

Measuring and managing abnormal rectal sensory function

Walter Chan

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Presentation

Colorectal

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Rectal sensory and motor dysfunction, not just anal sphincter problems, plays an important role in faecal incontinence and can be assessed and managed with targeted therapies including biofeedback and neuromodulation.

KEY POINTS

- The speaker stated that in a study of 200 faecal incontinence patients, most had normal anal sphincter tone and contractility, and a significant proportion had no or only isolated structural sphincter abnormality, suggesting rectal sensory issues are important.
- The speaker reported that up to 20 percent of faecal incontinence patients may have altered rectal sensation abnormalities, and patients with rectal hyposensitivity tend to have worse symptoms including more stool frequency and lifestyle restrictions.
- Rectal sensory testing uses balloon distention to assess three thresholds: first constant sensation, first desire to defecate, and maximum tolerated volume, with different normative values for males, females, and parity status.
- First-line biofeedback therapy involves volumetric rehabilitation where patients adapt to different balloon volumes: decreasing sizes for hypersensitivity and increasing sizes for hyposensitivity, with studies showing improved sensation thresholds.
- Sacral nerve stimulation has been shown to decrease faecal incontinence episodes and improve rectal sensation, while posterior tibial nerve stimulation is inferior but also effective, and medical neuromodulators including tricyclic antidepressants, SSRIs, pregabalin, and gabapentin may improve visceral hypersensitivity and rectal compliance.

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