New Surgeries Emerging for Fecal Incontinence

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FORT LAUDERDALE, Fla. — Anterior overlapping sphincter repair is commonly performed in patients with fecal incontinence secondary to an anterior defect in the sphincter complex, but long-term outcomes are questionable.

In the short term, 50%-75% of patients achieve good control of solid and liquid bowel movements. But the limited data available on long-term outcomes are less promising, Eric G. Weiss, M.D., said at a symposium on pelvic floor disorders sponsored by the Cleveland Clinic Florida.

Few of the patients requiring such surgery—usually as a result of obstetric or iatrogenic trauma—have good long-term function, said Dr. Weiss of Cleveland Clinic Florida, Weston. In one study of 42 patients who underwent the surgery, half were continent after the surgery, and only 14% were continent at a 6-year follow-up. In another study of 191 patients, 40% had some continence, but only 6% had complete continence at 10-year follow-up.

One factor that has emerged as a predictor of poor surgical outcome is the presence of neuropathy, he noted. In patients who don’t do well following surgery, consider whether the repair was successful from an anatomic standpoint, he advised. Ultrasound can help determine whether the sphincter repair is intact or if there is a persistent defect. A second attempt at surgical repair may be warranted in cases of persistent defect, but if the initial repair is intact, an alternate procedure should be considered, Dr. Weiss said.

Among the other surgical options available or under investigation are:

- The artificial anal sphincter. A recent report on the North American experience with the artificial sphincter showed that nearly half of 112 patients required surgical revision of the device, and 37% had the device explanted (with successful reimplantation in 7 patients).

- Durasphere. The Durasphere System is an FDA-approved device that uses radiofrequency energy to deliver scarring to the anal canal and lower rectum as part of this experimental minimally invasive procedure, thought to improve internal sphincter function by increasing tissue bulk. Results of small phase II studies are promising, with patients experiencing significant decreases in fecal incontinence and quality-of-life scores. Preliminary results of ongoing trials of its use for fecal incontinence look promising, with 40%-75% of patients achieving continence.

- The Secca System. The Secca System is an FDA-approved radiofrequency device that uses radiofrequency energy to deliver scarring to the anal canal to treat fecal incontinence by changing tissue tone. In a prospective multicenter study involving 47 patients, modest but significant improvements in fecal incontinence scores (from 14 to 11 on a 0-20 scale) were seen at 6 months, with a further decrease to about a score of 9 at long-term follow-up.

- Stoma. A patient who fails all other options may be a candidate for a stoma. This may seem like a terrible option, but properly counseled patients may handle a stoma very well and consider this approach preferable to wearing diapers. “We try to avoid it, but there are patients who really do benefit from having a stoma,” Dr. Weiss said.

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