

DYSFUNCTION



Dr. Paulo Vieira de Sousa

## HOPE AND QUALITY OF LIFE FOR PATIENTS WITH FAECAL INCONTINENCE

**FAECAL** Incontinence (FI) is the involuntary leakage of faecal content through the anus, and the involuntary loss of gas must also be considered in this dysfunction. Both alterations, separate or together, cause physical discomfort, emotional, social and psychological distress, and limit social relationships. Even when dealing with healthcare providers, patients tend to omit or even lie about this situation.

Due to the taboo associated with FI, its prevalence is not fully known, even when literature indicates that alterations resulting from the most important processes of ageing and related to gastrointestinal functions are dysphagia, gastro-oesophageal reflux disease, obstipation and faecal incontinence.

We do know, however, that there are some conditions in which it is common such as the case of chronic diarrhoea or diabetes. Nevertheless, studies show that the most common cause is an acute traumatic injury of the sphincter and trauma or injury of the nervous system.

Faecal incontinence can be classified into several degrees of severity, from involuntary leakage of gas to leakage of solid faeces. There are usually three types of complaints, often associated with one another: i) staining in the perianal area or in the underwear (faecal seepage); ii) passive incontinence and iii) inability to control the need to defecate (urge bowel incontinence).

Treatment for faecal incontinence has evolved greatly over the last few years. While just a few years ago this basically included dietary recommendations (increase in fibres, as well as abstention from foods associated with diarrhoea) and biofeedback techniques associated with pelvic floor muscle exercises, nowadays the range of surgeries is ever increasing and less invasive, with much better results for functionality and patient satisfaction.

One of the techniques that has been put into place and is now more widely used is electrical stimulation.

Dr. Paulo Sousa describes this intervention, which was performed for the first time at the Hospital de Gambelas last November.

“Sacral nerve stimulation consists of two stages: the first involves a nerve stimulation test with an electrode, also referred to as peripheral nerve evaluation, to evaluate which sacral nerve produces the best motor response; the second stage includes the final implantation of the pacemaker two weeks later, if there is a reduction of more



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than 50% in the number of episodes of incontinence per week. When there is a motor response, favourable results are expected in more than 80% of the patients.”

Another important aspect, the surgeon adds, is the fact that electrical stimulation is used in an ever-expanding range of conditions.

“At present, this technique is used in iatrogenic injuries (stemming from other treatments such as, for example, post-radiotherapy injuries), internal anal sphincter injuries, partial injuries of the medulla, or following repair of rectal prolapse. On the other hand, the long-term failure of other surgical techniques has furthered sacral electronic stimulation as a primary option, added to the fact that it is a minimally invasive procedure, with fewer adverse effects and good, persistent results, even with a partial anal sphincter injury.”

But what is effectively important “is to let patients know that there are efficient solutions for faecal incontinence and, above all, that this should not be taboo or a fatality without options”, Dr. Paulo Sousa concludes.

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