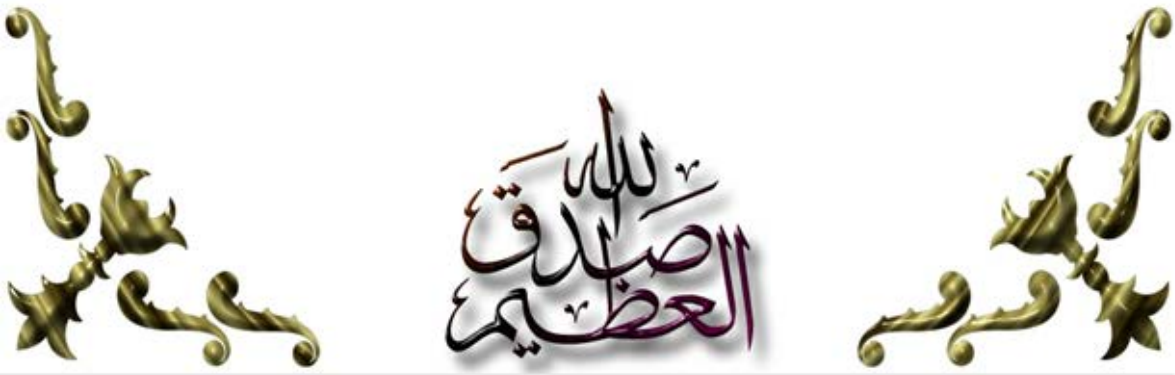
وَقُلِ اعْمَلُوا فَسَيَرَى اللَّهُ
عَمَلَكُمْ وَرَسُولُهُ وَالْمُؤْمِنُونَ



RECENT TRENDS IN MANAGEMENT OF FAECAL INCONTINENCE

Essay

Submitted for fulfillment of M.Sc. Degree

In General Surgery

By

Ahmed Abdel -FattahEid

M.B.B.CH Elazhar University
2007

Supervisors

PROF.DR. TarekElBahar

Professor of General Surgery

Faculty of Medicine, Ain shams University

DR.Mohammed AbouZeid

Lecturer of General Surgery

Faculty of Medicine, Ain shams University

Faculty of Medicine, Ain shams University
Faculty of Medicine
Ainshams University
2014

دراسةالجديدفيعلاجعدمالتحكمفى التبرز

رسالةمقدمةمن

أحمد عبد الفتاح عيد
بكالوريوسالطبوالجراحة

توطئة
للحصولعلىدرجةالماجستيرفيطبالجراحة العامة

تحـــتإشـــــراف

أ.د/طارق البحار

أستاذطبالجراحة العامة -كليةالطبجامعةعين شمس

د /محمد أبو زيد

أستاذ مساعدالجراحه العامة

كليةالطب

جامعة عين شمس

2014

Faculty of medicine
Ain Shams University

كليـــــة الطـــــب
جامعـــــة عين شمـــــس

RECENT TRENDS IN MANAGEMENT OF FAECAL INCONTINENCE

Essay

Submitted for fulfillment of M.Sc. Degree

In General Surgery

By

Ahmed abdelfatahEid

M.B.B.CH Elazhar University
2007

Supervisors

PROF.DR. TarkElbahar

Professor of General Surgery

Faculty of Medicine, Ain shams University

DR.Mohamed Mahmoud AbouZeid

Lecturer of General Surgery

Faculty of Medicine, Ain shams University

Faculty of Medicine, Ain shams University
Faculty of Medicine
Ainshams University
2014

