Therapeutic effect of electro-acupuncture treatment to patients with fecal incontinence who have poor improvement after 6 months of conventional conservative treatment: a pilot study.

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Introduction
Fecal incontinence (FI) is an unpleasant and embarrassed experience affecting a substantial portion of the population. According to epidemiological data, more than 60% of patients after the lower anterior resection surgery for rectal cancer and around 15.6% of general population aged older than 80 suffered from FI in Hong Kong. FI becomes their life-long companions if conventional conservative measures including pelvic floor muscle exercises and behavioral modification failed. We utilized a cost effective electro-acupuncture treatment (EA) on FI patients and investigated its effectiveness in this study.

Objectives
To explore the therapeutic effect of EA to subjects with FI who have poor improvement after 6 months of conventional conservative treatments.

Inclusion criteria
Subject persists FI after 6 months of conventional conservative treatments

Exclusion criteria
\begin{itemize}
  \item Subject is having conventional treatment/ completed conventional treatment within 6 months
  \item Subject had received electrical stimulation/ percutaneous tibial nerve stimulation for FI before
  \item Subject has cardiac pacemaker/ lower limb metal implant
  \item Subject is pregnant/ plans to become pregnant
\end{itemize}

Methods
EA was delivered once per week for 12 weeks. 1.5 cun needle was inserted to SP 6 with soreness sensation and electro-pad was placed on sole of the same side. Square-shaped waveform electrical stimulation with 20Hz and 200s pulse width was applied for 30 minutes.

Outcome measures
FI frequency per week, Wexner Score, validated Chinese Version of Fecal Incontinence Quality of Life Scale (FIQL), pelvic floor muscle power & endurance and Numeric Global Rate of Change Score (NGRCS) were collected in pre treatment, post treatment, 6-month post treatment and 1-year post treatment.

Results
5 subjects (4 females & 1 male; mean age: 56.8 years old; FI duration: 2.5 years) were assessed.

\begin{table}[h]
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\begin{tabular}{|c|c|c|c|c|c|c|c|c|c|}
\hline
 & NGRCS & FI Freq/ week & Wexner Score & Lifestyle (FIQL) & Coping (FIQL) & Depression (FIQL) & Embarrassment (FIQL) & PFM power & PFM endurance \\
\hline
Pre EA & / & 20.2 & 13 & 0.9 & 0.9 & 1.4 & 0.9 & 1.6 & 3.6 \\
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Post EA & 6 & 1 & 11.2 & 0.9 & 0.7 & 1.4 & 0.9 & 1.6 & 3.8 \\
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6-month post EA & 3.7 & 2.8 & 10.7 & 1.2 & 0.7 & 1.6 & 1 & 1.7 & 3.8 \\
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Conclusion
The promising result indicates the new EA setup may be an alternative modality in the management of patients with FI who resist to conventional conservative treatments.

Disclosures Statement
We have no relevant financial or nonfinancial relationships to disclose.