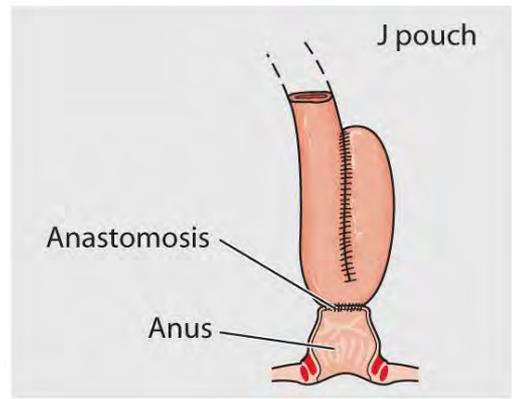
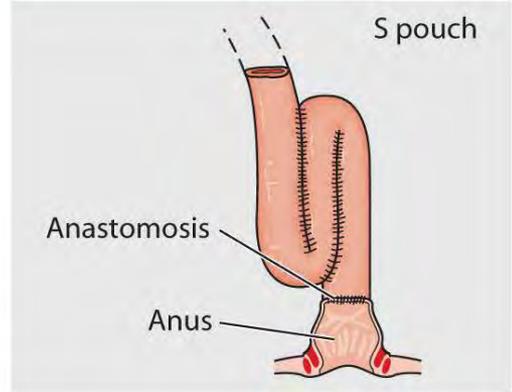
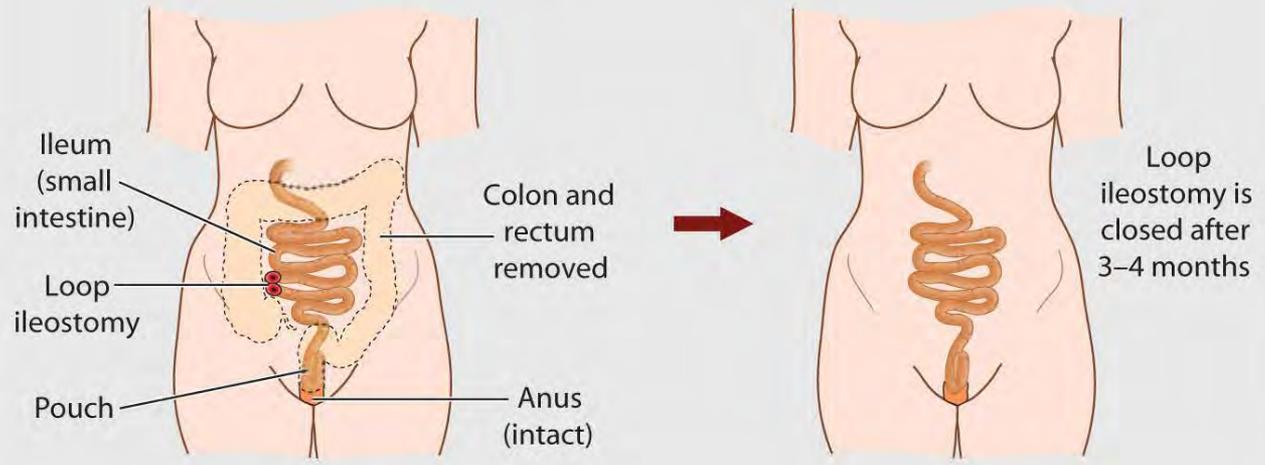


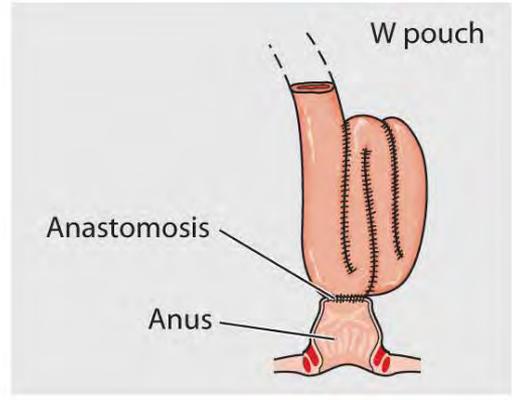
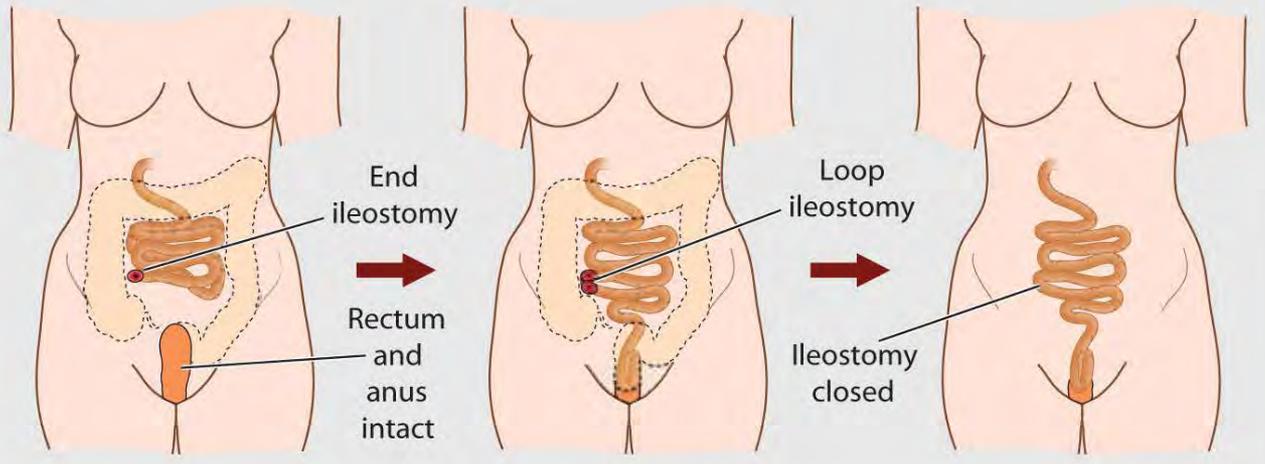
Pelvic Floor Perfection and the Importance of Emptying

**Ellie Bradshaw Lead Nurse
Biofeedback**

2-stage proctocolectomy



3-stage proctocolectomy



What is Biofeedback?

