P208
Peripheral neuromodulation via perianal tibial nerve stimulation (pTNS) as treatment for fecal incontinence – initial experience
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Aim: Neuromodulation therapy via the nerve for fecal incontinence (FI) seems to be effective, but expensive. Posterior tibial nerve could be an option, as it has been shown to be effective in stress urinary incontinence, but there is not enough evidence for its use in FI.

Method: Eighteen female patients were included, the mean age was 54.8 years (range 22–78 years). The mean Bladder Score was 1.5 (range 0–6); nine patients had a score of 4 or greater. A Pearson correlation coefficient did not demonstrate a positive correlation between perianal descent and FI mobility (r = 0.13, P = 0.047).

Conclusion: This study does not show a greater degree of perineal descent in women with mobile joints. Multiple factors may contribute to the development of perineal descent, the pathophysiology of this finding remains unknown.

P209
Anal acoustic reflectometry: a novel technique in the evaluation of male patients with fecal leakage
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Aim: A particular subgroup of incontinent males, in whom the pathophysiology remains unclear, will complain of fecal leakage particularly after defecation. Anal acoustic reflectometry (AAR) is a novel technique providing dynamic physiological assessment of anal sphincter function, allowing the following parameters to be determined: Opening Pressure, Opening Elastance, Closing Pressure, Closing Elastance, and Hydrostatic. The aim was to compare patients with AAR and conventional manometry in a group of male ‘leakers’ versus a group of continent males.

Method: Male patients with fecal leakage (n = 13) were compared with an age-matched group of continent males (n = 15). Subjects underwent assessment with AAR, followed by manometry in the left lateral position.

Results: The acoustic parameters of Opening and Closing Pressure were significantly lower in those patients with fecal leakage compared with normal males (62.7 ± 6.4 cm H2O, P < 0.05 and 31.5 ± 6.8 cm H2O, P = 0.03 respectively). No significant difference was seen with manometry.

Conclusion: The results suggest that, in anal ‘leakers’, the ability of the anal sphincter to remain closed against an increasing pressure and to return to its closed form following defecation are impaired, allowing spillage of stool. In contrast to manometry, AAR may be sensitive to discriminate ‘leakers’ from continent males.

P211
Obstructed defecation and pelvic floor descent – internal Delorme procedure in a day surgery practice
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Aim: Obstructed defecation is a serious problem in patients with constipation. The main problem is internal rectal prolapse. Different techniques are used for correction. We performed Delorme and internal Delorme procedure for total and internal rectal prolapse. Internal prolapse was confirmed clinically and by defecography. ASA criteria and principles of day surgery practice were observed.

Method: Thirty female patients (age 48–88 years, average 66.6 years), with different stage of rectal prolapse, were treated in a day surgery unit under spinal analgesia. Follow up was from 1 to 24 months.

Results: Postoperative stay was from 5 to 9 hours. We carefully followed the patients at home (pain, defecation, pain post defecation, bleed on the stool, urinary function and other documented complications). Pain was adjudged with NRS (0–10). No complications were noted. The postoperative follow up was noted in fourteen cases and was treated with and without (Dilatan – Sapimed) or operatively with seton or prolapse dilatation under anaesthesia.

Conclusion: Delorme and internal Delorme – intraanal myectomy, is a safe and effective surgical treatment for complete or internal rectal prolapse. The procedure may be safely performed in a day surgery unit, on patients with reasonable medical cosnorbitals and in relatively old age.

P212
Sacral nerve stimulation for refractory constipation: a useful option
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Aim: Election of the best treatment for severe constipation is difficult. The aim of this study was to evaluate our experience with sacral nerve stimulation (SNS) on refractory constipation.

Method: Patients who failed conservative treatment underwent 3 weeks test stimulation. All had increased colonic transit time with absence of sustained dysrhythmia on defecography. Patients with > 50% improvements in symptoms underwent permanent neuromodulator implantation.

Results: Nine females (median age 37 years) underwent test stimulation, of whom 6 (67%) proceeded to permanent stimulation. After a median 23 (range 4–36) months follow-up the Cleveland constipation score decreased from 19 to 9 (P < 0.05). After the first 3–6 months, loss of efficacy was noted in four patients. These adverse events were resolved by reprogramming the device in two patients.

Conclusion: SNS has acceptable efficacy (4/9, 44%) and seems to be a useful option in the treatment of refractory constipation.

P213
Surgical treatment of adult Hirschsprung and idiopathic megacolon/ megarectum
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Aim: Surgical treatment of refractory constipation is unsatisfactory. However a surgical option is necessary in adult Hirschsprung or idiopathic megacolon of long-standing severe constipation and the aim of this study was to evaluate the surgical outcome for these cases.

Method: Between 1990 and 2010, 3 adult Hirschsprung (median age 22 years) were treated by rotational proctectomy (2) and rectosigmoid excision with colostomy (CA, 1), and 1 idiopathic megacolon/megarectum (median age 47 years) treated by total colectomy (10) and CA (1). The outcome of last clinic was recorded as good, fair or unfair and was evaluated the Cleveland constipation score before and after the procedure.

Results: With a median follow-up of 71 months, 9 (64%) patients had good outcome and 5 (36%) fair, due to intermittent symptoms of sub- obstruction, pain, obstructive defecation and incontinence.

Conclusion: Surgery is the appropriate approach for adult Hirschsprung and idiopathic megacolon/ megarectum for long-standing severe constipation.

P214
Perianal irradiation in the management of faecal incontinence
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Aim: Perianal irradiation is an innovative management of fecal incontinence by washout of the distal large bowel with warm tap water using a rectal catheter. The aim of the study was to evaluate the effectiveness of the technique both in the terms of the symptomatic control and assessment of the quality of life.

Method: The study included 17 consecutive patients (seven men, 10 women; median age 51 years, range 5–72 years) suffering with faecal incontinence of various aetiology. All patients were unable to control the symptom conservatively by push, anal plugs and controlling agents and were not prepared to accept invasive surgical treatment. The outcome was assessed symptomatically and by comparing scores of faecal incontinence and the quality of life showed significant improvement.

Conclusion: Perianal irradiation helped to achieve control of faecal incontinence in 13 (76%) patients. In the remaining 4 (24%) patient improvement was regarded as partial due occasional technical failure of administration (burst balloon) or patients’ subjective incomplete satisfaction. Comparison of scores of faecal incontinence and the quality of life showed significant improvement.

Conclusion: Perianal irradiation is a safe and successful method of management of fecal incontinence in well-motivated patients.

P215
Long-term results of anal function after intersphincteric resection for low rectal cancer
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Aim: Recently, Intersphincteric resection (ISR) has been widely recognized as an innovative surgery. However, there are few reports regarding long-term results of anal function after ISR. The aim of this study was to assess the long-term functional outcomes following ISR.

Method: A functional questionnaire was sent to alive patients and without recurrence who underwent curative ISR between February 2000 and March 2006. These answers were evaluated using FACIT-Fecal Incontinence and Seventy Index (Women’s Score (WS)) at 2 and over 5 years after operation were investigated. These were also assessed according to operation types (partial, subtotal, total), and with or without preoperative chemoradiation (CRT).

Results: Among 52 available patients, 42 patients responded to the questionnaire. Mean WS was 9.0 ± 2 years postoperatively, and 7.9 ± 0.5 years after 5 years (P = 0.05). There were no significant differences in WS of each types of operation. There were significant differences in WS between patients with CRT and without CRT.