medicines or health conditions. The plan should be adjusted for children, pregnancy, frailty, kidney or heart disease, and swallowing difficulties.

Do not try to remove stool with fingers or objects yourself. Avoid repeated or forceful enemas without medical guidance, especially if you have severe pain, vomiting, bleeding, or a swollen abdomen.

Complications

Pressure from impacted stool can irritate or injure the rectum and colon. Possible complications include anal tears, rectal bleeding, hemorrhoids, and ulcers in the bowel wall.

The blockage may also cause overflow leakage, dehydration, poor appetite, or pressure on the bladder. Rarely, the bowel wall can develop a hole called a perforation. This can allow bowel contents to enter the abdomen and requires emergency treatment.

Repeated impaction can affect comfort, sleep, independence, and confidence about leaving home. Early management of returning constipation can help prevent this cycle.

Prevention

Many episodes can be prevented, but not all are avoidable. Prevention is especially important after a previous impaction.

Once the blockage has been cleared, measures that may help include:

Fiber should usually be increased gradually. Adding large amounts while stool is already impacted or the bowel is obstructed can worsen bloating and discomfort.

People who have limited mobility, reduced awareness of bowel urges, or medicines that slow

the bowel may need a planned bowel routine rather than relying on lifestyle measures alone.

- Going to the toilet when you feel the urge
- Allowing enough time and using a foot support if helpful
- Staying physically active within your abilities
- Drinking enough fluid unless you have been told to limit it
- Eating suitable sources of fiber as part of a balanced diet
- Taking prescribed constipation treatment consistently
- Having medicines reviewed if constipation began after a change

Living with it and what to expect

An impaction can often be cleared over hours or days, although more than one treatment session may be needed. Discomfort, leakage, and appetite usually improve as the bowel empties. Bowel movements may remain irregular for a short time afterward.

Over the following months, the main concern is recurrence. This is more likely if the original cause remains, such as an ongoing medicine, limited mobility, a nerve condition, or long-term constipation. A maintenance plan may therefore continue even when you feel well.

Keeping a brief record of bowel movements, stool consistency, pain, and leakage can help identify changes early. Seek routine follow-up if the plan is not keeping stools comfortable and regular. With suitable support, most people return to their usual activities, although some need continuing bowel treatment.

When to get medical help

Seek emergency care if constipation or suspected impaction occurs with:

These symptoms can suggest complete bowel obstruction, significant bleeding, perforation, or another serious condition.

Arrange prompt medical assessment if you have persistent rectal pressure, watery leakage with constipation, repeated unsuccessful attempts to pass stool, or several days without a bowel movement accompanied by discomfort. New constipation should also be assessed if it follows a medicine change or is accompanied by unexplained weight loss, ongoing bleeding, or a lasting change in bowel habits.

Routine follow-up is appropriate after treatment to review bowel habits, medicines, diet,

mobility, and any need for continuing laxatives. Contact your care team earlier if symptoms start returning.

- Severe or rapidly worsening abdominal pain
- A markedly swollen, hard, or very tender abdomen
- Repeated vomiting or inability to keep fluids down
- Inability to pass both stool and gas
- Fainting, severe weakness, or new confusion
- Heavy rectal bleeding or black, tar-like stool

Common questions

Can you still pass stool with a fecal impaction?

Yes. Small pieces of stool may pass around the mass. Watery stool can also leak around it, producing overflow diarrhea. Passing some liquid or stool does not always mean that the blockage has cleared.

Will a fecal impaction clear on its own?

A small buildup may sometimes pass, but a true impaction often needs treatment to soften, break up, or remove the stool. Waiting can allow it to become harder. Seek assessment if you feel that stool is stuck or home constipation measures are not working.

What does fecal impaction pain feel like?

It may cause pressure in the rectum, cramping, bloating, or a constant ache in the lower abdomen. Symptoms differ between people. Severe, worsening, or sharply localized pain is not something to manage as routine constipation and needs urgent assessment.

Can I use a laxative for fecal impaction?

Laxatives are part of treatment in some cases, but the correct approach depends on the location of the stool and whether there are signs of obstruction. Oral laxatives or enemas may be unsafe when severe pain, vomiting, marked swelling, or a perforation is suspected.

Why am I having diarrhea if I am constipated?

Liquid stool can flow around a hard mass and leak from the anus. This overflow diarrhea is sometimes mistaken for an infection or ordinary diarrhea. Medicines that slow diarrhea can make the underlying constipation worse, so new leakage with constipation should be assessed.

Can fecal impaction come back?

Yes. Recurrence is possible when long-term constipation or another risk factor remains. A regular bowel routine, appropriate maintenance treatment, and early attention to harder or less frequent stools can lower the risk.

Sources

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