- Behavioural Therapy
- Bowel and muscle retraining including pelvic floor muscles (continence and support of the pouch)
- Widely advocated as a first line non invasive treatment for constipation, evacuation disorders and faecal incontinence

What Does Biofeedback Involve?

- Advanced assessment
- Patient education
- Bowel and muscle retraining
- The teaching of practical techniques to control and improve bowel symptoms
- Psychological support

How Does This Relate to Pouch Function?

- Literature shows that a “good pouch function” is often related to aspects such as: lower frequency of pouch emptying, ease of evacuation and faecal continence
- Conversely, pouch “dysfunction” can be said to include increased frequency of pouch emptying, evacuatory problems and faecal/ mucus incontinence (or leakage)

Pouch Dysfunction

- Pouch Frequency – Loperamide useage, anal skincare, dietary advice, pouch training
- Evacuatory Dysfunction – evacuatory positioning and techniques, use of Medina catheters and water irrigation
- Faecal/ Mucus Incontinence – improving external anal sphincter tone and pelvic floor muscles, prevention using anal plugs

Pouch Frequency

- Pharmacotherapy- Loperamide, Codeine, Cholestyramine
- Skin protectants - barrier creams, diltiazem, lignocaine
- Dietary advice/ modification- Low fibre, exclusion diets, FODMAP

Pouch Training

- Urge Deferral – Training to improve pouch capacity and behavioural response
- Understanding of continence mechanisms
- Insight into brain/bowel signals with visual Biofeedback

Evacuatory Techniques

- Humans are designed to open their bowels squatting – this makes complete evacuation anatomically and gravitationally easier
- The position can be emulated using a low foot stool, with elbows on knees and back straight
- Standing up for 10-20 seconds and sitting down again can be useful

Irrigation to Empty

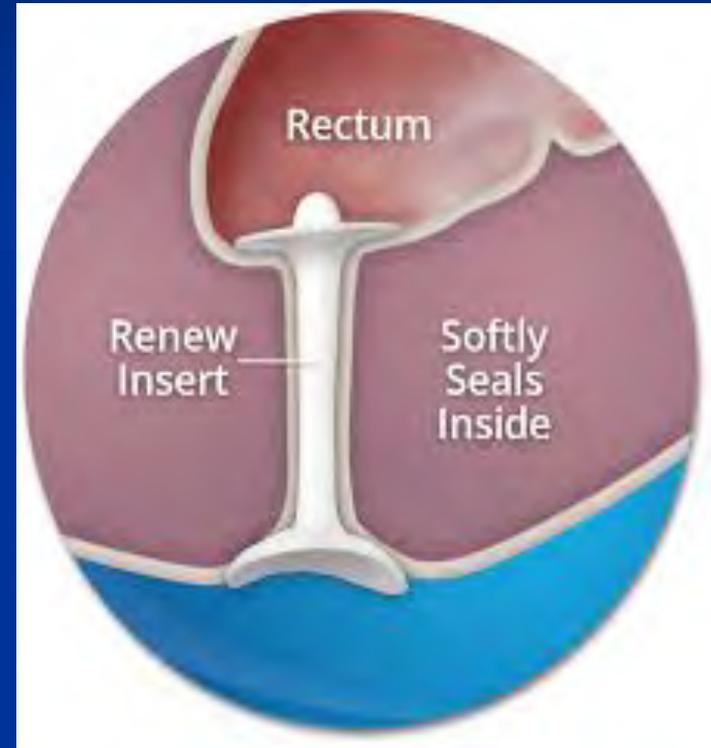


Pelvic Floor and Sphincter Exercises

- Teaching isolation of the External Anal Sphincter and the Pelvic Floor Muscles as a group
- Using exercise programmes to promote strength, endurance and fast response of the muscles
- These exercises may also act as a preventative for future problems with compromised continence

- “Nonrelaxing Pelvic Floor Dysfunction Is an Underestimated Complication of Ileal Pouch–Anal Anastomosis” Quinn et al
Clinical Gastroenterology and
Hepatology
2017;15:1242–1247

Prevention of Leakage



- “Acceptability, effectiveness and safety of a Renew[®] anal insert in patients who have undergone restorative proctocolectomy with ileal pouch–anal anastomosis”
- J. P. Segal et al, 2018

- “Incontinence following restorative proctocolectomy occurs in up to 25% of patients overnight.”
- In a small study, the Renew[®] insert can be both acceptable and effective and is also associated with few safety concerns. It is also associated with significant reductions in night-time seepage.

Key Points

- Literature shows that a “good pouch function” is often related to aspects such as: lower frequency of pouch emptying, ease of evacuation and faecal continence
- There are many different techniques and strategies for optimising pouch function so don't be afraid to ask!