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Authors: A Kondo, K Kimura, Y Isobe, O Kamihira, O Matsuura.
Institution: Komaki Shimin Hospital
Title: ANTEGRADE CONTINENCE ENEMA (ACE): COMPLICATIONS AND PATIENTS' SATISFACTION

Aims of Study:

Fecal incontinence among myelodysplastic patients often prevents their social integration. Majority of them suffer from constipation which lasts 5 to 7 days followed by diarrhea for a few days. In 1990 Malone reported antegrade continence enema (ACE) that modified the Mitrofanoff principle. Among 300 patients having ACE with a follow-up of 2.4 years in UK, major complications comprised stomal stenosis in 30%, stomal leakage in 7%, adhesion obstruction in 2% and so forth. Their overall success rate was 79%. We report our clinical experience of this surgery.

Patients and Methods:

A total of 7 patients, 4 males and 3 females with a mean age of 12 years, underwent ACE procedure and were evaluated by sending postal questionnaires for patients' satisfaction and other parameters and by reviewing their charts for surgical complications. 6 patients suffered from myelodysplasia and 1 from anorectal malformation. 6 of the 7 patients underwent bladder augmentation with or without anti-reflux surgery in addition to ACE procedures. A mean follow-up period was 26 months (4 to 53). Surgery was performed by means of orthotopic appendicocostomy without implanting the appendix into a submucosal tunnel. All patients were told prior to surgery that stomal dilation is mandatory everyday.

Results:

Perioperative complication was stomal infection that occurred in 3 patients 4 to 7 days after surgery. To control this complication a stent tube was removed and was changed to intermittent dilation of a stoma a few hours a day. 2 complained of stomal leakage from time to time. None required surgical revision. Presently they perform enema once a day to once every 10 days using tap water, saline or 50% glycerin enema. However, one patient recently stopped using ACE because diarrhea lasted for a few days after performing the enema. Time required to complete enema was 10 to 90 min with a median of 60 min. Frequency of fecal incontinence much improved in 2 patients, improved in 3, and unchanged in 2. The overall satisfaction of the patients was much satisfied in 2 patients, satisfied in 3, and not defined in 2.

Conclusions:

Major perioperative complication was stomal infection. In a long-term follow-up, regular stomal dilation is mandatory and patients have dilated the stoma 15 to 20 min everyday. Five patients were satisfied with this surgery. It is safe to mention that the ACE procedure is safe and efficient and that when conservative treatments fail, this surgery is the treatment of choice.