Faculty of medicine
Ain Shams University

كليـــــة الطـــــب
جامعـــــة عين شمـــــس

دراسةالجديدفيعلاجعدمالتحكمفى التبرز

رسالةمقدمةمن

الطبيب /أحمد عبد الفتاح عيد
بكالوريوسالطبوالجراحة

توطئة
للحصولعلىدرجةالماجستيرفيطبالجراحة العامة

تحـــتإشـــــراف

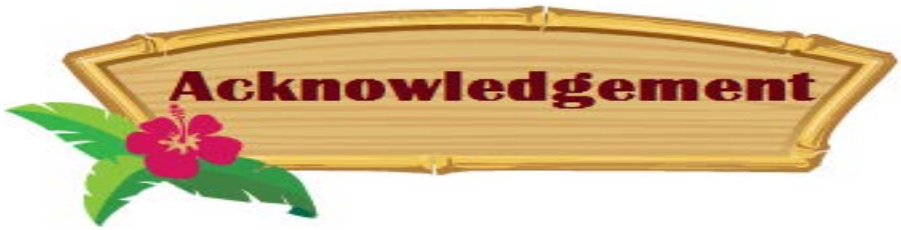
الأستاذ الدكتور
طارق البحار

أستاذطبالجراحة العامة -كليةالطبجامعةعين شمس

أ. د /محمود أبو زيد

مدرسالجراحه العامه - كليةالطبجامعة عين شمس

كليـة الطب – جامعة عين شمس
2014



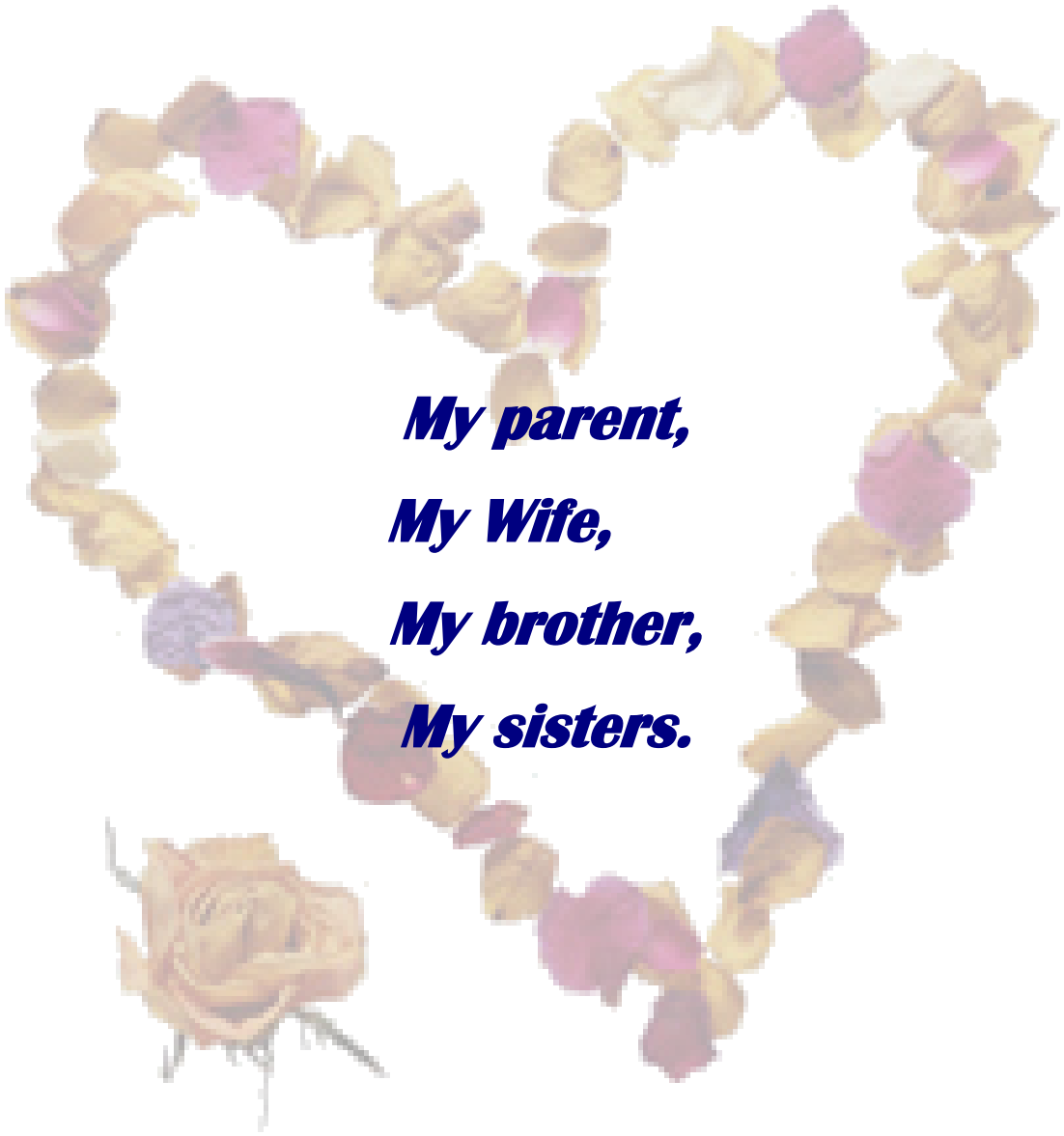
*First, thanks are all due to **Allah** for Blessing this work until it has reached its end, as a part of his generous help throughout our life.*

