

ANAL INCONTINENCE AND CONSTIPATION IN WOMAN WITH PELVIC FLOOR DISEASE

Hypothesis / aims of study

Urinary incontinence (UI), pelvic organ prolapse (POP) and anal incontinence are often found to coexist in the same woman. Anal incontinence can be defined as the involuntary loss of gas, liquid or solid stool. Fecal incontinence refers only to the loss of solid stool. Seventeen to thirty percent of women with UI and/or POP report anal incontinence. The impact of double incontinence can be devastating and lead to a low quality of life. Despite this negative impact many patients are reluctant to seek medical attention.

The aims of our study were to analyse occurrence of anal incontinence and constipation and their impact on daily life in patients with UI and POP.

Study design, materials and methods

We prospectively enrolled 104 consecutive women who underwent surgical therapy for pelvic floor disorder. Patients underwent a full urogynaecological work-up which included clinical examination with vaginal profile evaluation using the Baden and Walker system and conventional urodynamic studies. Patients were divided in two groups: 54 had Stress urinary incontinence and 50 had POP $\geq 2^\circ$ grade. All the patients completed the validated Wexner scale for anal incontinence and constipation (1). Symptom occurrence was assessed with five possible responses: Never; Rarely: <1 month; Sometimes: <1 /week ≥ 1 /month; Usually: <1 /day ≥ 1 /week; Always: ≥ 1 /day. The occurrence of symptoms and their influence on the patients' life were evaluated.

Table 1. Incontinence to solid stools

| | SUI pts. (34.8%) | POP pts. (25.6%) |
|------------------|---------------------|---------------------|
| Rarely/Sometimes | 27.9% | 12.8% |
| Usually/Always | 6.9% | 12.8% |

Results

The patients mean age was 59.6 years, the median parity was 2. 80% were menopausal. The overall incidence of any type of anal incontinence, including rare occurrence, was 64.2% in SUI patients and 69.2% in POP patients. This means that only 35.8% and 30.8% of patients respectively did not experience anal incontinence at all. Results are shown in tables 1-4.

Table 2. Incontinence to liquid stools

| | SUI pts. (41.8%) | POP pts. (47.3%) |
|------------------|---------------------|---------------------|
| Rarely/Sometimes | 37.2% | 42.1% |
| Usually/Always | 4.5% | 5.2% |

Interpretation of results

Our results show that there is a higher percentage in global occurrence of fecal incontinence (solid stools) in SUI patients but POP patients present more severe symptoms (Tab.1).

On the contrary incontinence to liquid stool or gas was a little more frequent in POP patients (Tab2, 3).

Patients affected by POP had an important worsening of daily activity (Tab. 4).

Patients with POP do not seem to have significant constipation. Up to 42% of patients

Table 3. Incontinence to gas

| | SUI pts. (65.9%) | POP pts. (70.0%) |
|------------------|---------------------|---------------------|
| Rarely/Sometimes | 45.4% | 35.8% |
| Usually/Always | 20.4% | 34.1% |

with POP used digitation from rarely to always to aid defecation. So the difficulty with evacuation does not seem to be related to constipation but rather to incomplete defecation caused by the prolapse creating an obstacle.

| Table 4. | | | <u>Concluding message</u> |
|---|-----------------|-----------------|--|
| | <u>SUI pts.</u> | <u>POP pts.</u> | |
| Use of pads (often-always) | 29.5% | 27.5% | Damage of the muscles and nerves of the pelvic floor is believed to be the predisposing factor for the development of all the pelvic floor disorders. Therefore it is not unusual that POP or IUS may coexist with anal incontinence. Our study shows that the minority of patients completely deny presence of anal incontinence, either solid or liquid stools or gas. We believe that an extensive analysis of patients' symptoms is essential to rule out the presence of this important condition, which very often remains unknown. |
| Altered daily activities (sometimes-always) | 20.9% | 35.8% | |
| Frequency of evacuation (≤ once a week) | 14.2% | 2.6% | |
| Abdominal pain (sometimes-always) | 30.9% | 30.1% | |
| Difficult evacuation (sometimes-always) | 43.9% | 45.0% | |
| Time to evacuate (≥10 min.) | 2.4% | 7.3% | |
| Incomplete defecation (sometimes-always) | 29.2% | 33.3% | |
| Laxatives | 25.6% | 21.0% | |
| Digitation | 35.8% | 41.9% | |

REFERENCE

1) MMPP assesment of patients with functional bowel disordes. Dis Colon Rectum. 1993 Jun; 36(6): 593