Breakthrough Therapy for Fecal Incontinence (Sacral Nerve Stimulation)

Stop looking for a bathroom. Start living your life.
Make an appointment today to discuss proven treatment options for bowel control issues.

It’s time… to feel confident again
... to take back your life
... to feel in control

Stop looking for a bathroom, start living your life.

Bowel incontinence affects about eighty million adults in the US, an estimated 8.3%. It is not a normal process of aging and you do not have to live with it. There are new and better choices available. You do not have to be a toilet dweller; there is hope for relief now. Call us now at 770-495-0799 for the options best suited for you.

What is bowel incontinence?
Fecal incontinence is defined as the involuntary loss of rectal feces or flatus through the anal canal and the inability to postpone an evacuation until socially convenient. It is not an isolated one time incident and rather is a repeated problem over an extended period of time.

What are the consequences of bowel incontinence?
Patients may develop skin maceration, urinary tract infections, decubitus ulcers, etc. It has direct and indirect financial and social impact (e.g. diapers, clothes, loss of productivity), the employers (days off), insurances (health care cost, unemployment, etc). It may also affect the quality of life (self-esteem, embarrassment, shame, depression, need to organize life around easy access to bathroom, avoidance of enjoyable activities, etc).

The symptoms may range from minor staining of their underwear to complete social isolation spending times in or near a toilet most of the time.

What causes bowel incontinence?
- Vaginal delivery, and as a consequence it is primarily seen in older females
- Post surgery anorectal surgeries including hemorrhoidectomy, sphincterotomy and fistulotomy.
- Accident or trauma
- Inflammatory disease
- Irritable colon (medically diagnosed irritable bowel syndrome)
Neurological pathology, such as stroke or diseases such as diabetes or Parkinson’s disease
Prolapse (The rectum falls out of place)

How do you manage Bowel Incontinence?

Bowel incontinence is not an inevitable consequence of having had children. It's not a normal part of aging. There are treatments and management options available. The proper management of bowel incontinence depends on the identification the cause of the problem. Incontinence may result from a weak or injured sphincter mechanism, poor storage capacity of the rectum from infections, inflammatory conditions or diarrhea, damage to the nerves involved with continence. Additionally common anal conditions such as hemorrhoids may be involved.

Diet

Increased fiber intake sometimes helps and sometimes makes things worse because it retains fluid in the bowel and makes stool softer.

Make sure you drink enough fluids as it is important to overall health. The recommended daily intake is 1 to 2 liters of water (6 to 8 glasses) per day.

Beer and other types of alcohol can cause bowel trouble for some people.

Caffeine can cause problems. It's found in coffee, tea, soft drinks and some chocolates. It can act as a stimulant in the bowel moving matter through the gut faster than normal. This can lower the bowel's capacity to absorb fluids and make the stool loose.

Artificial sweeteners can potentially affect bowel control by causing loose stools. They are found in low calorie foods and drinks.

Lifestyle

Smoking is thought to affect the transit time of food through the bowel. Excessive weight is also problematic for the bowel and continence because it may place stress on the pelvic muscles.

Ensuring you get regular exercise can help in overall bowel health. Regular movement and exercise can be especially important to those living in residential care, or nursing homes.

Exercise

Pelvic floor exercises, also known as Kegel exercises or pelvic muscle rehabilitation can also help alleviate incontinence. These exercises strengthen the pelvic area's overall muscle structure.

How do I do Kegel exercise?

To identify the pelvic muscles stop the urine midstream and identify the muscles involved. Another option would be to stand with your legs spread apart and squeeze the pelvic muscles. While standing with the legs spread wide apart you will not be able to contract your buttock muscles and will only be able to squeeze your pelvic muscles. Once identified, contract your pelvic muscles for 5 seconds and relax for 5 seconds. Gradually increase the duration to ten seconds and do it in sets of three and at least ten times a day. You can do it when lying down or when you have a few moments to relax at work while sitting or standing. Do not do it to initiate or stop urination. You can set external remainders and do it every time you answer a phone call or check e mail.

You need to do these exercises for at least 3 weeks to start seeing results.
Biofeedback might be recommended. Equipment measures the muscle contractions as you exercise. This helps you identify when you're squeezing the right muscles and how much of a squeeze you are achieving. It can help ensure the exercises are done correctly.

**Behavioral therapy**

Healthcare professionals can help people recognize and regulate their bowel habits with behavioral therapy techniques.

You can train yourself to go at certain times of the day, such as just after a meal. Another aspect of bowel training is extending the period between your regular toilet times.

Disciplining yourself to only go at certain times of the day takes dedication. But this technique can help you create predictability in your bowel habits. You need to do this therapy for at least 6 weeks to start seeing results.

Reducing stress and anxiety about going to the toilet can also help. Emotional reactions can cause you to tense up, especially in the abdomen. This places pressure on the bowel and bladder.

**Anti-diarrheal medicines**

Anti-motility drugs reduce the frequency of bowel movements by slowing down the pace of fluids going through the bowel. There are several drug preparations.

