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1: J Pediatr Surg. 1998 Jan;33(1):133-7.

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Bowel management for fecal incontinence in patients with anorectal malformations.

[Pena A](#), [Guardino K](#), [Tovilla JM](#), [Levitt MA](#), [Rodriguez G](#), [Torres R](#).

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BACKGROUND/PURPOSE: Fecal incontinence is common in patients operated on for anorectal malformations. Treatment with enemas, laxatives, and medications are often given by clinicians in an indiscriminate manner and without a demonstrated benefit. A systematic diagnostic approach and bowel management program was developed for patients suffering from fecal incontinence, and a retrospective analysis of the results is presented. **METHODS:** Three hundred forty-eight patients were seen in consultation for fecal incontinence after repair of imperforate anus at other institutions. Clinical and radiological evaluation helped determine different types of patients. Group I consisted of 147 patients who were considered candidates for reoperation and forms the basis of a future report. Group II included 172 patients who had no potential for bowel control and were therefore candidates for bowel management. These patients fell into two categories; **group IIA included 44 patients with incontinence and constipation. The bowel management involved the use of daily large enemas only.** Group IIB included 128 patients with incontinence and a tendency to diarrhea. Group III consisted of 29 patients who had pseudoincontinence. They had an original defect with good prognosis, good sphincters, good sacrum, and a well-located rectum. They suffered from severe constipation, megasigmoid, chronic fecal impaction, and overflow pseudoincontinence and were treated with laxatives or sigmoid resection. **RESULTS:** **Bowel management was successful in 93% of patients in the constipation group (IIA)** and 88% in the diarrhea group (IIB). Ninety-seven percent of patients in group III became fecally continent. **CONCLUSION:** Bowel management consisting of enemas, laxatives, and

medications is successful when administered in an organized manner. It is vital to determine the type of fecal incontinence from which the patients suffer and to target their treatment accordingly.

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