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ASST Fatebenefratelli Sacco

# Il trattamento dell'incontinenza anale: il punto di vista del Chirurgo Colo-Rettale

**Corso SIUD Teorico-Pratico**  
**Lacerazioni Perineali ostetriche**

Presidenti: Irene Celin, Mauro Busacca  
Direttore del corso: Marco Soligo



# Trattamento

- Conservativo (dietetico, farmacologico, presidi di continenza interni)  

- Riabilitativo (FKT, ES, BFB, Percutaneous Tibial Nerve Stimulation, TransAnal Irrigation)
- Parachirurgico (volumizzanti, Radio Frequenza)
- Chirurgico

Andrea Bondurri



# Terapie fisiche Quale evidenza?

## Main results

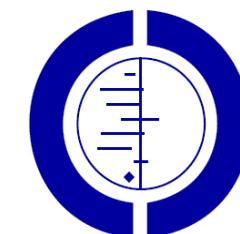
Two trials in men (155 men) and 13 trials in women (4661 women) were included. As most trials recruited regardless of continence status, and there was much heterogeneity, only a qualitative synthesis was undertaken. Three of seven trials in childbearing women reported less urinary incontinence after pelvic floor muscle training compared to control treatment three months postpartum. Two trials selected women at higher risk of postnatal incontinence. The third used an intensive training programme. Four trials did not find any difference between the groups at the primary endpoint. Two trials compared pre-prostate surgery pelvic floor muscle training with control treatment, and no difference in the occurrence of postoperative urinary incontinence was reported between the groups.

## Authors' conclusions

There is insufficient evidence to determine whether physical therapies can prevent incontinence in childbearing women, or men following prostate surgery. Further, better quality research is needed.

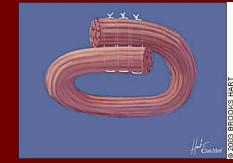
Physical therapies for prevention of urinary and faecal incontinence in adults (Review)

Hay-Smith J, Herbison P, Mørkved S

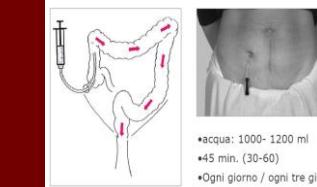
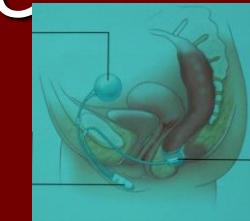


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# Trattamenti chirurgici



- Ricostruzione sfinteriale (overlapping)
- Correzione del prolasso
- Post-anal repair
- Neuromodulazione sacrale
- Graciloplastica dinamica
- Impianto di sfintere artificiale
- Intervento di Malone
- Stomia

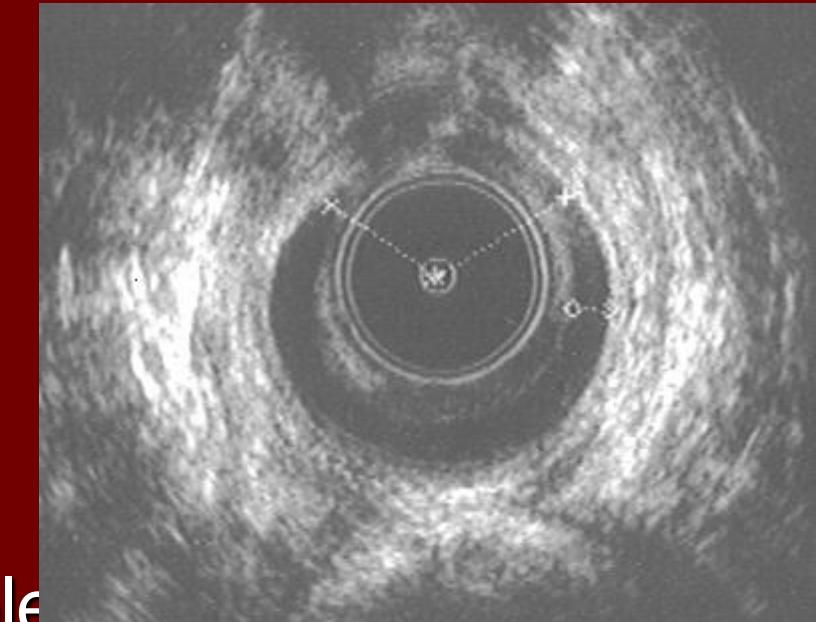


# Interventi chirurgici

## Overlapping

### Indicazioni

- Lesioni sfintere esterno con ampiezza > 60°
  - Post partum
  - Post chirurgiche
  - Post traumatiche
  - Esito di processi suppurativi o fistole





# Terapie chirurgiche Quali evidenze?

## Main results

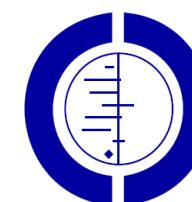
Four trials were included with a total sample size of 110 participants. All trials excluded women with anal sphincter defects detected by endoanal ultrasound examination. No trial included a group managed non-surgically. Two trials (56 participants) compared three approaches to pelvic floor repair (anterior levatorplasty, postanal repair and their combination total pelvic floor repair). One trial (30 participants) evaluated adding plication of the anal sphincter to total pelvic floor repair. The fourth trial (24 participants) compared a neosphincter procedure with total pelvic floor repair. No differences in the primary outcomes were detected, but data were few and inconsistently reported.

## Authors' conclusions

The small number of relevant trials identified together with their small sample sizes and other methodological weaknesses severely limit the usefulness of this review for guiding practice. It was impossible to identify or refute clinically important differences between the alternative surgical procedures. Larger rigorous trials are needed.

Surgery for faecal incontinence in adults (Review)

Bachoo P, Brazzelli M, Grant A



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