Biofeedback for pouch dysfunction

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Objectives

• Awareness of St Marks biofeedback therapy
• Strategies that may help pouch dysfunction
  – Dietary modification
  – Anti-diarrhoeals/bulking agents
  – Pouch training
  – Insert
  – Irrigation
  – Psychological support
What is biofeedback?

- Whatever you want it to be?
- Behavioural/Holistic approach
- Learning through reinforcement
- Re-education tool - subconscious information is relayed
- Patient actively involved in making a change in function
- Non surgical and non-invasive
Biofeedback team

• Commenced in 1986 - 30 years of service next year, which started with one person
• Lead Nurse, 3 CNS, 2 physiotherapists, 1 counsellor specialist, 1 dietician
• More than 2500 face to face contacts
• 1 hour new appointment, 45 mins follow up
• F/UPS 4-6 weeks with up to 5 appointments
• 70-75% discharged directly, no medical input
• Access to gastroenterologists, colorectal surgeons, gynaecologist, psychiatrist, full range of tests.
Aim of the service

- Comprehensive assessment identifying symptoms, problems, concerns, anxieties, quality of life and treatment expectations

- Based on assessment aim is to increase insight and ability to cope and normalise bowel function and set realistic objectives

- Providing strategies with an individualised package of care

- Several components, no one treatment fits all
What does biofeedback involve?

- Advanced assessment
- Patient education
- Bowel and muscle retraining
- The teaching of practical techniques to control and improve bowel symptoms
- Psychological support
How Does This Relate to Pouch Function?

- Literature shows that a “good pouch function” is often related to aspects such as: lower frequency of pouch emptying, ease of evacuation and faecal continence.

- Conversely, pouch “dysfunction” can be said to include increased frequency of pouch emptying, evacuatory problems and faecal/mucus incontinence/leakage.
Biofeedback and Pouch Dysfunction

- Pouch Frequency – Dietary advice, Loperamide usage and/or fybogel, anal skincare, pouch training

- Evacuatory Dysfunction – evacuatory positioning and techniques, use of irrigation products.

- Faecal/ Mucus Incontinence – improving external anal sphincter tone and pelvic floor muscles, using renew insert
Dietary advice

- Rules are: there are no rules
- Individuals may respond differently to food
- No one food contains all the nutrients
- Important to choose a variety of foods for that healthy balance
- Digest and absorb all nutrients in the small bowel
- Less water and salt absorption
- Reintroduce food gradually
<table>
<thead>
<tr>
<th>Symptoms</th>
<th>Associated foods</th>
</tr>
</thead>
<tbody>
<tr>
<td>Passing undigested food</td>
<td>Mushrooms, potatoes with skin, sweetcorn, lentils, peas, nuts, seeds, tomatoes, peppers, carrots, apple, pear, pineapple</td>
</tr>
<tr>
<td>Increased stool frequency/urgency/loose stools</td>
<td>Coffee, spicy foods, cabbage, green beans, citrus fruits, wine, beer, wholemeal bread, weetabix, fried food, fruits, fruit juice</td>
</tr>
<tr>
<td>Decreased stool output</td>
<td>Bread, rice, pasta, banana</td>
</tr>
<tr>
<td>Anal irritation</td>
<td>Spicy foods, nuts, seeds, citrus fruits and juices</td>
</tr>
<tr>
<td>Abdominal bloating</td>
<td>Fizzy drinks, chewing gum</td>
</tr>
<tr>
<td>Increased wind</td>
<td>Green leafy vegetables, onion, garlic, lentils, beer, carbonated drinks, spicy foods, peas, leeks</td>
</tr>
<tr>
<td>Increased stool odour</td>
<td>Garlic, onions, eggs</td>
</tr>
</tbody>
</table>
Diet

• Take a varied and well balanced diet
• Ensure an adequate fluid intake
• Develop a regular eating pattern
• Try foods and avoid those that repeatedly cause unacceptable symptoms
Loperamide and/or Fybogel

- Brand name of imodium, liquid, capsule, tablet and powder
- Myenteric plexus major nerve supply to GI tract
- Decreases the activity of the myenteric plexus
- Decrease frequency of stools
- Thicker more manageable stool
Loperamide and/or Fybogel

- Commence with the liquid
- Commence with a small amount and titrate
- Before food slow down the gastrocolic response
- Capsules if taking more than the equivalent of 2mg in liquid form
- Can take up to 8 capsules a day = 16mg
Loperamide and/or fybogel

• Combination of Loperamide and Fybogel
• Psyllium, dietary fibre and produced for mucilage content
• Fybogel is best taken with a meal and increasing slowly
Pouch training

• After years of pain and urgency
• Dread and fear
  – Possible incontinence
  – Tension in the pelvic floor
  – Difficult defaecation
  – Continuous cycle
  – Total inco-ordination of the pelvic floor
Pouch training

- Pelvic floor exercises
- Quick, easy, effective, can be done anywhere, anytime and free
- Trick is to make them part of a daily routine
- The more you exercise the pelvic floor the stronger they will get
- Can be done way before surgery
Pelvic floor exercises

- Important to use the correct muscles
- Always good to examine first
- Allows me to establish how long the patient can hold the squeeze
- Provide a programme to follow at home
- Encourage to have a routine
Pelvic floor exercises

• Imagine trying to stop passing urine and wind
• Lift and squeeze at the same time
• Hold for several seconds
• Relax for a few seconds
• Work up to 10-15 squeezes that can be held for 10 seconds
• Try to achieve 3 times a day
Pelvic floor exercises

- Patients forget
- Association
- Squeezy app
Pouch training

• Urge resistance (no pouchitis)
• Aim not to empty the pouch immediately
• Hold for longer, have a routine
• The more success try to hold longer as long as there is not an overwhelming urge
• Distraction techniques, breathing techniques
Pouch training

- Evacuatory dysfunction
- Defaecatory dynamics
- Increases intra-abdominal pressure
- Prevents pelvic floor descent
- Aids pouch emptying

Knees higher than hips
Lean forward and put elbows on knees
Bulge abdomen
Straighten spine
Inserts

- Renew
- Nocturnal leakage
- Passive daytime leakage
Irrigation
Psychological support

• Anxiety
• Stress
• Depression
• Anger
• Techniques

• Counsellor specialist
Does biofeedback work?

- There is very little research
- Anecdotally, works well
- If NICE (2007) has tentatively pointed towards the positive effect of Biofeedback for IBS – as well as for constipation, evacuatory dysfunction and faecal incontinence (for which we have an 84% improvement rate) – it may well work for Pouch Patients
If all else fails

• Life is miserable
• Life on hold
• Cannot work
• Conservative management no help
• Discussion
• Support
Conclusion

• Behavioural/holistic approach, non-surgical and non-invasive
• Holistic approach takes time and individualised care
• Many components required to address individual problems
• Shown improvement
• Certainly worth trying