*I find no words by which I can express my extreme thankfulness, deep appreciation and profound gratitude to my eminent **Prof. Dr.** **Tark Elbahar** Professor of General Surgery Faculty of Medicine, Ain shams University, for giving me the privilege of working under his meticulous supervision and for his generous help, guidance, kind encouragement and great fruitful advice during supervision of this work.*

*I am deeply indebted to, **Dr.** **Mohamed Mahmoud Abou Zeid** Lecturer of General Surgery, faculty of medicine Ain shams university for his great support and careful supervision which helped me to overcome many difficulties.*

Finally, I would like to express my sincere thanks to all those who helped me directly or indirectly during the preparation of this work.

Dedication



My parent,

My Wife,

My brother,

My sisters.

"For their support in every step in my life giving everything and never waiting for anything

List of Contents

List of Figures

List of Tables

List of Abbreviations

ABS .....Artificial Bowel Sphincter

ACE .....Antegrade Continence Enema

AI .....Anal Incontinence

AES .....Anal Endosonograghy

ARA .....Anorectal Angle

ARM .....AnorectalManometry

ASA .....American Society Of Anesthesiologists

DGP .....Dynamic Graciloplasty

EAS .....External Anal Sphincter

EAUS .....Endoanal ultrasound

EMG .....Electromyograghy

FI .....Fecal Incontinence

GAX .....Glutaraldehyde Cross- Linked

GASS .....German Artificial Sphincter System

GMT .....Gluteus Maximus Transposition

HBO .....Hyperbaric Oxygen

IAS .....Internal Anal Sphincter

LAM .....LevatorAni Muscle

LACE .....Laparoscopic Antegrade Continence Enema

MACE .....Malone Antegrade Continence Enema

MRI .....Magnetic Resonance Imaging

NANC .....Non-Adrenergic, Non- Cholinergic

NO .....Nitric Oxide

PAS .....Prosthetic anal sphincter

PCL .....Pubococcygeal Line

PEC ..... Percutaneous Endoscopic Cecostomy

PNTML ..... Pudendal Nerve Terminal Motor Latency

PRM ..... Puborectalis Muscle

PTQ ..... Silicone Biomaterial (Bioplastique)

QOL ..... Quality Of Life

RAIR ..... Rectoanal Inhibitory Reflex

RF ..... Radiofrequency

SNS ..... Sacral Nerve Stimulation

STD ..... Sexually transmitted disease

TFF ..... Tetanic Fusion Frequency

ABSTRACT

Fecal incontinence is a common problem and can have a major impact onthe quality of life of those affected. Various disease processes affectingstool consistency, rectal sensitivity, or the anal sphincters can cause fecalincontinence.

Obstetric trauma is now known to be a major cause of sphincterdysfunction. The evaluation of the patient with incontinence helps todetermine the choice of therapy– medical or surgical.

The two most important tests are anorectalmanometry, which providesinformation on sphincter pressures, and rectal sensation, and analendosonography, which is currently the test of choice for defining theanatomy of the anal sphincters.

The choice of therapy depends on the etiology of incontinence, theanatomy of the sphincters, and also on the effect of incontinence on thequality of life of the patient. Control of diarrhea, regardless of the cause,should be attempted first. Biofeedback therapy is effective in the majorityof patients and is particularly attractive because it is safe and welltolerated. Surgery is offered when medical therapy is unsuccessful orwhen the etiology is thought to respond best to surgery, such as inpost obstetric trauma. Sphincter repair, for treatment of selective sphincterdefects, is the best surgical option. Neoanal sphincters and implantedartificial sphincters are far less attractive because of technical difficultiesand low success rate.

keywords

Keywords : Fecal incontinence , anorectalmanometry , endosonography,Biofeedback , Sphincter repair, Neoanal sphincters .