

► Fecal Incontinence Yielding to Better Testing, Stimulatory Implants

Clinicians and patients alike commonly view fecal incontinence as not only difficult to discuss, but hard to evaluate and treat. Newer interventions, though, have improved the ability of specialists to characterize and resolve the condition. With one in 12 U.S. adults reportedly experiencing fecal incontinence, subspecialized services for this condition can dramatically help millions of people.

“The vast majority of individuals suffering from this problem have not seen a provider about it. But even if they have, patients often feel housebound when conservative measures don’t provide them the assurance they need,” said Virtua gastroenterologist Jane Jaffe, DO. “The perception is that this is a very difficult condition to address, but our ability to understand the cause and intervene more easily and effectively has gotten much better.”

Manometry Helping to Define Bowel Incontinence

Anorectal manometry is an in-office test of anal and rectal muscle function that can serve an important role in the workup for fecal incontinence. A balloon sensor connected to a pressure transducer inflates inside the rectum to activate the nerves that should trigger the urge to defecate. Patients are asked to squeeze, relax, and push their bowel, and to cough. Resistance indicates whether muscle contractions are too strong, too weak, or not triggering at the right time.

“Manometry helps us determine if the issue is damaged or weakened muscles, nervous system disorders, or physical problems of the anus or rectum,” said Keith Meslin, MD, FACS, FASCRS, Virtua chief of colorectal surgery, whose practice has years of experience exclusively offering this testing in South Jersey for patients referred by gastroenterologists and primary care providers.

Sacral Nerve Stim Effective for Most Patients

Whenever appropriate, the experienced team of Virtua’s well-established fecal incontinence program will first try conservative therapies with patients, including medications, dietary modifications, pelvic floor exercises,

and biofeedback. But depending on outcomes and testing results, many patients become candidates for sacral nerve stimulation.

The approach is best known for its use in treating urinary incontinence, but it succeeds similarly for fecal incontinence. To ensure its effectiveness, the team applies the therapy temporarily, placing the two thin wire leads into the S3 foramen. The leads attach to a small external neurostimulator that the patient wears in a belt during the trial. If electrical stimulation relieves the incontinence, the team implants the small battery-powered device in the superficial fat of the buttock, in a minor outpatient procedure. Most patients report the stimulation as a tingling sensation. The device lasts about 10 years and is MRI compatible. In data, 89% of patients experienced sustained improvements and 36% became completely continent.

“The solution for many patients is no more complex than that,” said Dr. Meslin, who has provided the implants to patients for more than eight years.

Medical society guidelines support sacral neuromodulation as treatment for fecal incontinence, including as a first-line surgical option for patients with or without sphincter deficits. The implant can help patients avoid more advanced surgery such as sphincter repair or colostomy.

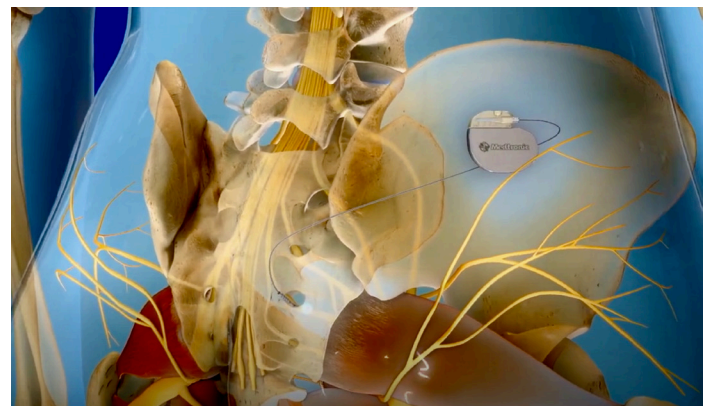


Image courtesy/ Medtronic

To restore proper elimination function and continence in the bowel, the sacral-neuromodulation implant delivers gentle electrical stimulation to somatic afferent sacral nerves, enhancing signals to the brain that improve brain-bowel coordination.

To reach a Virtua GI & Digestive Health specialist, call 856-237-8045.

Intestinal Ultrasound Among Advances for IBD

The array of diagnostics and treatments—including medical and surgical—for inflammatory bowel disease has grown significantly enough that subspecialization in IBD practice has become important. IBD can be a difficult autoimmune condition to initially diagnose and subsequently monitor, often mimicking IBS and other gastrointestinal conditions.

Most recently, gastroenterologists have a new modality of ultrasound to help to confirm presence of the disease. Intestinal ultrasound (IUS) visualizes the colon and small bowel, especially the terminal ileum, and permits the specialist to assess several parameters of IBD, including bowel wall thickness and color Doppler signal.

“Many with IBD bounce between treatments without getting to the bottom of their often-debilitating symptoms,” said gastroenterologist Sanket Patel, DO, medical director of the Virtua Crohn’s & Colitis Center, who is the first in the region certified in intestinal ultrasound. In addition to his GI fellowship, Dr. Patel completed an advanced inflammatory bowel disease fellowship at Cedars-Sinai Medical Center.

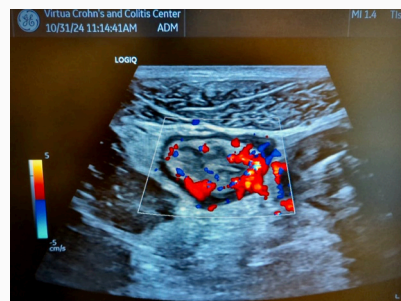
Virtua provides the gamut of imaging and endoscopy, including capsule endoscopy. But intestinal ultrasound has advantages over the expense of CT and MR imaging, as well as the preparation, risks, visual limits, and patient tolerance inherent in gold-standard ileocolonoscopy.

The center promotes bowel healing with the latest types of medical therapies, including anti-inflammatories, antibiotics, immuno-modulators, and personalized biologic and small molecule medications. Registered dietitians provide personalized nutrition plans, and team members include a clinical nurse navigator, scheduling specialists, and medical assistants to coordinate care—with emotional support also available. Insurance verification staff help patients navigate treatment coverage. And, Virtua colorectal surgeons are leaders in minimally invasive and robotic procedures.

Located at the Virtua Health & Wellness Center in Moorestown, the center’s recent IBD successes include:

- ▶ A patient bound to a wheelchair due to ulcerative colitis returned to work and activity after matching with the right drug regimen
- ▶ A schoolteacher suffering from an unpredictable need for bathroom breaks had her symptoms stabilized with conservative steps so she was able to return to work
- ▶ A patient with fatigue and diarrhea experienced improvement thanks to IUS confirmation of the disease and provision of new medication

“Our goal is to help patients manage IBD for life and gain long-term remission,” said Dr. Patel, whose interest in the disease is based on his own experience as an IBD patient whose ulcerative colitis was misdiagnosed for years when he was younger. “Our task is to find the right solution for each patient to get them back as fully as possible to their lives.”



New in the field of ultrasonography and IBD, intestinal ultrasound reveals abnormalities in the bowel, including bowel wall thickening and color Doppler highlighting of increased blood flow (red and blue) indicative of inflammation. Virtua is the first in New Jersey and the Philadelphia region to offer this point-of-care imaging modality.

**To schedule a consultation at
the Virtua Crohn’s & Colitis Center,
call 856-291-8680.**