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بِسْمِ اللَّهِ الرَّحْمَنِ
الرَّحِيمِ

قَالُوا
سُبْحَانَكَ لَا
عِلْمَ لَنَا بِمَا
عَلَّمْتَنَا
إِنَّكَ أَنْتَ

الْعَلِيمُ الْحَكِيمُ

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RECENT TRENDS IN MANAGEMENT OF FAECAL INCONTINENCE

Essay

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ABSTRACT

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

Obstetric trauma is now known to be a major cause of sphincter dysfunction. The evaluation of the patient with incontinence helps to determine the choice of therapy— medical or surgical.

The two most important tests are anorectal manometry, which provides information on sphincter pressures, and rectal sensation, and anal endosonography, which is currently the test of choice for defining the anatomy of the anal sphincters.

The choice of therapy depends on the etiology of incontinence, the anatomy of the sphincters, and also on the effect of incontinence on the quality of life of the patient. Control of diarrhea, regardless of the cause, should be attempted first. Biofeedback therapy is effective in the majority of patients and is particularly attractive because it is safe and well tolerated. Surgery is offered when medical therapy is unsuccessful or when the etiology is thought to respond best to surgery, such as in postobstetric trauma. Sphincter repair, for treatment of selective sphincter defects, is the best surgical option. Neoanal sphincters and implanted artificial sphincters are far less attractive because of technical difficulties and low success rate.

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

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List of Abbreviations

ABS	Artificial Bowel Sphincter
ACE	Antegrade Continenence Enema
AI	Anal Incontinence
AES	Anal Endosonograghy
ARA	Anorectal Angle
ARM	Anorectal Manometry
ASA	American Society Of Anesthesiologists
CCF-FI	Cleveland Clinic Florida Fecal Incontinence Score
DGP	Dynamic Graciloplasty
EAS	External Anal Sphincter
EAUS	Endoanal ultrasound
EMG	Electromyograghy
FI	Fecal Incontinence
FIQL	Fecal Incontinence Quality Of Life
GAX	Glutaraldehyde Cross- Linked
GASS	German Artificial Sphincter System
GMT	Gluteus Maximus Transposition
HBO	Hyperbaric Oxygen
HPZ	High Pressure Zone
IAS	Internal Anal Sphincter
LAM	Levator Ani Muscle
LACE	Laparoscopic Antegrade Continenence Enema
MACE	Malone Antegrade Continenence 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

