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Summary

Intrarectal botox: A game changer?

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Primary Care | Neurogastroenterology & Motility

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The speaker presented evidence that intrarectal botulinum toxin injection is an effective and safe second-line treatment for urge faecal incontinence, with efficacy maintained over three years of follow-up in their clinical experience.

KEY POINTS

- A French multicentric randomised controlled trial in 200 patients showed that intrarectal Botox (200 units, 10 submucosal injections) reduced faecal urgency and incontinence episodes compared to placebo at one, three, and six months, and improved quality of life scores.
- The speaker reported that in their monocentric cohort of 79 patients followed for a median of three years, 75% achieved treatment success after the first injection, with efficacy maintained after subsequent injections at a median interval of one year between sessions.
- No serious adverse events were observed; constipation occurred in 40% of both Botox and placebo groups, and no predictive factors of treatment success have been identified to date.
- The speaker stated that this treatment has changed clinical practice in France, with their department now proposing intrarectal Botox both to patients who have failed sacral nerve stimulation and as an alternative to it.
- The procedure is performed during rectosigmoidoscopy and takes ten minutes; the speaker described it as easy to perform and teachable to residents.
- The speaker believes the mechanism involves both motor effects (decreased rectal contractions, improved rectal capacity) and potential sensory effects, though they characterised understanding of the mechanism as mostly speculative and requiring further study.

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