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TREATING PATIENTS WITH ANAL INCONTINENCE – A CLINICAL AUDIT OF THE CONSERVATIVE TREATMENT CLINIC AT THE NORWEGIAN CONTINENE AND PELVIC FLOOR CENTER

Hypothesis / aims of study:
The Norwegian Continence and Pelvic Floor Center started a conservative treatment clinic for patient with anal incontinence (AI), constipation and chronic pelvic pain fall 2009 inspired by the Biofeedback Clinic at St. Marks Hospital, London, UK. A specialist nurse and a physiotherapist run the clinic once a week. The treatment consists of pelvic floor muscle training (PFMT), toilet training/guidance, life-style and nutrition consultation/guidance and prescription of appropriate medication if necessary. The treatment period lasts from three to six months. The aim of this study was to evaluate the outcome from the treatment given the patients with AI at our conservative treatment clinic.

Study design, materials and methods:
Altogether 79 patients finished their treatment program at the conservative continence treatment clinic between fall 2009 to 2012, of these there were 58 patients diagnosed with AI. All patients were examined for malign disease prior to the admission. At the conservative clinic the patients were initially assessed with St. Marks interview scoring tool and ICIQ-UI-SF self administrated questionnaire in addition to a thorough examination of pelvic floor muscle strength and relevant lifestyle habits. An appropriate treatment plan was established, and after three to six months of treatment, a new assessment with St. Marks and ICIQ-UI_SF was performed. Paired sample t-test was used to assess difference in pre and post St. Marks (24 =max AI vs. 0 = no AI) and ICIQ-UI-SF total score (21=max UI vs. 0 = NO UI) and pre and post St. Marks "change of lifestyle" score (4 =max change of lifestyle vs. 0= no change of lifestyle).

Results:
A total of 54 (93%) women and 4 (7%) males with AI were treated. Twenty-two (38%) did in addition report UI symptoms. Fifty-seven patients (98%) were instructed to do PFMT, 45 (78%) received toilet training and guidance, 16 (28%) and 14 (24%) received lifestyle and nutrition consultation/guidance respectively and lastly 26 (45%) received prescription for medication such as Imodium and Vi-Siblin. There was a significant reduction in St. Marks total AI score between mean pre- and post score 11.9 vs. 6.11, $p < 0.001$; St. Marks "change of lifestyle score" was significantly reduced from mean 2.6 to mean 1.2, $p < 0.001$ and total ICIQ-UI-SF score was reduced from mean 10.6 to mean 8.7, $p<0.05$. In average each patients had 4,5 treatment sessions. After conservative treatment nine patients (16%) have received SNM, 4 (7%) Injection of bulking agent

Interpretation of results:
The results from the audit of our conservative treatment clinical shows that conservative treatment is an efficient treatment method that gives significant results both in terms of symptoms and the patients quality of life. It is an efficient treatment that helps postpone or even avoid surgery. Our results also show that double incontinence AI and UI is common and should therefor both be addressed.

Concluding message:
Patients with AI should be offered conservative treatment consisting of PFMT, toilet training/guidance, nutrition consultation/guidance, and medication prior to surgery since it significantly reduces symptoms and improve quality of life. This can postpone or even avoid surgery. It is important with a dedicated team that can follow-up the patients through the designated treatment time.

Disclosures
Funding: No funding or grant **Clinical Trial:** No **Subjects:** HUMAN **Ethics not Req'd:** This is a clinical audit. For this audit we only need approval from the officer in charge of the hospitals data protection officer, which we do have. **Helsinki:** Yes **Informed Consent:** No