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Summary

# The role of behavioural treatments

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**Behavioral therapy, particularly anorectal biofeedback, is the cornerstone and gold-standard treatment for dyssynergic defecation, a learned behavioral disorder of pelvic floor muscle coordination during evacuation.**

KEY POINTS

- The speaker stated that biofeedback therapy has been shown superior to osmotic agents, diazepam, placebo, and sham biofeedback in several randomized controlled trials and is considered the gold standard by multiple international bodies.
- Biofeedback protocol includes education, correct toilet positioning with a footstool (knees higher than hips, leaning forward), coaching patients to expand the abdominal wall while relaxing the anal sphincter, sensory retraining, and balloon expulsion exercises.
- A worldwide survey found that pelvic floor physiotherapists use biofeedback-specific techniques only 50% of the time and employ different equipment (ultrasound and EMG rather than manometry) compared to biofeedback therapists.
- Clinicians can provide behavioral advice in the office, including footstool use, coaching proper pushing technique, explaining sphincter relaxation, and advising patients to respond to the urge to defecate and use the gastrocolonic response.
- The speaker recommended considering dyssynergic defecation early in the treatment algorithm rather than as a last resort and working collaboratively with local physiotherapists or biofeedback therapists.
- The speaker noted that 66% of US colonoscopy patients take smartphones to the toilet, which is associated with longer toilet time and a 46% increase in hemorrhoids.

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