

Rehabilitation of obstructed defecation: Techniques and treatment outcomes

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Obstructed defecation is broadly defined as the inability to evacuate contents from the rectum, with symptoms of a subjective sensation of anal blockage during defecation. It is a subset of constipation, in that it differs from slow-transit constipation in terms of pathophysiology, due to outlet pelvic obstruction with anorectal dysmotility. Outlet obstruction may be caused by organic or functional diseases: disorders of rectal sensation and pelvic floor dyssynergia are the main etiologic functional factors. The treatment of functional diseases is rehabilitative and multimodal rehabilitation guided by anorectal manometry is a useful method for managing the pathophysiology

of obstructed defecation. The mean length of the rehabilitation cycle is about five months. The overall mean Obstructed Defecation Syndrome score shows significant improvement after rehabilitative treatment, using two, three or four rehabilitative techniques (pelvipерineal kinesitherapy, biofeedback, anal electro stimulation, rectal sensory retraining). Therefore, multimodal rehabilitation of obstructed defecation provides the opportunity to improve the severity of symptoms in many patients. Moreover, multimodal rehabilitation identifies those 'nonresponders' who should be next in line for more expensive and invasive therapeutic procedures (sacral neuromodulation or surgery).

Biography

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