

Useful contacts

The Continence Foundation offers advice and assistance from specially trained nurses.

t: 0845 345 0165 (Monday to Friday between 9.30am and 1pm).

e: continence-help@dial.pipex.com

w: www.continence-foundation.org.uk

Incontact provides support and advice and has a network of local groups and helplines.

t: 0870 770 3246

e: info@incontact.org

w: www.incontact.org

Contacting the team

If you have any questions about your appointment please call the unit secretaries on **020 7188 4191/7893**.

For clinical queries, please call **Monica Lyons** (nurse manager) on **020 7188 4192**.

There are three colorectal surgeons in the unit:

- **Mr Andrew Williams**
- **Mr Amir Darakhshan**
- **Mr Alexis Schizas**

To contact them, please call their secretary on **020 7188 2576 /82569/82576**.

Further information

Pharmacy Medicines Helpline

If you have any questions or concerns about your medicines, please speak to the staff caring for you or call our helpline.

t: 020 7188 8748 9am to 5pm, Monday to Friday

Patient Advice and Liaison Service (PALS)

To make comments or raise concerns about the Trust's services, please contact PALS.

t: 020 7188 8801 at St Thomas'

t: 020 7188 8803 at Guy's **e:** pals@gstt.nhs.uk

Language Support Services

t: 020 7188 8815 **fax:** 020 7188 5953

NHS Choices

Provides online information and guidance on all aspects of health and healthcare, to help you make choices about your health.

w: www.nhs.uk

Faecal incontinence

Advice from the Pelvic Floor Unit

This leaflet explains what faecal incontinence is and outlines the help available from the Pelvic Floor Unit.

If you have any further questions, please feel free to speak to your consultant, specialist nurse or physiotherapist – contact details are on pages 5 and 6 of this leaflet.

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What is faecal incontinence?

This is when you are unable to control the passage of wind or stool (poo) from your anus (back passage). This can lead to wind, or liquid or solid stool, leaking from your anus either with or without your awareness or control.

There are two types of faecal incontinence:

- **Urge** – This is when you are aware that you need to open your bowels or pass wind, but are unable to hold on until you get to a toilet, resulting in leakage.
- **Passive** – This is when you pass stool or wind without being aware that it is going to happen.

Many people find it embarrassing to talk about their problem and may suffer for many years before seeking medical help. Some patients restrict their daily activities and often plan their outings around known toilet stops. This can be a source of stress for your family life and relationships.

Who can have faecal incontinence?

It is a common problem that can affect men and women of all ages. It can occur for a variety of reasons, including:

- childbirth
- anal surgery
- damage to the nerves or muscles in the anus or rectum (end section of the bowel) that normally control the passage of stool

- irritable bowel syndrome (IBS)
- x-ray treatment to the pelvis and anus
- diet
- anxiety or stress
- infection
- trauma or injury
- multiple sclerosis
- constipation with diarrhoea.

Faecal incontinence may also occur for no known reason.

What help is available to me?

Your referring doctor may send you to see our consultant for assessment, or directly to the Pelvic Floor Unit for tests.

Your appointment letter will give further details about where to go and what you should bring with you.

When you come to the unit, you may have tests including:

- an endo-anal ultrasound
- perineal/vaginal ultrasound
- ano-rectal physiology
- a proctogram, and/or
- a transit study.

These tests are explained in a separate leaflet, entitled **Welcome to the Pelvic Floor Unit**. Please ask your consultant, specialist nurse or physiotherapist for a copy of this leaflet if you have not received one.

When you first come to the unit for your tests, the nurse specialist or physiotherapist will take a detailed bowel history. There will be time for discussion and you will be offered advice on managing your incontinence.

This may include advice on:

- the use of medications, for example Loperamide. Medications can help your symptoms by reducing the movement of stool in the large bowel. This makes stool more solid and easier to control.
- suppositories
- skincare to prevent soreness
- the use of pads
- anal plugs
- emotional support
- biofeedback
- diet and fluid advice
- nerve stimulation
- rectal irrigation
- exercises to strengthen the muscles around your anus and pelvic floor exercises
- sacral nerve stimulation or posterior tibial nerve stimulation (electrical stimulation to the nerves in your bowel/sphincter or leg that control bowel function)
- surgery, if other methods do not help you.

Please ask a member of staff for a copy of the leaflet, **The bowel dysfunction clinic**, which offers more information.