

BIOFEEDBACK CAN BE AN EFFECTIVE TREATMENT FOR FAECAL INCONTINENCE AND EVACUATORY DISORDERS

Hypothesis / aims of study

To demonstrate an improvement in the St. Mark's Faecal Incontinence (FI) score and the Quality of Life (QoL) score in a mixed group of patients with faecal incontinence (FI) and evacuatory disorders (ED).

Study design, materials and methods

Over a 12 month period, 104 patients with symptoms as above were referred for biofeedback for 30 min every 4 weeks. Faecal incontinence was measured using the St. Mark's FI score (0 = no symptoms and 24 = severe symptoms) and QoL scores measured using a visual analogue scale (0 = no symptoms and 10 = severe symptoms) both before and after the cessation of treatment.

Results

104 patients (102 female; 2 male), with mean age of 50 years (range: 22-79years) were selected for treatment. From a total of 129 symptoms recorded, 40 (31%) had faecal incontinence, 47 (36%) evacuatory disorders, 25 (20%) both symptoms and 13 (10%) constipation. Four patients (3%) had other symptoms. Patients had a mean range of duration of symptoms of between 6-10 years.

Aetiological factors included obstetric trauma (52 patients, 31%) and anal surgery (16 patients, 8%). Others had undergone gynaecological or back surgery (55 patients, 32%). Irritable bowel disease had been diagnosed in 16 patients (8%). In the patients reported, 18/36 (50%) with pure ED used laxatives, 5 (14%) used suppositories and 2 (6%) used enemas. 7/29 (24%) patients with pure FI used antidiarrhoeals. The rest did not report any prior treatment. Mean number of biofeedback sessions was 4 (Range 0-6).

Thirty-seven patients were lost to follow up for FI scores. Overall FI scores improved from a mean score of 9.22 (95%CI: 7.55-10.89) in 67 patients studied to a mean score of 3.71 (95%CI: 2.45-4.97) in the 64 patients who agreed to be studied after. The difference in the FI scores was significantly different ($p < 0.001$). QoL score also improved from 7.16 (95%CI: 6.69-7.63) in 92 patients to 3.93 (95%CI: 3.29-4.57) in the 74 patients who agreed to carry out a second QoL. The difference in QoL score was significantly different ($p < 0.001$).

In the 81 patients who recorded their symptom control, 74 (91%) reported improved symptoms and 7 (9%) had no improvement.

Interpretation of results

There was a significant improvement in symptoms in the majority of patients after biofeedback.

Concluding message

Patients with pelvic floor symptoms are a challenge to both colorectal surgeon and gynaecologist. The results of surgery may be unpredictable especially in faecal incontinence and evacuatory disorders. In our group, biofeedback proved beneficial in patients with both faecal incontinence and evacuatory disorders and had no complications.

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HUMAN SUBJECTS: This study did not need ethical approval because This study was a prospective audit. but followed the Declaration of Helsinki Informed consent was obtained from the patients.