As well as other helpful effects, some medicines may also increase the pressure in the anal canal, which then prevents leakage. The anti-motility drug Loperamide is one such example that's thought to enhance anal canal pressure.

**Constipation**

Constipation can cause overflow incontinence. Laxatives are used to stimulate the colon to push stool out. Increased fiber and water intake, use of stool softeners, sometimes laxatives and suppositories may be used to relieve constipation.

**Inflammatory bowel disease and medically diagnosed irritable bowel syndrome**

Drug treatment for inflammatory bowel disease involves medications such as steroids and immunosuppressant drugs which can decrease inflammation.

Medically diagnosed irritable bowel syndrome might be alleviated by anti-spasmodic drugs. These may also help to decrease the tension in the colon, alleviate pain and bloating.

**Continence aids**

Management of bowel incontinence with aids has improved over recent years.

**Skin care**

Good care of your perineal area is very important. Repeated wetting and drying of the skin around the anus not only irritates but reduces the skin's natural barrier abilities increasing its vulnerability to bacteria.

The products of the bladder and bowel can be very abrasive to the skin. Diarrhea may still contain some of the chemicals the body produces to break down food. These chemicals damage the skin very quickly.
The longer skin is exposed to bladder or bowel waste the more damage is done.

It's important to keep the area dry and clean. But that doesn't mean rubbing and scrubbing. Be gentle. Use damp cotton wool for cleaning.

Repeated wetting and drying of the skin not only irritates but reduces the skin's natural barrier abilities increasing its vulnerability to bacteria.

There are lots of products available to help with skin care, such as barrier creams which help protect your skin. Calmoseptine over the counter is one such product.

**Continence aids and devices**

There are many continence aids. These include absorbent pads, anal plugs, commodes, coverings for furniture and bedding and special clothing. Pads are more comfortable and less bulky than their predecessors.

**Sacral nerve stimulation for bowel incontinence.**

When the other conservative measures have failed, Sacral nerve stimulation may be an option. Only a doctor can assess whether sacral nerve stimulation is suitable for you. You and your doctor can do the test stimulation without making a big commitment. Consult our colon and rectal surgeon to see if you are a candidate for sacral nerve stimulation.

Nerve stimulation by a treatment called sacral neuromodulation can help some people control their bowel and bladder problems. A Medtronic-sponsored, prospective, multicenter trial conducted under an FDA-approved investigational protocol with 120 implanted patients demonstrated a significant improvement in fecal incontinence symptoms and quality of life.
For the 106 implanted patients with complete follow-up diaries at 12 months:

- 41% achieved complete continence
- 83% achieved a 50% or greater reduction in incontinent episodes per week
- Overall quality-of-life scores improved significantly from baseline, as measured by the four scales of the Fecal Incontinence Quality of Life instrument

Similar results are reported by Royal London Hospital QOL Questionnaire at 6-month follow-up (p<0.05). Score range 0-100.

How does Sacral Neuromodulation work?

A small device is surgically implanted in the buttocks. It's about the size of a stopwatch. This device stimulates the appropriate nerves by using mild or moderate electrical impulses. By doing this, it can help restore coordination between brain, pelvic floor, bladder or bowel, and sphincter muscles.

- Sacral nerve stimulator therapy is an outpatient procedure that is performed in the operating room
- Your doctor will implant a thin, flexible wire (also known as a "lead," and pronounced "leed") near your tailbone. The wire is taped to your skin and connected to a small external device which you’ll wear on your waistband
- The external device sends mild electrical pulses through the wire to nerves near your tailbone. The stimulation may get your bowel working the way it is supposed to. During the trial assessment, you'll wear an external neurostimulator on your waistband for several days. You can continue many of your low- to moderate-level daily activities with caution. You can usually continue to work throughout your trial assessment if your job doesn’t require strenuous movement
• You’ll be asked to document your symptoms. The trial assessment will help your doctor determine the next course of treatment for your bowel control problems. An authorized medtronic representative, your doctor or nurse will give you information about operating the test stimulator. He or she will also tell you about any precautions or activity restrictions related to the trial assessment.
• If neurostimulation has worked for you in the trial period, a flexible wire (also known as a “lead” and pronounced “leed”) and a neurostimulator are implanted under the skin permanently. This is done during a minimally invasive outpatient procedure.

Is Sacral Nerve Stimulation Right for You?

Sacral nerve stimulation is designed to minimize the symptoms of bowel incontinence, including the leakage of liquid or solid stools. Prior to undergoing a permanent implantation of the neurostimulation device patients undergo a trial assessment. You'll spend some time recording your toilet habits in a diary form to use as a base for future comparison. This lets you try neurostimulation to see if it is right for you without making a long-term commitment. The trial assessment may take a few to several days to complete.

