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Titel des Beitrags: [Diagnostics and conservative treatment of anal incontinence]

Abstract: Anal incontinence is diagnosed primarily by clinical and proctologic examination. Etiological factors of the disease are found in 85% of the patients by additional examinations. Motility dysfunction of colon and rectum has to be excluded (stenosis, dyschezia, internal hernias). Because anal incontinence is a multifactorial disease as a rule, the single compounds have to be diagnosed and have to undergo therapy. Accordingly, useful investigations are: endorectal ultrasound (defect of muscle, inflammatory or tumour infiltration), manometry (alteration of either anal resting pressure and/or anal squeezing pressure) and surface electromyography (ability of contraction, duration of contraction, strength). Neurophysiological examinations are: needle electromyography, pudendal nerve latency time measurement (PNLT). The occurrence of nerve damage determines the outcome of operative intervention! Conservative treatment is indicated in 80 to 90% of all patients, even higher when one includes all patients in the perioperative period. Possible therapy modalities are: nutrition consultation, physiotherapy, pelvic floor training, biofeedback training of pelvic floor and sphincter muscles, electrostimulation and the combination of both (EMG-triggered electrostimulation). Short-term results are satisfying in up to 85% of patients, but later, successful results depend on the patient's willingness or ability to continue training, and on his/her age.