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## **Bowel Control Facts**

### **Overview**

Although often underreported, nearly 18 million Americans – about one in 12<sup>1</sup> – have bowel incontinence (the inability to hold a bowel movement until reaching a bathroom and/or accidental stool leakage). Despite the socially devastating stigma and embarrassment associated with bowel incontinence, also known as fecal incontinence, it is often caused by an underlying medical problem and may be treatable.

### **Impact**

- People of any age can have a bowel control problem, though fecal incontinence is more common in older adults and is slightly more common among women.<sup>2</sup>
- The prevalence of fecal incontinence in the U.S. ranges from 2.6 percent among adults 20 to 29 years old to 15.3 percent among adults 70 years of age and older.<sup>1</sup>
- Bowel incontinence is estimated to occur at least weekly in 2.7 percent of the U.S. population.<sup>1</sup>
- Loss of bowel control can have a devastating effect on a person's quality of life. Shame, anxiety and humiliation are common. Some people with bowel incontinence don't want to leave the house out of fear they might have an accident in public. Many try to hide the problem as long as possible, and withdraw from friends and family.<sup>3</sup>
- As a result of social stigma and poor self-esteem, many people with bowel control problems are reluctant to seek medical attention.<sup>3</sup>
- Social isolation resulting from bowel incontinence may be reduced with treatment that improves bowel control and makes incontinence easier to manage.

### **Causes and Contributing Factors**

- Bowel incontinence is usually an acquired disorder. It may be caused by:<sup>4,5</sup>
  - Obstetrical injury from pregnancy or childbirth
  - Nerve or muscular damage caused by surgery or injury
  - Conditions that affect the nerves, such as stroke, diabetes, Parkinson's disease, and multiple sclerosis
  - Inflammatory bowel disease and irritable bowel syndrome
  - Congenital disorders

- Some people may suffer from bowel incontinence due to not being able to sense a bowel movement, while others are able to sense a bowel movement but can't hold it until they get to a bathroom.

## Treatment Options

- Effective treatments are available for bowel incontinence and can improve bowel control. The type of treatment depends on the cause and severity the condition, and more than one treatment may be necessary in some patients. Treatment options include:
  - *Behavioral Techniques*, which include lifestyle changes, fluid and diet modification, bowel retraining, Kegel exercises and other kinds of physical therapy.
  - *Anti-Diarrheal Medications*, which may help with developing a more regular bowel pattern or decreasing the water content of stool.
  - *Sacral Neuromodulation for Bowel Control, Delivered by Medtronic InterStim® Therapy*, which is the world's first system to use mild electrical pulses to stimulate the nerves that help to control the bowel. Sacral neuromodulation includes a minimally invasive implantable device that helps the brain and nerves to communicate so the bowel can function properly, and may be an option for patients with chronic bowel incontinence who have not had success with or could not tolerate more conservative treatments. Prior to a Medtronic InterStim system implant, patients are able to test the therapy during an evaluation period. This treatment option was approved by the U.S. Food and Drug Administration in 2011, and clinical research has shown that sacral neuromodulation reduces episodes of bowel incontinence in patients and that 41 percent of patients were found to achieve complete bowel continence.<sup>6</sup>
  - *Major surgery*, including sphincteroplasty, colostomy, sphincter replacement and operations to treat rectal prolapse, a rectocele or hemorrhoids.

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\*InterStim Therapy has risks similar to any surgical procedure, including swelling, bruising, and bleeding. Complications can include pain at the implant site, new pain, infection, lead (thin wire) movement, technical or device problems, undesirable changes in urinary or bowel function, and uncomfortable stimulation. Any of these situations may require additional surgery or cause symptoms to return. Patients should always discuss the potential risks and benefits of the therapy with their doctor.

### References:

<sup>1</sup>Whitehead WE, Borrud L, Goode PS, et al. Pelvic floor disorders network. Fecal incontinence in US adults: epidemiology and risk factors. *Gastroenterology*. 2009;137: 512–517.

<sup>2</sup> National Digestive Diseases Information Clearinghouse (NDDIC).

[http://digestive.niddk.nih.gov/ddiseases/pubs/fecal/incontinence/Fecal\\_Incontinence\\_508.pdf](http://digestive.niddk.nih.gov/ddiseases/pubs/fecal/incontinence/Fecal_Incontinence_508.pdf) Accessed: May 30, 2013

<sup>3</sup> National Digestive Diseases Information Clearinghouse.

<http://digestive.niddk.nih.gov/about/ddnews/spr10/1.aspx> Accessed: May 30, 2013.

<sup>4</sup> Tan JJ, Chan M, Tjandra JJ. Evolving therapy for Fecal Incontinence. *Dis Colon Rectum* 2007 Nov;50(11):1950-1967.

<sup>5</sup> Wald, A. Fecal incontinence in adults. *N Engl J Med* 2007;356:1648-55.

<sup>6</sup> Wexner, Steven D., et al: Sacral Nerve Stimulation for Fecal Incontinence: Results of a 120-Patient Prospective Multicenter Study. *Annals of Surgery*. 2010 March; 251(3):441-449.

## **Important Safety Information**

### Sacral Neuromodulation for Bowel Control

Medtronic Bowel Control Therapy (Sacral Neuromodulation delivered through the InterStim® System) treats chronic fecal incontinence (an accident or leaking involving stool). It should be used after patients have tried other treatments such as medications and dietary modifications and they have not worked, or if they are not candidates for them.

Patients should have a successful evaluation before receiving Medtronic Bowel Control Therapy. Patients cannot have diathermy (deep heat treatment from electromagnetic energy) if they have an InterStim device.

Safety and effectiveness have not been established for pregnancy and delivery; patients under the age of 18; or for patients with progressive, systemic neurological diseases.

In addition to risks related to surgery, complications can include pain at the implant sites, new pain, infection, lead (thin wire) movement/migration, device problems, interactions with certain other devices or diagnostic equipment such as MRI, undesirable changes in urinary or bowel function, and uncomfortable stimulation (sometimes described as a jolting or shocking feeling).

Patients should consult their doctor to decide whether Medtronic Bowel Control Therapy is right for them. The InterStim System is a prescription device. For further information, please call Medtronic at (800) 328-0810.

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