

Start	End	Topic	Speakers
16:30	16:35	Introduction to the workshop	Tanzeela Gala
16:35	16:45	Incidence and pathophysiology of anorectal dysfunction	Alexis Schizas
16:45	16:55	Overview of conservative management of anal incontinence and defecatory difficulties	Amy Thorsen
16:55	17:05	Trans-anal irrigation: why and how?	Tanzeela Gala
17:05	17:10	Trans-anal irrigation: take it back to clinical practice and 'tricks of the trade'	Katherine Pead
17:10	17:20	Our experience of TAI group sessions	Tanzeela Gala
17:20	17:50	Interactive workstations (small groups): practice with the TAI systems	Tanzeela Gala Alexis Schizas Katherine Pead Alison Hainsworth
17:50	18:00	Questions	All

### **Description**

#### **Background**

The act of defecation is dependent on the coordinated functions of the colon, rectum and anus. Defecation can be impaired in two different directions, one includes defecation difficulties and the other one includes impairment of continence, even if in some cases they can overlap(1).

Continence is the result of a balanced interaction between the anal sphincter complex, stool consistency, the rectal reservoir function, and neurological function. Anal incontinence (AI) is denned as the involuntary loss of rectal contents (faeces, gas) through the anal canal and the inability to postpone an evacuation until socially convenient. AI might be the result of acquired structural abnormalities, such as obstetric injury, anorectal surgery, rectal intussusception and/or prolapse, sphincter-sparing bowel resection; it might be caused by functional disorders, such as chronic diarrhoea, irritable bowel syndrome, or by neurological disorders, like pudendal neuropathy, or congenital disorders, such as imperforated anus (2).

Constipation is common in adults and children with up to 20% of the population reporting symptoms depending on the definition used. Chronic constipation (CC), usually denned, as constipation lasting more than 6 months, can be more disabling and includes symptoms of obstructive defaecation such as straining, incomplete emptying, unsuccessful or painful evacuation, bowel infrequency, abdominal pain and bloating. After exclusion of secondary causes (neurological, metabolic and endocrine disorders) the pathophysiology of chronic constipation can broadly be divided into problems of deficient colonic contractile activity (stool transit) and problems allied to rectal emptying (outlet obstruction/defaecatory difficulties). Indeed, defecatory difficulties (DD) can be further subdivided into those with a structurally significant pelvic floor abnormalities (usually as a consequence of pelvic floor injury or weakness), for example rectocele or internal prolapse (intussusception), and those characterised by a dynamic failure of evacuation without structural abnormality, most commonly termed "functional defaecation"(3,4).

Conservative management should be the first line management of DD and AI due to the minimal risk and the higher rate of success with completion of therapy. Initial conservative management strategies range from educating patients and caregivers about normal defecation and possible alterations in anal/faecal incontinence and pelvic floor dyssynergia, setting goals for therapy, making lifestyle modifications such as diet, fluid and weight loss, using medications, adequate positions for emptying the rectum, selecting/using containment (e.g., absorbent products, anal plug or insert), pelvic floor muscle training (PFMT), electromyography (EMG) biofeedback, manometry biofeedback and rectal balloon training (RBT)(3,5).

Trans-anal irrigation (TAI), a secondary treatment has rapidly become an effective intervention in nearly half of the patients with DD and anal AI and is recommended by National Institute for Health and Care Excellence in patients who do not respond satisfactorily to initial conservative measures mentioned above ((6,7)) Trans-anal irrigation TAI is in widespread use throughout the UK as a treatment for DD and AI. TAI involves instilling luke warm tap water into the rectum via the anus, using either a balloon catheter or a cone delivery system. This is attached via a plastic tube to an irrigation bag holding up to 2 litres of water (High-volume system); alternatively, a low-volume system consisting of a hand pump and a cone may be employed. By regularly emptying the bowel this way, TAI is intended to reduce leakage, help re-establish controlled bowel function and enable the user to choose the time and place for rectal evacuation. The effect of TAI varies among patients; some report full satisfaction and improvements in quality of life, whereas others have poor efficacy and abandon treatment. Response to treatment depends not

only on the correct indications but also on the patient's motivation and their degree of manual dexterity (8). A digital rectal examination is mandatory before using TAI to exclude localised anal disorders, and to assess for faecal impaction, as well as sphincter function and co-ordination. Comprehensive training of the patient is central to safe long-term use of TAI. Irrigation is safe and its effectiveness is at least comparable with pharmacological therapies.

The first part of this workshop will focus on the incidence, pathophysiology and an overview of conservative management of bowel dysfunction. During this part of the workshop an overview of the role of TAI in the management of anorectal dysfunction will also be discussed including how to set up a TAI service and alternative methods of delivering TAI care such as group therapy and virtual support. Our experience of group therapy for rectal irrigation will also be shared including patient feedback.

The second part of the session will be a practical session and will introduce the participants with the technique of TAI and the different TAI systems. Finally, the chairperson and the speakers will stimulate discussion in the audience and answer any final questions.

