Hypothesis / aims of study
Disorders of evacuation present with a wide variety of symptoms including bloating, abdominal pain, excessive straining and digital evacuation. They are often a very difficult group of patients to treat and refractory to standard medical and surgical treatment. Biofeedback has been used with a great deal of success in certain patients however, not all patients respond.
The objective of this study was to evaluate the acceptability and efficacy of rectal irrigation in a group of patients who had not responded to standard biofeedback treatment in the management of evacuatory disorders.

Study design, materials and methods
All patients between Jan 2004 and Jan 2006 who had been treated with rectal irrigation and who had undergone unsuccessful biofeedback were included in the study. A case note review of prospectively collected data was undertaken. Anorectal physiology (ARP) and endoanal ultrasound were performed in all patients. Patients were asked to quantify their symptoms before and after treatment and a visual analogue score was used to assess the impact of symptoms on their life. A score was used between 1 and 10 with a lower score representing less impact on life.

Results
A total of 35 patients were identified; 28 female and 7 male with a mean age of 60 (range 35-83). 22 out of 35 patients had abnormal ARP including a range of different abnormalities. A total of 85% of patients reported an improvement in their symptoms in that they had less pain, bloating and straining. Overall the visual analogue score improved from a mean of 7.7 to a mean of 5.6 (p<0.05, Wilcoxon Signed Rank Test)

Interpretation of results
Patients with evacuatory disorders represent a very heterogeneous group with very mixed symptoms as well large differences in ARP and endoanal ultrasound.
However, rectal irrigation provided a significant improvement in patient’s symptoms as well as an improvement in impact on life scores.

Concluding message
Rectal irrigation can provide symptomatic improvement to patients with evacuatory difficulties where other therapies have failed.

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