

WHAT IS INCONTINENCE?

Incontinence of stool means the inability to control the passage of stool or gas. Some people have mild trouble holding gas; while others have severe trouble holding stool. Incontinence is a miserable problem that many people have trouble talking about. People are frequently embarrassed and afraid there is no help. However, treatment is available.

HOW COMMON IS THIS PROBLEM?

One study showed that over 2% of the population suffers from incontinence. More than 30% of nursing home patients are incontinent. It affects women more than men, and it becomes more common as people age and their sphincter muscles lose tone.

WHAT CAUSES INCONTINENCE?

Normal control of the passage of stool depends on many factors. A problem in any of the following areas can contribute to lack of control. One factor is the time it takes for stool to pass through the bowel. If stool moves through the bowel too quickly, a person may not have warning and may have an accident. This happens most commonly to people with irritable bowel syndrome or inflammation of the bowel. The consistency of the stool is difficult for anyone to control. Anything that causes diarrhea, such as infection, inflammation, and food intolerance can lead to incontinence.

Normally, the rectum will stretch to hold stool or gas entering it, giving the person time to make it to the bathroom. If the rectum is full of stool or an abnormal growth, it may not expand further to hold additional stool. If this happens, loose stool may leak out. To prevent leakage one must be able to tell that stool or gas is present in the rectum. People with neurological problems, such as a stroke, may have abnormal sensation in the rectum. They will not be able to sense that gas or stool has entered the rectum and therefore have no warning to go to the bathroom.

The sphincter muscle, a circle of muscle around the anus, keeps the anus closed. It needs to function properly in several ways for adequate control. It needs to hold the anus closed at rest and squeeze to tighten the anus when stool or gas enter the rectum. As people age, the muscle gradually loses strength. The sphincter muscle can also be injured during childbirth or during rectal surgery. If injury is recognized and repaired, the muscle usually heals properly. If it does not, there may be a gap in the circle of the muscle so it is unable to close correctly. For some people this gap is small and only becomes a problem when the muscle weakens with age. Two nerves stimulate the sphincter muscle. If the nerves are injured, the sphincter muscle may become weak. The nerves may be injured through stretching during pregnancy or childbirth or from excessive straining to move one's bowels. Rectal prolapse, tissue that repeatedly comes out through the anus, can also stretch or injure the nerve. In these situations, the muscle is intact but does not work properly, resulting in incontinence.

HOW CAN ANORECTAL MANOMETRY WITH THE MCOMPASS HELP?

Anorectal Manometry is a test performed to evaluate patients with fecal incontinence. A catheter is placed into the anus to record pressures as patients tighten and relax the sphincter muscle. Anorectal manometry measures the pressures of the anal sphincter muscles, the sensation the rectum and the neural reflexes that are needed for normal bowel movements.

HOW IS THE TEST PERFORMED?

You will be asked to undress from the waist down and to put on a gown with the opening in the back. A trained specialist will explain everything that will happen. The specialist will ask you to lie on an examination table, turn onto your left side, and bend your knees. A small catheter with a small balloon at the end will be inserted into your rectum. The balloon will be inflated and measurements will be taken while you squeeze and relax your muscles.



FECAL INCONTINENCE

For more information on the mcompass visit:
www.medspira.com/mcompass

