

Summary of causes of faecal incontinence

Primary Problem	Common cause	Type of incontinence
1. Anal sphincter and pelvic floor damage	Obstetric trauma Trauma following surgery - haemorrhoidectomy, anal stretch, sphincterotomy, gynaecological surgery Direct trauma from injury or anal sex Chronic straining Effect of ageing reducing strength of contraction Congenital anorectal malformation	Stress/passive
2. Gut motility and stool consistency (diarrhoea)	Infection - a virus eg norovirus, a bacteria eg Clostridium difficile or Escherichia coli, salmonella or shigella which can cause food poisoning or a parasites eg the Giardia intestinalis parasite that causes giardiasis Medications - laxatives, antibiotics, antacids containing magnesium Inflammatory bowel disease - Crohn's disease, Ulcerative Colitis Irritable bowel disease Pelvic radiation Reduced colonic adsorption following removal of part of colon Diet - change of food, too much fibre, intolerance eg gluten Psychological state - anxiety	Urge
3. Ano-rectal pathology	Rectal prolapse Anal or recto vaginal fistula Haemorrhoids or skin tags Pruritus – perianal soiling irritates the perianal skin resulting in itching burning and pain	Passive
4. Neurological disease	Congenital conditions - Spina bifida, sacral agenesis (usually secondary to constipation) Spinal cord injury Neurological conditions - Multiple sclerosis, Stroke, Parkinson's Disease, Diabetes.	Reflex
5. Secondary to degenerative neurological disease	Alzheimer's Disease (if caused by dementia, urinary incontinence always precedes faecal incontinence)	Reflex
6. Faecal impaction with overflow (spurious diarrhoea)	Institutionalised care, immobility, frail elderly	Overflow
7. Environmental / lifestyle	Poor toilet facilities, incorrect posture on toilet, inadequate care, non-availability of carer, frailty and dependency, drugs with gut side effects, poor diet and fluid intake	
8. Idopathic	Unknown causes	