

A randomized, controlled trial of transanal irrigation versus conservative bowel management in spinal cord-injured patients.

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Abstract:

BACKGROUND & AIMS:

Bowel dysfunction in patients with spinal cord injury often causes constipation, fecal incontinence, or a combination of both with a significant impact on quality of life. Transanal irrigation improves bowel function in selected patients. However, controlled trials of different bowel management regimens are lacking. The aim of the present study was to compare transanal irrigation with conservative bowel management (best supportive bowel care without irrigation).

METHODS:

In a prospective, randomized, controlled, multicenter trial involving 5 specialized European spinal cord injury centers, 87 patients with spinal cord injury with neurogenic bowel dysfunction were randomly assigned to either transanal irrigation (42 patients) or conservative bowel management (45 patients) for a 10-week trial period.

RESULTS:

Comparing transanal irrigation with conservative bowel management at termination of the study, the mean (SD) scores were as follows: Cleveland Clinic constipation scoring system (range, 0-30, 30 = severe symptoms) was 10.3 (4.4) versus 13.2 (3.4) ($P = .0016$), St. Mark's fecal incontinence grading system (range, 0-24, 24 = severe symptoms) was 5.0 (4.6) versus 7.3 (4.0) ($P = .015$), and the Neurogenic Bowel Dysfunction Score (range, 0-47, 47 = severe symptoms) was 10.4 (6.8) versus 13.3 (6.4) ($P = .048$). The modified American Society of Colorectal Surgeon fecal incontinence scores (for each subscale, range is 0-4, 4 = high quality of life) were: lifestyle 3.0 (0.7) versus 2.8 (0.8) ($P = .13$), coping/behavior 2.8 (0.8) versus 2.4 (0.7) ($P = .013$), depression/self perception 3.0 (0.8) versus 2.7 (0.8) ($P = .055$), and embarrassment 3.2 (0.8) versus 2.8 (0.9) ($P = .024$).

CONCLUSIONS: Compared with conservative bowel management, transanal irrigation improves constipation, fecal incontinence, and symptom-related quality of life.