A FOLLOW-UP SURVEY OF MEDICALLY REFRACTORY CONSTIPATION PATIENTS MANAGED WITH SUBTOTAL COLECTOMY OR CONSERVATIVELY, ON AVERAGE 4 YEARS AFTER HIGH-RESOLUTION COLONIC MANOMETRY

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Colorectal

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At four-year follow-up of patients with refractory constipation, those who underwent subtotal colectomy with ileorectal anastomosis reported higher satisfaction with stool pattern than those managed conservatively, regardless of colonic inertia status.

KEY POINTS

- Both surgical groups (with and without colonic inertia) had better PACqol satisfaction scores than the conservative treatment group at average 4-year follow-up (both $p<0.001$)
- The surgical group without inertia showed better general quality of life ($p=0.002$), physical discomfort ($p=0.02$), and worries/concerns ($p=0.02$) compared to conservative management
- No significant differences were found between treatment groups for symptom scores (PACsym average and subscales) or depression scores
- General anxiety (GAD7) was lower in the surgical group without inertia compared to conservative treatment ($p=0.025$), and gastrointestinal-specific anxiety (VSI) was lower compared to the inertia group ($p=0.046$)
- This study may be most relevant to clinicians managing medically refractory constipation patients who have undergone comprehensive physiological testing including high-resolution colonic manometry

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