Author(s)
P. Bachoo, M. Brazzelli, A. Grant.

Institution, city, country
Health Services Research Unit, University of Aberdeen, UK.

Title (type in CAPITAL LETTERS, leave one blank line before the text)

COCHRANE SYSTEMATIC REVIEW OF SURGERY FOR FAECAL INCONTINENCE IN ADULTS.

Aims of Study

The aim was to assess the effects of established surgical techniques for the treatment of faecal incontinence in adults who do not have rectal prolapse. Our objectives were firstly to compare surgical management with non-surgical management and secondly, to compare the various surgical techniques.

Methods

1. Search strategy

We searched the Cochrane Incontinence Group trials register, the Cochrane Colorectal Cancer Group trials register, the Cochrane Controlled Trials Register (Issue 2, 1999), Medline (up to March 1999), Embase (1998 up to January 1999), Sigle (1980 up to December 1996), Biosis (1998 up to March 1999), SCI (1998 up to March 1999), ISTP (1982 up to March 1999) and the reference lists of relevant articles. We specifically hand searched the British Journal of Surgery from 1995 to 1998 and the Diseases of the Colon and Rectum from 1995 to 1998. We also perused the proceedings of the Association of Coloproctology, meeting 1999.

Date of the most recent literature searches: March 1999.

2. Selection criteria

All randomised or quasi-randomised trials of surgery in the management of adult faecal incontinence (other than surgery for rectal prolapse).

Type your text within this frame. If 2nd page is needed use Abstract Form A-2.

Author(s) P. Bachoo, M. Brazzelli, A. Grant.

3. Data collection & analysis

Two reviewers independently assessed study eligibility, extracted data and appraised the methodological quality of included trials. The three primary outcome measures were: change or deterioration in incontinence, failure to achieve full continence, and the presence of faecal urgency.

Results

Four single-centre trials comparing five procedures were identified with a total of 110 participants. All trials excluded women with anal sphincter defects detected by endoanal ultrasound examination. No trial included a group managed non-surgically. Follow-up ranged from 15 to 60 months. Two trials (56 participants) compared three approaches to pelvic floor repair (anterior levatorplasty - AL, postanal repair - PAR, and their combination total pelvic floor repair - TPFR). One trial (30 participants) evaluated adding plication of the anal sphincter to total pelvic floor repair. The fourth trial (24 participants) compared a neosphincter procedure with total pelvic floor repair. Statistically significant differences between comparisons amongst primary outcome measures were not found. Amongst secondary outcomes, fewer adverse events were reported after PAR compared to AL or TPFR, OR = 11.26 (95% CI 1.64 to 77.47). Functional anal length increased after TPFR compared with PAR, WMD = 1.6 (95% CI 0.28 to 2.92). Plicating the internal sphincter during TPFR significantly reduced maximum resting anal pressure, WMD = 23.69 (95% CI 6.37 to 41.00).

Conclusions

The small number of relevant trials identified, together with their small sample sizes and other methodological weaknesses, limits the usefulness of this review for guiding practice. Differences in treatment effectiveness between the alternative surgical procedures were not evident, but confidence intervals were wide. Further well-designed randomised controlled trials are needed.