

651- Can socio-demographic and clinical characteristics predict initiation of rectal irrigation in patients with evacuation disorders?

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INTRODUCTION & AIM

- Rectal irrigation is the introduction of warm tap water through the anal canal to initiate defecation and is recommended in patients with evacuation disorders refractory to preliminary conservative treatment which includes dietary and lifestyle advice, pharmacological therapy, pelvic floor muscle retraining, and psychosocial support.
- It is recommended in patients with evacuation disorders after failing preliminary conservative treatment.
- We determined the incidence of rectal irrigation in patients with evacuation disorders and its socio-demographic and clinical predictors.

METHODS

- Data was collected from 2013 to 2019 using a prospectively maintained database in St Thomas' Hospital, London, UK for adult patients with evacuation disorders.
- Socio-demographics collected included gender, age, ethnicity, and socio-economic status proxied by English Indices of Deprivation Measure 2019.
- Clinical characteristics collected included the main presenting complaint, findings on imaging such as rectocele, intussusception, and enterocele on total pelvic floor ultrasound and defaecating proctogram, treatment including preliminary conservative treatment or rectal irrigation, and type of irrigation (low volume - 50ml vs high-volume – from 250ml up to 4L).



A: Low-volume Irrigation (LVRI)



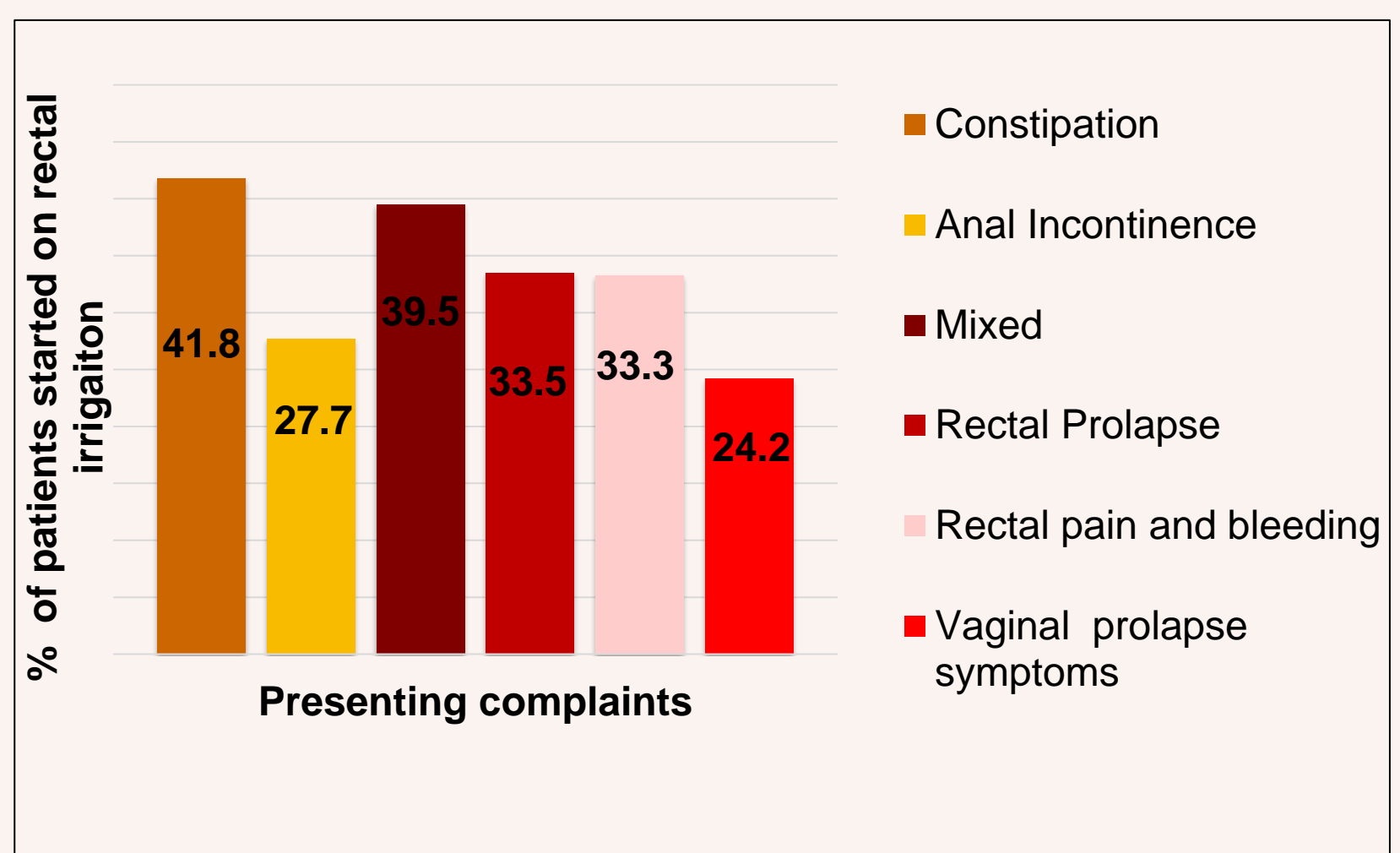
B: High-Volume Irrigation (HVRI)

- Chi-square test was used to compare categorical variables with p-value <0.05 = significant.

RESULTS

- After failing preliminary conservative treatment, 593 (36.7%) patients were started on rectal irrigation.
 - 516 (87%) were female patients.
 - 328 (55.3%) patients were under 50 years.
 - 206 (64.8%) patients belonged to White British ethnicity.
 - 273 (46%) patients belonged to lower socioeconomic status
- Low-volume irrigation was started in 398 (67.1%) patients and high-volume irrigation in 195 (32.9%) patients with evacuation disorders.

Table below shows the association between presenting complaints and rectal irrigation with p-value < 0.001.



- Low-volume irrigation was associated with age > 50 years and anal incontinence while high-volume irrigation was associated with constipation and age <50 years.
- Patients started on high-volume irrigation were more likely to miss routine appointments when compared to LVRI (56.3% vs 46.7%). All p-values < 0.05.
- No statistical difference in gender, socio-economic status, ethnicity, and findings on investigations was found between patients on preliminary conservative treatment and those started on rectal irrigation.

CONCLUSION

- This is the first study to provide socio-demographic and clinical predictors of rectal irrigation in adult patients with evacuation after failing preliminary conservative treatment.
- Future prospective studies are needed to ascertain when rectal irrigation is likely to be useful and when to use high-volume versus low-volume irrigation so that the patients don't have to switch between them.
- Research is also needed to ascertain barriers to using rectal irrigation.

REFERENCES

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