

Butt problems

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Presentation

Colorectal

Hepatobiliary

Primary Care

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A colorectal surgeon reviews recent advances in managing proctological conditions, including proactive approaches to low anterior resection syndrome, pelvic floor physical therapy for anal fissure, intrarectal Botox for faecal incontinence, and frameworks for addressing sexual health in patients with GI disorders.

KEY POINTS

- The speaker highlighted the MANUAL project 2020 guidelines for low anterior resection syndrome, emphasizing proactive management with pre-operative counselling, risk assessment, and formalized referral pathways, noting that 47-60% of patients undergoing low anterior resection develop major symptoms impacting quality of life.
- A Dutch randomized trial published in 2022 reported that immediate pelvic floor physical therapy for chronic anal fissure yielded 55% healing rates versus 21% in the delayed-therapy control group, with the speaker stating this is as good as Botox.
- The speaker described a French multi-centre randomized trial of intrarectal Botox (200 units at ten injection points) versus placebo saline for urge faecal incontinence, reporting significantly improved symptoms at three months, though the speaker noted the study used a composite endpoint and groups were not perfectly matched at baseline and confirmatory studies are needed.
- The speaker emphasized the importance of understanding the lived experience of patients with altered continence, citing qualitative work showing that continence is governed not only by physiology but also by behavioral and psychosocial factors, and that patients vary in their adaptive versus maladaptive coping patterns.
- The speaker advocated for destigmatizing proctological problems and receptive anal intercourse, referencing a Nature Gastroenterology and Hepatology framework for discussing sexual health in GI patients, noting that 20-46% of cisgender women and 81% of cisgender gay and bisexual men report anal intercourse.

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