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THE FIRST RESULTS FROM THE NORWEGIAN REGISTRY FOR SURGICAL TREATMENT OF ANAL INCONTINENCE

Hypothesis / aims of study
The Norwegian registry for surgical treatment of anal incontinence (AI) is a medical quality registry collecting relevant data from all eligible hospitals in Norway. It was appointed by the Ministry of Health and Care Services of Norway in 2013. The main aim of the register is to gain knowledge about the results from surgical treatment of anal incontinence and to assess quality measures to assure optimal care.

Study design, materials and methods
All hospitals performing either sphincteroplasty or sacral nerve modulation (SNM) are obliged to electronically submit a defined set of data. Data included are demographic and etiological variables, symptoms score, pre and post-surgical variables, complication variables as well as patient reported outcome measures (PROM) after one and three years. A multidisciplinary advisory board ensured the scientifically soundness and relevance of the set of variables included in the registry. Tools for measuring AI symptoms was St. Mark's score and to measure Quality of life (Qol) a visual analogue score (VAS) was used, were 0 = worst, and 10 = best QoL at present time. The register was in service from March 2013 with a complete electronic solution available for all eligible hospitals and a central register administration coordinating all activity. However, local administrator systems at each hospital to register data were at some hospitals yet to be established.

Results
From March to December 2013, four out of five hospitals performing SNM reported data whereas only two out of five hospital performing sphincteroplasty did report data to the registry. There were 42 patients with SNM, giving a national coverage of 47%. The national coverage for sphincteroplasty was only 9%, with 6 patients reported. Ninety-two percent of all patients were women and 72 % had a previous obstetric anal sphincter injury, 92 % had been through a conservative treatment regime, and 27%, 36%, 38% and 4 % reported symptoms lasting >10 years, 5-10 years, 1-5 years and <1 year respectively. The mean age for patients receiving SNM was 58 years, St. Mark's Score prior to SNM was 17.6 compared to 9.6 at 1 year follow-up. The QoL-score was 4.0 prior to SNM compared to 5.8 at follow-up. There were reported one infection and one removal. For the sphincteroplasty group the mean age was 47 years. The pre- and post-St.Mark's score was 19 and 9.8 respectively, while pre-QoL was 3.8 and post-QoL was 4.8.

Interpretation of results
The lack of good local routines for registering data caused low coverage these first nine months, and due to this low national coverage the results should be interpreted with caution. However, the first results from this national register suggest that patients with AI admitted to surgery are mostly women experiencing symptoms for years before surgical intervention. One year after SNM there was a 46% reduction of St. Mark's score, while for those 6 patients receiving sphincteroplasty a 47% reduction was registered. Providing improved national coverage, the Norwegian registry of surgical treatment for anal incontinence will be an important tool in assessing the patient group as well as the outcome after two common surgical interventions.

Concluding message
The first report from the Norwegian registry for surgical treatment of anal incontinence shows that the database, given sufficient registering of data, will be an important tool in examining results from two common surgical procedures and to evaluate quality of care given.

Disclosures
Funding: The Norwegian registry for surgical treatment of anal incontinence is funded by the Norwegian Ministry of Health and Care Services **Clinical Trial:** No **Subjects:** HUMAN **Ethics not Req'd:** The Norwegian registry for surgical treatment of anal incontinence is given licence from the Norwegian Data Protection Authority to obtain personal information. The data used in this report was analysed anonymelously so no spesicic approval from an ethics commitee was needed. **Helsinki:** Yes **Informed Consent:** Yes