

# Fecal Incontinence: Hyperosmotics

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It should be noted that mannitol, sorbitol and xylitol are hyperosmotic substances but high fructose corn syrup is not. However, it can also cause diarrhea. Refer to the following:

<https://www.healthline.com/health/fructose-malabsorption#causes>

Note: Mannitol is used as a sugar replacement for people with T2D

<https://www.health.harvard.edu/diseases-and-conditions/the-other-incontinence-dont-suffer-in-silence>

## The "other" incontinence — don't suffer in silence

Most people who suffer from fecal incontinence do so in silence. As a result, the number of people with the condition — which results in the involuntary release of gas or stool — isn't known. But the scant evidence at hand indicates that it usually begins during one's 40s or 50s.

You don't have to live with incontinence — there are treatment options, which include dietary changes and bowel training regimens, and surgery for some people.

Diet can have a major impact on the predictability of bowel movements. That means that simple changes, such as eating more fiber or eliminating foods that irritate your system, can help a lot.

### The importance of fiber

Fiber helps control constipation **and** diarrhea, and a high-fiber diet can be helpful for both conditions. By helping produce formed but soft stools, fiber may help "normalize" bowel function. It's best to get extra fiber from food. Good sources of dietary fiber include bran cereals, uncooked fruits and vegetables, whole-grain breads and pasta, and brown rice.

Fiber supplements can also help. If you take one, be sure to drink plenty of liquid with it to avoid constipation. Surprisingly, getting lots of fluid with the fiber supplement also helps control diarrhea. The fiber absorbs the water and prevents leakage of watery stool.

## Taming diarrhea

Certain foods can contribute to loose stools. Some common culprits are listed below. You can try eliminating or reducing your intake of these foods (one at a time for several days each) to see whether one of them might be causing diarrhea.

- cured or smoked meats
- alcohol
- spicy foods
- caffeine
- fatty and greasy foods
- **sweeteners (sorbitol, xylitol, mannitol, fructose)**
- dairy products

## Managing constipation

If your fecal incontinence is related to constipation, your doctor can offer ways to help train your bowels to have regularly timed movements. These may include increasing your fiber and fluid intake and using various stimuli (from a warm drink to an enema) to encourage a bowel movement at set times.

## Pelvic muscle exercises and biofeedback

The studies evaluating the effectiveness of pelvic muscle training in treating fecal incontinence have shown inconsistent results. However, for people whose incontinence is less than severe, exercises to strengthen the muscles of the pelvic floor are worth trying.

Biofeedback is another way to approach fecal incontinence. The goal is to strengthen the sphincter muscles. Several reports suggest this may be of value. But, so far, there have been no controlled studies comparing its effectiveness to no treatment.

## Surgery

For some people, relief from fecal incontinence requires surgery. Your doctor can help guide in deciding whether surgery is necessary and which procedure makes the most sense for you.

For more on treating bladder and bowel incontinence buy [Better Bladder and Bowel Control](#), a Special Health Report from Harvard Medical School.