Testing phase

The doctor will put the lead into your lower back at the sacral region. An external pulse generator will be connected to the lead. This device is worn on a belt. It will be switched on. You'll go home and go about your daily life with a portable external stimulator attached to the lead. You'll continue to record your toilet habits during this test in a new diary. Its electrical impulses are identical to that of the implanted sacral nerve stimulation device.

After a few days of the home test, your doctor will explain the results to you. These will be based on your diaries before and during the test.

If you want to stop using the therapy you can have the device permanently removed.

Benefits of Sacral neuromodulation

Sacral neuromodulation (also called sacral nerve stimulation) is reversible and can be discontinued at any time. People who have had Sacral neuromodulation for fecal incontinence have reported:

• Improved quality of life
• Complete freedom from incontinence episodes or a dramatic reduction
• Freedom to live without worry of leaks

The evaluation involves placing a thin wire under the skin in your lower back. The wire is connected to a small external neurostimulator, which you wear on a belt. The neurostimulator sends mild electrical pulses through the thin wire to your sacral nerves. Those pulses may get your bladder and/or your bowel working the way it's supposed to. During the evaluation, which typically lasts several days, you can continue many of your daily activities, with caution.

Risks of Therapy

As with any medical treatment, some people may experience some of the following side effects with sacral neuromodulation:
- Pain where the device is implanted
- The electrodes change position in the body
- Infection or skin irritation
- Technical problems
- Adverse changes in bowel or bladder function
- Numbness at the neurostimulator site
- Undesirable stimulation or sensations.

The number of people with these side effects has been very low and in almost all cases they were solved.

Living With ® Therapy

After your Medtronic sacral nerve stimulator has been implanted, and the surgical cuts are healed, you will be able to resume your regular activities. People with a Medtronic neurostimulator have been able to do things they were not able to do before, such as go to restaurants, take long walks through the park, see films at the cinema or travel.

You will be given a hand-held patient programmer and an identification card after your short, minimally-invasive surgery. Although you will usually not use the patient programmer, it allows you to adjust the level of the stimulation and to turn your neurostimulator on or off.

Medical procedures and equipment

It is a good idea to carry your identification card with you at all times and show it to medical staff before you undergo tests or treatments. Most procedures and equipment will not affect or be affected by your neurostimulator. But caution is needed with some equipment, such as magnetic resonance imaging, monitors and diathermy equipment.

Antitheft devices

You should also let airport security staff know about your device to avoid possible problems with airport screening systems. Airport screening systems or theft detectors in public department stores or banks can cause the neurostimulator to turn off or on. If this happens, don’t worry. It does not change your stimulation settings. Simply use your patient programmer to switch your neurostimulator back on again. If you know you will need to pass through one of these devices, it’s a good idea to switch off the neurostimulator before going through and turn it back on afterwards.

Getting a Replacement

After several years, the neurostimulator battery will run down, causing the electrical stimulation to change and become less effective. Your symptoms may then reappear, but this is normal and there is no need to worry. You should consult your doctor as soon as you feel a change in the stimulation (less or more intense, or different). Your doctor will check the battery and may decide to replace the neurostimulator. Your patient programmer will also warn you if the neurostimulator battery is low.
Getting Help

Please call Medtronic at 1-800-328-0810 and/or consult Medtronic’s website at www.medtronic.com.

Watch a video on youtube http://www.youtube.com/MDTBowelControl

Solesta

Solesta is an injectable outpatient product for the treatment of fecal incontinence in patients 18 years and older who have failed conservative therapy (diet, fiber therapy, anti-motility medications). It is an office based procedure that does not require any anesthesia.

How does Solesta work?

Solesta is a gel that is given through 4 injections into the wall of the anal canal. It helps give you more control by bulking up the tissue in the anal canal. The injections do not usually cause pain and anesthesia is not necessary.

Solesta is composed of naturally made materials called dextranomer and sodium hyaluronate. The gel is similar to the natural starches, sugars, and tissue in your body.

The Solesta treatment procedure is done in your doctor’s office and takes about 10 minutes.

No anesthesia is required.

You may resume limited physical activity immediately after the procedure.

You can resume most physical activities after 1 week.

Solesta may begin working soon after the procedure, with optimal results at 3 months for many patients.

The effectiveness of Solesta continues over time. Solesta was shown to be effective in patients for 2 years, and patients' results are still being followed for a 3-year period.

• The most common risks of treatment with SOLESTA in the clinical study were
• Mild or moderate pain or discomfort in the rectum or anus
• Minor to moderate bleeding or spotting from the rectum following treatment
• Fever, abdominal pain, diarrhea, or constipation (experienced by some patients after treatment)

Learn more about whether Solesta is right for you and how you can get started with Solesta by calling us at 770-495-0799.
Other Surgical options

Sphincteroplasty

Sphincteroplasty is a procedure that is performed to reconstruct the sphincter after trauma or injury such as child birth. The effects of this procedure is highly variable and it wanes with time.

Colostomy

This is when part of the colon is brought to the surface of the abdomen. This abdominal entrance to the colon is called a stoma. A bag is attached to this stoma.