



Original Article

Results of Pelvi-Perineal Rehabilitation in Patients With Pelvic Floor Dyssynergia[☆]



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A B S T R A C T

Introduction: Pelvic floor dyssynergia (PPD) is a common cause of outlet obstruction constipation. Treatment for this condition is based on pelvi-perineal re-education (PPR). The aim of this study was to evaluate the results of PPR on patients with PPD.

Methods: Patients with the diagnosis of PPD were included. The study was conducted between 2010 and 2011. PPR was performed by specialised kinesiologists. Prior and after treatment a constipation questionnaire was performed (KESS) (scale from 0 to 39 points, a higher score is associated with more symptom severity). KESS score before and after PPR were compared. Mann-Whitney-Wilcoxon rank sum test for paired samples was used for statistical analysis, P value <.05 was considered as significant.

Results: Thirteen patients were included (11 women), and mean age was 44.3 years (range: 18-76). Mean total KESS score prior and after PPR were 19.6 (SD: 5.8) and 12.6 (SD: 6.3), respectively (P=.002).

Frequency of bowel movements, stool consistency, abdominal pain, and abdominal bloating did not present statistically significant changes before and after treatment. Use of laxatives, enemas and/or digitations, as well as unsuccessful evacuation, feelings of incomplete evacuation improved significantly. Total evacuation time (before 1.53 vs after 1; P=.012) and difficult evacuation causing painful efforts (before 2.08 vs after 1.07; P=.001) also decreased significantly.

Conclusion: PPR in patients with PPD significantly improves the symptoms of obstructive constipation, mainly with respect to mechanical assistance and difficult evacuation.

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Resultados de la rehabilitación pelviperineal en pacientes con disinerxia del suelo pélvico

R E S U M E N

Palabras clave:

Estreñimiento
Disinerxia piso pelviano
Rehabilitación pelviperineal

Introducción: La disinerxia del piso pelviano (DPP) es una causa frecuente de estreñimiento por obstrucción defecatoria. El tratamiento de esta enfermedad esta basado en la rehabilitación pelviperineal (RPP). El objetivo de este estudio es evaluar los resultados de la RPP en pacientes con DPP.

Métodos: Se incluye a pacientes con DPP a quienes se les realizó RPP entre el año 2010 y el 2011. Se aplicó previamente a las sesiones y al término de ellas un cuestionario de estreñimiento (KESS) (escala de 0 a 39 puntos: a mayor puntuación mayor sintomatología). Se compararon los resultados del cuestionario KESS, de forma previa y posterior a la RPP. Análisis estadístico mediante Mann-Whitney-Wilcoxon para muestras pareadas; se consideró significativo $p < 0,05$.

Resultados: Se incluyó a 13 pacientes (11 mujeres), edad promedio: 44,3 años (r: 18-76). La puntuación promedio del KESS previa y posterior al tratamiento fue de 19,6 (DE: 5,8) y de 12,6 puntos (DE: 6,3), respectivamente ($p = 0,002$). La frecuencia evacuatoria, consistencia de las deposiciones, dolor abdominal y distensión abdominal no varían significativamente con el tratamiento. La necesidad del uso de enemas, laxantes o digitación, así como la evacuación no exitosa o incompleta disminuyeron en forma significativa. Asimismo, el tiempo total de evacuación (pre: 1,53 vs. post: 1; $p = 0,012$) y la percepción de dificultad para evacuar (pre: 2,08 vs. post: 1,07; $p = 0,001$) mejoraron significativamente.

Conclusiones: La RPP en pacientes con DPP mejora significativamente los síntomas de la obstrucción defecatoria, principalmente con relación a la asistencia mecánica y percepción de dificultad defecatoria.

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Introduction

Constipation is a common complaint. It is defined as a reduction in bowel movements, straining or an increased stool consistency,¹ as currently defined by the ROMA III² criteria.

Most patients who present these symptoms will improve with medical treatment. Patients who do not respond to this treatment require an aetiological study and specific treatment. Secondary causes must be ruled out in this patient group. If symptoms and signs present which are suspicious of organic disease, a colonoscopy must be performed. Once secondary causes have been ruled out (Table 1), persistent chronic constipation is diagnosed. This may be divided into 4 groups: (a) slow transit constipation; (b) outlet obstruction; (c) functional GI disorder; (d) mixed disorder.

One of the most frequent aetiologies in the outlet obstruction group is pelvic floor dyssynergia.³ This consists of paradoxical contraction or non-relaxation of the pelvic muscles (most commonly the puborectalis muscle) during evacuation. Treatment of this disease is based on pelviperineal re-education (PPR).⁴ There are 3 essential aspects involved: muscular biofeedback, rectal biofeedback, and behavioural therapy/evacuation techniques. The aim of biofeedback is to correct abdominal, rectal, and pelvic floor dyssynergia and also improve rectal sensitivity.

Muscular biofeedback activity is measured by intracavitary electrodes. Muscular activity appears on a monitor which the patient observes. The images generate feedback for the patient based on their efforts. Rectal feedback consists of a technique aimed at improving rectal sensitivity and accommodation using an intrarectal ball which is filled until it provokes a need to evacuate, working on accommodation and sensitivity through gradual volumes. Behavioural therapy/evacuation techniques involve reinforcing correct evacuation technique, together with diaphragm exercises, abdominal muscle contraction, correct positioning of the legs and trunk during evacuation and monitoring fibre and liquid intake habits.

The aim of this study was to evaluate the short term results of PPR on patients with PPD in a consecutive series of patients at a specialised centre.

Table 1 – Causes of Constipation.

Causes
Colorectal cancer
Crohn's disease
Chagas disease
Hirschsprung disease
Volvulus
Metabolic-endocrinological causes
Diet
Drugs

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