

Biofeedback for pouch dysfunction

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Objectives

- Awareness of St Marks biofeedback therapy
- Strategies that may help pouch dysfunction
 - Dietary modification
 - Anti-diarhoeals/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

Symptoms	Associated foods
Passing undigested food	Mushrooms, potatoes with skin, sweetcorn, lentils, peas, nuts, seeds, tomatoes, peppers, carrots, apple, pear, pineapple
Increased stool frequency/urgency/loose stools	Coffee, spicy foods, cabbage, green beans, citrus fruits, wine, beer, wholemeal bread, weetabix, fried food, fruits, fruit juice
Decreased stool output	Bread, rice, pasta, banana
Anal irritation	Spicy foods, nuts, seeds, citrus fruits and juices
Abdominal bloating	Fizzy drinks, chewing gum
Increased wind	Green leafy vegetables, onion, garlic, lentils, beer, carbonated drinks, spicy foods, peas, leeks
Increased stool odour	Garlic, onions, eggs

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

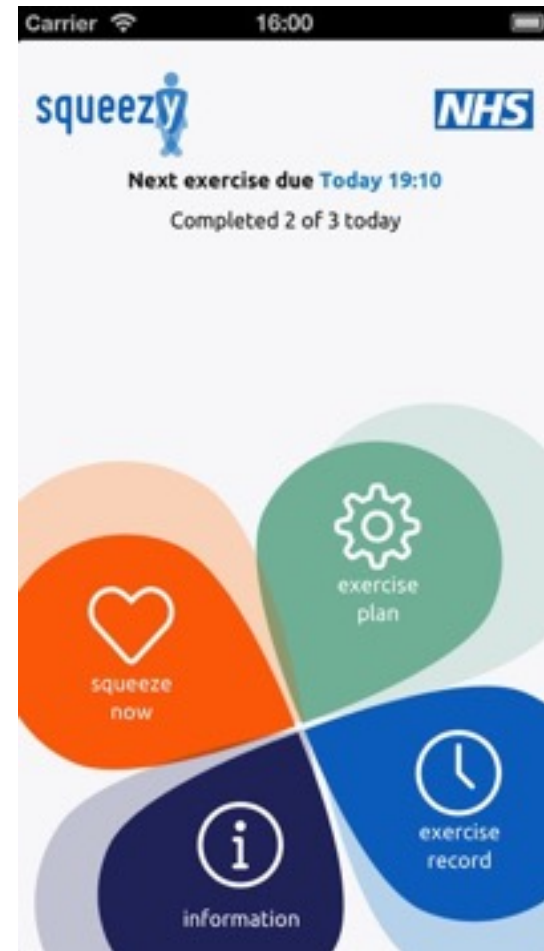
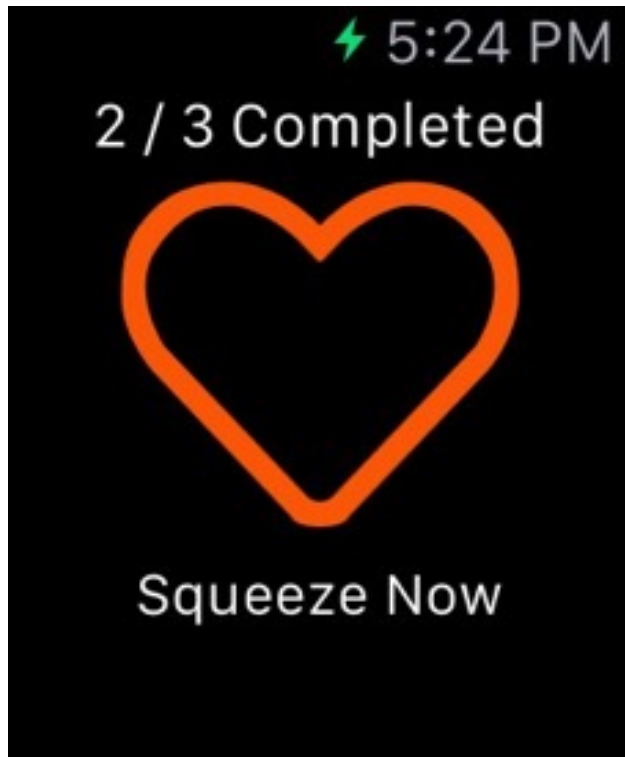
- Important to use the correct muscles
- Always good to examine first
- Allows me to establish how long the patient can hold the squeeze
- Provide a programme to follow at home
- Encourage to have a routine

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

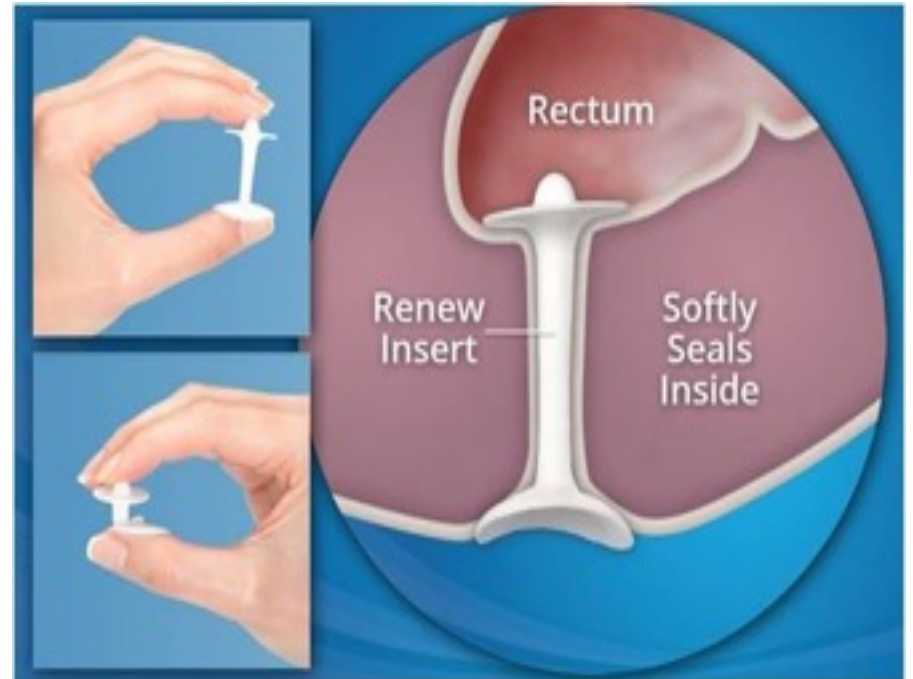
- Evacuatory dysfunction
- Defaecatory dynamics
- Increases intra-abdominal pressure
- Prevents pelvic floor descent
- Aids pouch emptying



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