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Summary

# When is the time to call the surgeon?

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Neurogastroenterology & Motility | Surgery | Primary Care | Small Intestine & Nutrition

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**A colorectal surgeon outlines when to refer constipation patients for surgery, emphasizing that surgical tools are crude and cannot restore normal defecation physiology, making conservative management and careful patient selection essential.**

KEY POINTS

- The speaker states surgery is not a very good treatment for constipation or evacuatory disorders because surgeons can only remove, bypass, flush, straighten, stimulate, or loosen structures but cannot influence colonic function, rectal sensation, or the rectoanal inhibitory reflex.
- Before surgical referral, patients must complete bowel habit training; the speaker notes the Capacity study showed habit training with or without biofeedback improves symptoms in chronic constipation, though the study was underpowered.
- Anorectal function testing should assess the whole system, not just one part, with the International Anorectal Physiology Working Group recommending at least three tests: anorectal manometry, balloon expulsion test, and rectal sensory test, plus colonic transit and MR defecating proctogram if surgery is seriously considered.
- Surgical candidates should have phenotypic features suggesting mechanical obstruction such as fractionated evacuation, visible prolapse, or digitation; relative contraindications include coexisting incontinence, pain as predominant symptom, and significant psychological comorbidity as these patients do very poorly postoperatively according to the speaker.
- In the United Kingdom, guidelines require all rectal prolapse patients be discussed at a multidisciplinary team meeting before surgery, with nurse specialists and pelvic floor physiotherapists considered essential members because they better understand patient engagement.

– The speaker recommends characterizing the patient's physiology, understanding which symptoms predominate to select the appropriate operation, and facilitating shared decision making while knowing the pitfalls of each surgical option including the significant risk of lack of symptom improvement.

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