

## **EFFECTIVE MANAGEMENT OF ANAL INCONTINENCE: ISSUES ON HEALTH CARE**

### **Aims of Study**

Anal incontinence (AI) is a common condition. Medical and surgical treatment are available for AI. For a practical and cost-effective approach, patients in whom medical treatment is appropriate do not need to be referred to a tertiary care center. Our aim was to evaluate the number of patients referred to a tertiary care center in whom medical treatment was proposed in first intention, in order to identify the roles of health interventions by primary and secondary care centers.

### **Methods**

287 consecutive patients (209 women and 78 men, ranging from 16 to 84 years old (mean age=56)) who consulted for anal incontinence from 1995 to 1999. The standardised management of anal incontinence was based on an algorithmic decision tree (1). Diarrhoea and outlet obstruction were evaluated and treated before performing specific tests for incontinence. After a physical examination and an endoscopic evaluation if necessary, anorectal manometry, anal endosonography and electrophysiological tests were performed. This evaluation of the patient helped determine whether medical or surgical treatment was most appropriate.

### **Results**

Medical treatment was indicated in 126 of 287 patients (56 for diarrhoea and 70 for outlet obstruction) while biofeedback was indicated in 49 patients and surgery specific for anal incontinence was suggested in 100 patients (46 for rectopexy and 50 for surgery to restore the sphincter and 4 for a colostomy). Others were treated for the disease that was causing anal incontinence (ileoanal anastomosis for chronic inflammatory bowel disease, stomy for irradiation colitis..). Eighty three percent of patients who received medical treatment had been referred by their gastroenterologist or their general practitioner.

### **Conclusions**

Medical treatment could be the initial treatment in more than 50% of patients with anal incontinence. These results suggest that it would be useful to reorganise the network for the treatment of anal incontinence in France to improve nearby care provided by general practitioners or gastroenterologists.

(1) Lehur PA. Anal incontinence in adults. Guidelines for clinical practice. National French Gastroenterology Society. Gastroenterol. Clin. Biol. 2000; 24: 199-314.