

Fecal Incontinence

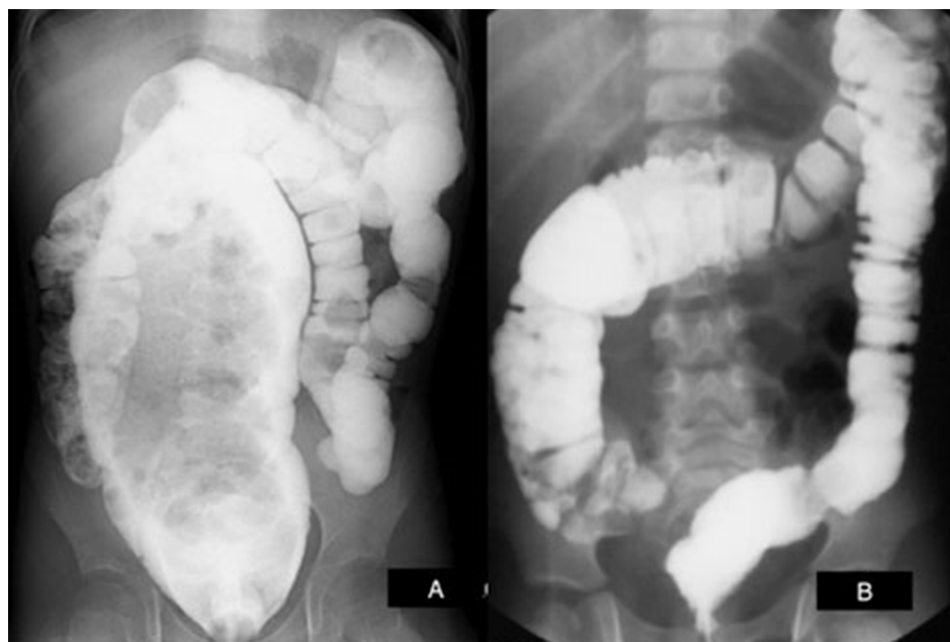
Fecal incontinence is a devastating problem caused by the inability to control bowel movements; it could affect patients born with anorectal malformations, Hirschsprung disease, pelvic tumors, spina bifida or sacral agenesis and those who have had severe pelvic trauma. Patients with this functional problem may experience social isolation.

How do I know if my child is fecal incontinent?

Patients with fecal incontinence pass stool in the underwear involuntarily. Children with true fecal incontinence lack the ability to have voluntary bowel movements, either because they were born with malformations that prevent bowel control or because they lost the integrity of the anal canal after a previous surgery.

Is fecal incontinence the same in all children?

Fecal incontinence is not the same in all children. There are two types of patients with fecal incontinence, one group suffers fecal incontinence with constipation and the other group has a tendency toward diarrhea. It is important to determine the type of fecal incontinence in every patient before initiating treatment. The contrast enema is an important study helping to define these groups.



(A) Contrast enema of a patient with fecal incontinence and constipation.

(B) Contrast enema of a patient with fecal incontinence and a tendency to diarrhea.

How can I help my child with fecal incontinence?

Patients with fecal incontinence obtain a great benefit from a Bowel Management Program. The goal of this program is to keep your child clean for 24 hours with the use of normal underwear. These patients do not have voluntary control over their bowel movements; so they need to have the colon clean and the treatment emphasis is on using enemas capable of cleaning the colon. Patients with fecal incontinence and constipation usually do not need any additional special diet or medication, due to the slow movement of the colon they will stay clean 24 hours. Patients with fecal incontinence and a tendency toward diarrhea will need a small enema, constipating diet and medication to slow the motility of the colon.

How does the Bowel Management Program work?

The Bowel Management Program is implemented over a period of one week and is considered successful once the patient can maintain a clean colon and is able to wear normal underwear on a regular basis. During this week-long program, a monitoring with x-rays is used to adjust the enema, these modifications are done on an individual basis guided by the Colorectal Center team. Many children who follow the program are able to keep their bowels clean.

Is there any surgery to help my child with fecal incontinence?

Yes, there is an optional surgical procedure, but only when the program has demonstrated to be successful. These patients can have an Appendicostomy, also known as the Malone procedure. In this operation, the appendix is connected to the umbilicus to create a tiny stoma; it allows the passing of a small catheter through the navel to the colon, and the enema is given through the Appendicostomy while sitting on the toilet. This procedure helps to improve the patient's quality of life by allowing to the child to become more independent.

Contact Us

For more information about fecal incontinence or to request an appointment with the Colorectal Center for Children at Children's Hospital of Pittsburgh of UPMC, contact us at **412-692-7820** or by email at colorectalcenter@chp.edu.