

New Hope for an Embarrassing Problem

Treating Fecal Incontinence



Losing control of your bowels is a frightening and embarrassing experience. For those living with a condition called *fecal incontinence*, basic bowel control is an everyday challenge. Individuals may not be able to sense a bowel movement or hold onto it long enough to get to a bathroom. This condition can even limit an individual's daily activities. Long walks, airplane travel, boating, and even the movie theater can appear risky. CMC offers a new treatment for fecal incontinence that can help restore bowel control for many people and lead to improved confidence and independence.

Caring for you.

With heart.



What is fecal incontinence?



Leandro Feo, MD

Leandro Feo, MD, Colorectal Surgeon. The Surgical Care Group at CMC, defines fecal incontinence as the involuntary loss of control of solid or liquid stools. The condition can be associated with diarrhea, muscle or nerve damage.

“The first thing a person with fecal incontinence does in any situation is identify where the bathroom is,” said Feo. “They know where every bathroom is everywhere they go.”

The condition is common among those living with inflammatory bowel disease such as Crohn’s disease, ulcerative colitis, as well as rectal prolapse. It may also occur in those with a history of radiation treatment, obstetric injuries or multiple sclerosis. The risk for fecal incontinence increases with age.

What are the symptoms of fecal incontinence?

Symptoms of fecal incontinence include:

- Diarrhea
- Inability to control gas, bloating or stool movement
- Skin irritation or sores as a result of fecal incontinence

Three or four daily accidents are common, which can vary from solid to liquid.

What are the treatments for fecal incontinence?

There are several treatment approaches, depending on the causes. The first step is to make dietary changes. A diet rich in fiber, or medications that slow gastrointestinal transit can promote a more consistent stool. If the incontinence is a result of nerve or muscle damage, physical therapy (biofeedback) may also help. Setting a daily restroom schedule may also help reduce accidents.

When other methods fail to help

When therapies that are more traditional fail, sacral nerve stimulation may be considered. This device has been used effectively for many years for urinary incontinence and more recently to treat fecal incontinence. Feo conducted the first sacral nerve stimulation procedure in NH in May. The approach has been used in Europe for many years, but is relatively new to the US.

InterStim® is a neurotranstimulation therapy that improves communication between the brain and the sacral nerves in the spine that control bowel function. Before implanting the device permanently, a temporary external device is placed by the tailbone for a week. It tests whether sacral nerve stimulation can reduce the frequency of accidental bowel movements by 50 percent or more. If the pilot test is a success, a permanent implant can be considered. InterStim is surgically implanted by the tailbone that attaches to the sacral nerves, which are located around the bowel area. This device sends electronic pulses of varying degrees to the surrounding nerves, which improve performance of sphincter muscles also known as continent muscles.

What are the results of InterStim?

Studies of patients followed for one year found that seven out of every 10 patients experienced at least a 50 percent reduction in weekly accidents.

“InterStim can improve a patient’s lifestyle immediately,” said Feo. “They no longer avoid leaving the house, are able to go out with friends and do not have disturbances at work.”

For more information

If you have questions about whether this treatment is right for you, contact The Surgical Care Group at CMC at 603.627.1887 to learn more. 

