

INTERSTIM THERAPY FOR FECAL INCONTINENCE

“Quite a number of conditions can affect the colorectal area,” observes Domingo E. Galliano, Jr., MD, FACS, FASCRS. “One of the most distressing – and taboo – is that of fecal incontinence/constipation and pelvic floor dysfunction.”

Perhaps even more isolating than the more well-known condition of urinary incontinence, fecal incontinence and constipation can be caused by a variety of factors, explains Dr. Galliano.



DOMINGO E. GALLIANO, JR., MD, FACS, FASCRS

BOARD CERTIFIED, COLON AND RECTAL SURGERY
• BOARD CERTIFIED, GENERAL SURGERY • BOARD
CERTIFIED, SURGICAL CRITICAL CARE • DIRECTOR,
COLON-RECTAL PHYSIOLOGY LAB & PELVIC
DISORDER CENTER

“The bowel function is controlled by three things: the sphincter, a muscle which keeps stool from leaking; the rectum’s storage capacity, or how much the rectum can stretch and hold stool before it must be released; and rectal sensation, the feeling that one must void a bowel movement. If anything interferes with these three factors, then fecal incontinence, constipation, and pelvic floor dysfunction can occur.”

The problem is more common than one might think. “It affects as many as five and a half million Americans. Damage to the nerves in the area, weak or damaged muscles, inflammatory bowel disease, and irritable bowel syndrome (IBS) are all examples of possible causes of fecal incontinence.”

If dietary changes, medical management, or bowel retraining programs do not eradicate the problem, fecal incontinence and constipation may be addressed through surgical and non-surgical procedures to correct the underlying physical problem. In the event that sphincter damage was caused by childbirth or rectal prolapse, surgery may prove to be an effective method of correction.

New treatment

Fortunately, says Dr. Galliano, a recently approved technique offers hope for those dealing with the troublesome condition of fecal incontinence.

“In April 2011, the FDA approved InterStim Therapy for Bowel Control,” announces Dr. Galliano. “The InterStim system has been used as a treatment for urinary incontinence and bladder control since 1997, and we are



pleased to now offer this option to fecal incontinence patients.

“In June, I performed the first of these procedures in Florida, which was actually the second such procedure performed here in the US,” reports the skilled surgeon. “The patient who had the procedure had waited seven years to have it performed, as the FDA did not approve it for that specific diagnosis until April 2011. We had been seeing her as a patient since 2005. Now that she has had the procedure, she is one hundred percent better.”

Much like the spinal cord stimulators used for severe chronic nerve pain, InterStim Therapy employs an implant consisting of a neurostimulator and a thin lead wire. The pacemaker-like device is implanted under the skin in the lower back near the sacral nerves, and the patient can control his or her level of stimulation with an external remote.

“Clinical studies have shown that sacral nerve stimulation reduces episodes of fecal incontinence and increases quality of life in patients with this condition,” notes Dr. Galliano.

“Fecal incontinence, constipation and pelvic floor dysfunction typically respond well to non-invasive treatment,” he assures. “The key is finding a specialist who is board certified in colon and rectal surgery able to diagnose the problem and find a treatment that will restore bowel control or, at the very least, substantially reduce the severity of symptoms.

“However, we may recommend InterStim for patients with chronic fecal incontinence who have failed, or who are not candidates for, conservative treatments such as dietary modifications and medications. The best approach is to develop an individualized treatment plan, which is the basis of our practice.” **FHCN**

For some patients, the Interstim device cures their incontinence, allowing them to regain full bowel control. Several studies conducted prior to the Food and Drug Administration’s approval showed that between 40 and 50 percent of patients who received it regained full control.

As many as 18 million Americans may suffer from bowel incontinence. Severity can range from occasional leakage of stool to complete loss of control over bowel movements, according to the National Institutes of Health.

The condition can be caused by damage to the nerves or muscles due to trauma, surgery, a tumor, radiation treatments, or childbirth. More than 50 percent of individuals in nursing homes and institutions suffer from some degree of bowel incontinence. And women who deliver a baby vaginally have a 25 to 30 percent chance of damaging their sphincter muscles, and may only develop symptoms of bowel incontinence years later.

The Interstim device, about the size of a stopwatch, constantly emits electrical pulses to stimulate the nerves that control the bowel or bladder. These pulses help to strengthen muscles that regulate bowel functions, including the sphincter muscles. The device has been available for more than ten years to treat urinary incontinence.

The device will probably be most beneficial to those whose incontinence is due to a neurological problem rather than damaged muscle, which can be repaired surgically.

Although the treatment is now FDA approved, patients must get authorization from their insurance carrier to receive the device.

**Source: myhealthnewsdaily.com*

Several painless diagnostic tests can help diagnose fecal incontinence or constipation:

- **Anal rectal manometry:** evaluates the strength of the pelvic floor, the muscles controlling bowel movements, and only takes about 15 minutes.
- **Anal electromyography:** helps determine two things – whether the nerves supplying the sphincter muscles are intact and whether the muscles contract and relax normally.
- **Pudendal nerve latency test:** allows the physician to determine if nerves controlling the anal sphincter muscles have been damaged.
- **Defecography:** tests the motion of the pelvic floor and is performed in the radiology department using x-rays; takes about 15 minutes.
- **Anorectal ultrasound:** used to take images of the anatomy of the internal and external sphincter muscles.
- **Urodynamics:** tests for urinary problems.
- **Colonic transit study:** tracks how food moves through the colon, allowing the physician to detect constipation or problem areas.
- **Smart Pill:** a wireless motility capsule for colonic and whole gut transit time.

Surgical and nonsurgical treatment options for fecal incontinence/constipation include:

- **Pelvic rehab:** a behavioral treatment used for incontinence and constipation through which physicians and nurses work with patients to help them understand the condition and learn specific methods to bring the rectum back to a healthy level of function.
- **The Secca procedure:** delivers heat energy into the anal canal to improve the barrier function of the muscles. The procedure has a much quicker recovery time than standard corrective surgeries; for fecal incontinence only.
- **Sphincteroplasty:** surgical repair of a damaged sphincter muscle; for fecal incontinence only.
- **InterStim sacral nerve stimulation:** a form of nerve stimulation via electrical impulses; for fecal incontinence only.



Gentle, effective care

Dr. Galliano welcomes your inquiries regarding this article. He can be seen at **18308 Murdock Circle, Suite 108 & 109** in Port Charlotte. For more information or to schedule a consultation appointment, please call **(941) 625-3411**.

Domingo E. Galliano, Jr., MD, FACS, FASCRS, is board certified in colon and rectal surgery by the American Board of Colon and Rectal Surgery and by the American Board of Surgery in general surgery. He is also board certified in Surgical Critical Care. After completing undergraduate work and receiving his medical degree, magna cum laude, Dr. Galliano completed a five-year general surgery residency at Jersey City Medical Center, NJ. He completed a fellowship in colon and rectal surgery at Greater Baltimore Medical Center, Baltimore. He also completed a fellowship in advanced colon and rectal surgery at the Cleveland Clinic, Florida. Dr. Galliano is a clinical assistant professor at the University of South Florida College of Medicine, Tampa. He has been in private practice in Port Charlotte since 1989, and he is affiliated with Fawcett Memorial Hospital, Peace River Regional Medical Center, and Charlotte Regional Medical Center.

www.gallianosurgery.com