This workshop has been submitted on behalf of the GSTT Pelvic Floor Unit and all speakers have the clinical knowledge and experience to run a workshop of this type. This workshop will not only evaluate the most up-to-date evidence regarding the use of TAI in the management of anorectal dysfunction, provide a quick overview of anorectal dysfunction and its conservative management but will allow the participants to interact with the different available irrigation systems and take it back to their clinical practice.

#### Key learning points:

- Anorectal dysfunction is very common affecting 18% of the general population
- There are two main types of bowel dysfunction: defecatory difficulties and anal incontinence
- Conservative measures should be first line management in patients with DD and AI
- TAI is an established intervention for patients with DD and AI

#### Take home messages:

- DD and AI are common problems that adversely affects the quality of life for many patients
- Conservative strategies are effective treatment interventions that help 30% to 90% of patients with DD and AI
- TAI is found to be effective in 50% of patients with DD and AI

#### References

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4. Suares NC, Ford AC. Prevalence of, and risk factors for, chronic idiopathic constipation in the community: systematic review and meta-analysis. *Am J Gastroenterol*. 2011 Sep;106(9):1582–91; quiz 1581, 1592.
5. Bliss, D.Z., Mimura, T., Berghmans, B., Bharucha, A., Engberg, S., Santoro, G., Thiurappy, K., Paniker, J., Emmanuel, A. (2024). Clinical Assessment, Conservative Management, Specialized Diagnostic Testing, and Quality of Life for Fecal Incontinence: Update on Research and Practice Recommendations. *Continence*, 9, 101063.
6. Prevalence | Background information | Constipation | CKS | NICE [Internet]. [cited 2023 Oct 14]. Available from: <https://cks.nice.org.uk/topics/constipation/background-information/prevalence/>
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#### **Aims of Workshop**

The aim of this workshop is to gain an in-depth knowledge about the use of transanal irrigation (TAI) in the management of defaecatory disorders / anorectal dysfunction. At the end of the workshop the participants should be able to:

#### **Educational Objectives**

Rectal irrigation is a simple and minimally invasive technique to manage evacuatory dysfunction once preliminary conservative treatment such as dietary advice, pharmacological treatment, pelvic floor and bowel habit retraining have failed.

This workshop aims to offer valuable knowledge about the indications and use of trans-anal irrigation delivered by experts in the field. The information provided can be taken back into clinical practice and applied to patients who have failed preliminary conservative treatment for evacuatory disorders by nurses, physiotherapists and Colorectal and Urogynaecology surgeons and trainees.

This is an interactive workshop where after a few important talks, participants will get adequate hands-on experience on different types of irrigation devices, learn about the technique and indications. Participants will be shown how to use the devices and they will get to use them on dummy models.

This workshop will be a valuable asset for those physiotherapists, nurses, Urogynaecologists, Colorectal, Neurology Consultants and trainees who deal with patients having pelvic floor problems but do not have much experience in offering advance conservative treatment to patients who have failed initial conservative treatment for evacuation dysfunction.

Irrigation can help improve symptoms in up to 50% of patients after having unsatisfactory response to preliminary conservative treatment. Offering irrigation to patients could mean less patients being referred and considered for surgery such as stoma formation with or without bowel resection, which are morbid procedures with variable outcome. This workshop will also discuss about how to set-up irrigation services in the unit and engage patients in the treatment.

### **Learning Objectives**

1. Understand the anatomy of the lower gastrointestinal tract, the incidence and the pathophysiology of anorectal dysfunction.
2. Recognise and classify the general conservative management of anal incontinence and defecatory difficulties prior to the use of more advanced interventions such TAI.
3. Understand the principles of TAI and identify when to use it as part of the management of anorectal dysfunction. Learn about the different types of TAI systems available and appropriate selection for satisfactory outcomes. Tips and tricks for better compliance to TAI, clinical outcomes and higher patient satisfaction.

### **Target Audience**

Bowel Dysfunction, Pure and Applied Science, Conservative Management

### **Advanced/Basic**

Intermediate

### **Suggested Learning before Workshop Attendance**

1. Frawley H, Shelly B, Morin M et al. An International Continence Society (ICS) report on the terminology for pelvic floor muscle assessment. *Neurology and Urodynamics* 40, 1217-1260 (2021). DOI: 10.1002/nau.24658
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3. Bo K, Frawley H, Haylen B et al. An International Urogynecological Association (IUGA)/ International Continence Society (ICS) joint report on the terminology for the conservative and nonpharmacological management of female pelvic floor dysfunction. *Neurourol Urodynam* 2016; 9999: 1–24. DOI 10.1002/nau.23107
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11. Wald A, Bharucha AE, Limketkai B, Malcolm A, Remes-Troche JM, Whitehead WE, Zutshi M. ACG Clinical Guidelines: Management of Benign Anorectal Disorders. *Am J Gastroenterol*. 2021 Oct 1;116(10):1987-2008.