

Radiofrequency waves in the treatment of faecal incontinence. Preliminary report.

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PURPOSE: In the therapeutic strategy of faecal incontinence (FI), the first-line recommended treatment is conservative, eventually combined with instrumental biofeedback and electrostimulation. Certainly, this does not concern postpaerperal injuries, where sphincter repair should be performed within the next 48 hours. If conservative measures prove ineffective, second-line surgical methods are implemented as "last resort" measures. The Secca procedure, or remodeling of muscle mass using radiofrequency waves is a technique, which might fill the gap between the two extremes of behavioural treatment and invasive surgery. The aim of this paper was to present the method and own preliminary results obtained therewith.

MATERIAL AND METHOD: Clinical material consisted of 20 patients with clinical and manometric signs of FI, where loss of sphincter muscle mass did not exceed 1/3 of anal circumference. Based on subjective FI symptoms assessed using the Jorge-Wexner and the FISI scales, severity of FI was evaluated. Quality of life was assessed using the FIQL questionnaire. All patients underwent a manometric study, including basal anal pressure (BAP), maximal squeeze anal pressure (SAP) and high pressure zone length (HPZL). The presence of rectoanal inhibitory reflex (RAIR) and rectal sphincter contraction on cough (RSCC) were ascertained. Surgical procedure was performed according to the procedure described by Takahashi et al. In this study we assessed duration of the procedure and intra- and postoperative complications. Follow-up visits took place 3 and 6 months after surgery.

RESULTS: Mean duration of procedure was 34 minutes, mean number of levels of successful application – 16, and total number of applications – 64. Mean hospital stay was 1.5 days. No intra- and direct postoperative complications were noticed during postoperative follow-up, 3 patients developed complications, which did not require surgical intervention. Degree of defecation control assessed by the Jorge-Wexner scale improved significantly. Except for 1 patient whose condition did not change, overall FISI score improved in a visible but not statistically significant way. Six months after surgery, a clear improvement of quality of life as compared to the preoperative status in all FIQL components (Lifestyle, Coping, Depression, Embarrassment). A significant increase of BAP and SAP was noticed after 6 months. Length of high pressure zone increased significantly throughout the entire follow-up. Prior to surgery, none of the patients presented normal rectoanal reflexes. After surgery, a gradual return and normalization of RAIR was observed 6 months after Secca procedure. RAIR was still absent in 6 patients and a paradoxical RAIR in the remaining.

CONCLUSION: Secca procedure significantly improves degree of defecation control and quality of life in patients with FI. It may be safely performed by an adequately experienced team. Encountered complications did not compromise subsequent treatment of patients.