

Pelvic Defecation Disorders

Pelvic defecation disorders are an often overlooked cause of symptoms that resemble constipation. They are not commonly a focus of gastroenterology fellowships, but are of interest to Dr. Schub who has experience with and can treat these disorders.

Pelvic dyssynergia

Pelvic dyssynergia is one type of pelvic defecation disorder. Pelvic dyssynergia is a failure of the pelvic floor and anal muscles to relax during straining. This makes it difficult for the normal passage of stool. This can lead to symptoms of constipation, straining with bowel movements, and feelings of incomplete evacuation. The cause of pelvic dyssynergia is not fully known. It can be a learned behavior that occurs when individuals want to avoid the passage of large, hard stool. It can also be secondary to anatomical or neurological problems.

Normal Physiology of the Body

The pelvic floor is composed of a group of muscles that lie under the pelvis and allow for voluntary bodily functions such as urination and defecation. The pelvic floor muscles relax to allow for easier passage of stool or urine. When these muscles contract instead of relax it can cause difficulty with bowel movements. This inability of easy passage of stool out of the anorectum during bowel movements is called pelvic floor dyssynergia. Pelvic floor muscles are controlled voluntarily, which means that we have the ability to contract and relax these muscles.

How it's diagnosed

The diagnosis of pelvic floor dyssynergia is based on clinical symptoms, physical examination, and diagnostic studies (radiology such as MRI, anorectal manometry, and electromyography). These studies will allow the patient and provider to visualize anatomic abnormalities, inappropriate contraction, and/or inability of the pelvic floor muscles to relax during attempts to defecate.

Treatment

Pelvic dyssynergia is treated with behavioral training called biofeedback (pelvic muscle retraining), correction of the anatomical abnormalities, prevention of muscle spasm, or treating any underlying neurological abnormalities. Biofeedback re-teaches the ability to contract and relax the pelvic floor muscles voluntarily. It is a conditioning treatment where information about a bodily process (contraction and relaxation of pelvic floor muscles in this example) is converted to visual indicators so that a patient can learn to control the disordered bodily process.

Anorectal manometry is a diagnostic study that incorporates biofeedback to treat pelvic dyssynergia. It is a painless procedure and consists of a computer, video monitor, and small catheter with an inflatable balloon. The balloon is inflated and a graph is charted on the video monitor allowing the patient to visualize the body's attempts to defecate. Then, with the help of a therapist a patient can re-learn how to control the pelvic floor muscles to allow for normal, uninhibited defecation.

Effectiveness of Treatment

Studies have shown biofeedback to be one of the most effective treatments of pelvic dyssynergia. Anorectal manometry together with the use of biofeedback (pelvic muscle retraining) has been shown to be 78% effective in treating pelvic dyssynergia. Frequently four to six sessions of biofeedback will be needed to achieve results. Other treatment options include osteopathic manipulation and medicinals such as NSAIDS and skeletal muscle relaxants.

Primary treatments for neurological and anatomical disorders such as multiple sclerosis and urinary bladder prolapse can also be the key to successful management of this disorder.

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