

BOARD CERTIFIED

Anna M. TOKER, MD
SPECIALIZING IN ROBOTIC COLO-RECTAL SURGERY



"I have spent a lifetime mastering the art of surgery and now it is time for an individualized approach to medicine. We have an automated phone system and a small personable staff. I know this system is unorthodox, but it allows us to get to know everyone individually and allows me to spend more time with each patient in a one-on-one environment."

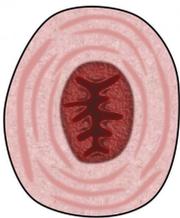
3150 E. Broad St, Suite 100, Mansfield, TX 76063 214.942.3740

Elite ColoRectal Surgery for Mansfield and Midlothian

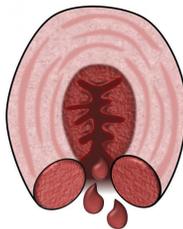
Dr. Anna Toker is a full-service colorectal surgeon in Mansfield and Midlothian, focusing on robotic approaches to colorectal surgery and offering sacral nerve stimulation for fecal incontinence.

Incontinence

Information and treatment options



Normal Anal Sphincter Muscle



Severed Anal Sphincter Muscle

WHAT IS FECAL INCONTINENCE?

Fecal incontinence (FI) is the impaired ability to control the passage of stool. This is a common problem, but often not discussed due to embarrassment. Failure to seek treatment can result in social isolation and a negative impact on quality of life.

CAUSES

There are many causes of fecal incontinence such as injury, disease and age.

Childbirth-related injury: The most common cause of fecal incontinence results from a tear in the anal muscles during childbirth. Additionally, the nerves controlling the anal muscles may also be injured, leading to incontinence. Some injuries may be detected immediately following childbirth, though many go unnoticed until they cause problems later in life. Since it may be years after giving birth, childbirth is often not recognized as the cause of the problem.

Trauma to anal muscles: Anal operations or traumatic injury to the tissues near the anal region can damage the anal muscles and/or nerves and lessen bowel control.

Age-related loss of anal muscle strength: Some people gradually lose anal muscle strength as they age. A mild control problem may have existed when they were younger may progress later in life.

Neurological diseases: Severe stroke, advanced dementia or spinal cord injury can cause lack of control of the anal muscles, resulting in incontinence.

BOARD CERTIFIED

Anna M. TOKER, MD
SPECIALIZING IN ROBOTIC COLO-RECTAL SURGERY



NONSURGICAL TREATMENT

Dietary changes: Mild problems may be treated simply by changing one's diet.

Constipating medications: Specific medications can result in firmer stools, enabling improved bowel control.

Medications: Inflammatory bowel diseases (such as Ulcerative Colitis or Crohn's disease) can cause diarrhea and contribute to bowel control problems. Treating these underlying diseases may improve or even eliminate symptoms of incontinence.

Muscle strengthening exercises: Simple home exercises to strengthen the anal muscles can help in mild cases.

Biofeedback: A type of physical therapy which helps patients strengthen anal muscles and sense when stool is ready to be evacuated.

SURGICAL OPTIONS

There are several surgical options for the treatment of fecal incontinence. Keep in mind that surgery is not the right choice for every patient.

Surgical muscle repair: Injuries to the anal muscles may be surgically repaired.

Stimulation of the nerves: Insertion of a nerve stimulator can help nerves that control muscles and skin of the anus work more efficiently.

Surgical colostomy: In severe cases, a colostomy may be the best option for improving quality of life. During this procedure, part of the colon (large intestine) is brought out through the abdominal wall to drain into a bag.