

Faecal incontinence

Faecal incontinence means accidental leakage of stool (poo). It may happen with a sudden urge, without warning, or as staining after a bowel motion. Trouble controlling wind can occur too. It can affect confidence and daily life, but there are practical treatments and support. You do not need to wait until symptoms are severe to ask for help.

Why leakage happens

Bowel control depends on stool consistency, the rings of muscle around the anus (anal sphincters), the pelvic floor, nerve signals and the rectum's ability to store stool. Often there is more than one contributing factor.

- Loose stool or diarrhoea can be difficult to hold.
- Constipation or incomplete emptying can cause seepage, including liquid stool leaking around a build-up of hard stool.
- Muscle or nerve injury, including after childbirth or surgery, can affect control. Changes after rectal surgery, prolapse and some neurological conditions can also contribute.

How the problem is assessed

Dr Trinder will ask about leakage, urgency, stool consistency, medicines, previous childbirth or surgery, and how symptoms affect you. An examination helps check muscle function, prolapse, retained stool and other causes.

A bowel diary is useful. Record bowel motions, stool consistency, leakage, urgency and any food or medicine triggers. Bring your medication list, including supplements and laxatives.

Depending on your symptoms, Dr Trinder may offer:

- **Anal manometry.** A small flexible tube measures anal pressures and muscle coordination during squeezing and bearing down. A small balloon may also test sensation in the rectum. These tests can help clarify function, especially if emptying is also difficult.
- **Endoanal ultrasound.** A small probe takes pictures of the anal sphincter muscles to identify damage. It can be particularly useful when a muscle repair is being considered.
- **Other selected tests.** Stool tests, blood tests or bowel investigations may be needed to look for contributing disease. Colonoscopy is guided by symptoms and screening needs; leakage alone does not mean everyone needs one.

Not everyone needs both manometry and ultrasound. Tests are chosen when the results may help guide your care.

Treatment is tailored to you

Treatment usually starts with stool consistency, a bowel routine and practical support. Further options can be considered if needed.

First steps

- **Aim for soft, formed stool.** A gradual change in diet or soluble fibre, such as psyllium, may help. Use a diary to identify personal triggers, rather than cutting out many foods. Keep drinking enough unless you have a fluid restriction.
- **Treat the cause.** Your clinician may recommend medicine for diarrhoea, or treatment to clear constipation and improve emptying. These need different approaches. Do not start or increase anti-diarrhoea medicine if you may be constipated without advice.
- **Plan a manageable routine.** A regular toilet opportunity, often after a meal, may help. Avoid repeated straining. Easy access to a toilet, spare clothing and suitable continence products can make daily activities easier.
- **Protect the skin.** Clean gently after leakage, pat dry and avoid rubbing or perfumed products. A barrier cream may help if the skin is irritated; ask your clinician or pharmacist.

Pelvic floor rehabilitation

A pelvic health physiotherapist can tailor exercises and, where appropriate, biofeedback to improve strength, coordination, sensation and urge control. Relaxation and better emptying may also be needed. A personalised programme is more useful than simply doing repeated squeezes. Benefits vary and require practice.

If further treatment is needed

Specialist options depend on the cause, your goals and response to earlier treatment. They may include:

- **Bowel irrigation.** A supervised programme uses water to empty the lower bowel at planned times. Training and assessment are needed.
- **Sacral neuromodulation.** A device sends mild electrical signals to nerves involved in bowel control. A temporary trial helps assess benefit before considering a longer-term implant.
- **Surgery.** Repair may be suitable for a particular sphincter injury, although benefit can reduce over time. A stoma (a bowel opening on the abdomen with a collection bag) is an option for some people with severe ongoing symptoms when other treatments are unsuitable or have not helped. Benefits and risks are discussed individually.

When to seek medical help

Arrange prompt review for rectal bleeding, unexplained weight loss or a persistent new change in bowel habit. Seek emergency care for heavy bleeding, black tarry stools or severe abdominal pain. Go to an emergency department for new bowel or bladder control problems with back pain, leg weakness or numbness around the bottom or genitals.

Further information and support

[Healthdirect: faecal incontinence](#)

[Continence Health Australia: supporting bowel control](#)

[National Continence Helpline: 1800 33 00 66](#)

General information to support your consultation. Your treatment will depend on your symptoms and assessment.