

Rectal irrigation in the treatment of disorders of faecal continence - a Prospective Review

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Introduction: Disorders of faecal continence present through a wide spectrum of symptoms, widely seen in the community & represent a diverse group of patients. An unfortunate group of patients exist who don't respond to medical and surgical treatments. Rectal Irrigation (RI) is tried to relieve the patients of their symptoms and improve their quality of life.

Aims: To evaluate the efficacy and acceptability of RI, along with the general and specific health outcome measures.

Patients and methods: Review of prospective database of patients who had RI between 2002 and 2005. Patients were asked to quantify their symptoms (before and after RI) to determine the efficacy of RI. The acceptability of rectal irrigation was determined using general and specific health outcome measures SF 36, FIQL and general standardized questionnaires. Statistical analysis was done using SPSS, SF 36 analysis package, Rockwood analysis guide for FIQL and non parametric test Wilcoxon Signed Rank test.

Results: A total of 175 patients' data has been collected for this study. 111 cases are successful cases and 64 cases are failed cases. The patient groups are predominantly female (88%, n=154) with similar proportions of female patients in both the successful cases (87.4%, n=97) and failed cases (89.1%, n=57). Age is recorded for 166 patients. The age profile of these patients shows a mean age of 52.6 years (SD 15.08). SF 36, FIQL, & general standardized questionnaires were analyzed pre and post rectal irrigation. Analysis is done only for the successful ones.

SF36: 71 of the 111 patients completed the SF36 questionnaire pre treatment and 43 of these patients also completed the questionnaire post treatment. Subscales are calculated on a score of 0 to 100, with 0 being the 'worst' score and 100 being the 'best'. The higher scores mean a better quality of life. Analysis suggested a significant difference in PF, SF and GH between the pre and post RI. However positive shifts also occurred in sub-scales PH, EW and P. (these differences are significant at the 90% CI but not at the 95% CI).

FIQL questionnaire: 32 of the 111 patients completed the FIQL questionnaire pre treatment and 22 of these patients also completed the questionnaire post treatment. Though slight improvement in quality of life is measured by the FIQL questionnaire post RI, statistical tests demonstrate no significant difference in any of the 4 QOL subscales of FIQL namely Lifestyle, Coping, Depression, and Embarrassment. This may be due to the large numbers of missing data and 'not applicable' answers to the individual items on the questionnaire.

General Standardized questionnaire: 72 of the 111 patients completed the general standardized questionnaire pre treatment and 43 of these patients also completed the questionnaire post treatment. A significant difference (at 95% CI) was noticed pre and post RI in Frequency of straining at stools, Feeling of incomplete emptying, Wind leakage, Pressure application on the area between the anus & vagina, Leak urine on coughing, sneezing.

At 90% CI difference in pre and post RI was noted in Urgency to empty the bowels & bowel problems affecting Life. The standard questionnaire demonstrates no significant difference between the pre and post rectal irrigation in Frequency of bowel movement, Consistency of the stools, Mucous leakage, Liquid leakage, Solid leakage, Wearing pad for bladder symptoms, Wearing pad for bowel symptoms, Swollen area between anus & vagina, Feeling of bowel pushing forwards into vagina, rush to pass water, need to help yourself empty the bowel, ever not make it in time to pass urine.

The Visual Analog Scales (VAS).

68 of the 111 patients completed the VAS questions pre treatment and 42 of these patients also completed the questions post treatment. Looking at the two visual analog scales, one for bowels one for urinary functions there appears to be a reduction in the severity of the problem.

The median value for bowel function pre treatment is 90 (IQR, 80 to 100) and post treatment is 65 (IQR, 15 to 90). The median value for urinary function pre treatment is 12.5 (IQR, 0 to 50) and post treatment is 10 (IQR, 0 to 28.75).

Summary & conclusion: RI can offer symptomatic improvement to patients with faecal evacuatory disorders where other therapies have failed. Most patients find the treatment acceptable. SF36 shows improvement in the QOL post RI, though FIQL failed to demonstrate any difference in QOL post RI, probably reflecting large missing data. GSQ & VAS show improvement in the symptoms related to disorders of faecal continence.