

Management of fecal incontinence entails a tiered approach

Management of fecal incontinence is provided in a ‘tiered’ approach, beginning with lifestyle modification or pharmacologic therapy, followed by selectively offering biofeedback and surgery to eligible patients. But...

...many patients, due to failure of conservative therapies and ineligibility for surgery, have been left with no treatment options at all — until now.

The Secca® procedure is an FDA-cleared option for patients with fecal incontinence who have failed conservative therapies and desire a less-invasive option than surgery.

■ CONSERVATIVE THERAPIES

Lifestyle Modification Many patients manage fecal incontinence with stool-bulking agents and protective undergarments rather than with medical treatment. These are relatively simple means that may help with control or management of symptoms:

Diet modification: Patients start by modifying their diet to avoid foods that have an effect on motility. Keeping a daily diary of the foods eaten may help identify foods that cause problems with incontinence.

Fiber supplements: Patients may take bulking agents (Metamucil®, etc.), which provide bulk and, in some cases, increased control.

Protective undergarments: More than \$400 million is spent annually on adult undergarments for incontinence.

Regular enemas: Avoid buildup of fecal matter

Pharmacologic Therapy Patients may take bowel-slowing medications, such as Imodium® and Lomotil® — which may reduce incontinence events by reducing the frequency of bowel movements.

■ Behavioral Therapy

Biofeedback is performed in a nurse’s or physical therapist’s office. A probe with sensors is placed in the anal canal, and the patient performs exercises — called ‘Kegel’ exercises — to strengthen the pelvic floor muscles. This usually takes several sessions, but many patients report improvement.

What the experts* are saying about Secca® ...



Marvin L. Corman, MD, FACS
Professor of Surgery
SUNY, Stony Brook
NY

“In our study of 50 patients, mean duration of fecal incontinence was nearly 15 years. The Secca procedure significantly improved the quality of life for most patients who underwent the procedure.”



Edwin Shuck, MD, FACS
Colon and Rectal Surgeon
Parkridge Medical Center
Chattanooga, TN

“Secca changes lives. Secca may be the answer for multitudes of patients.”



Takeshi Takahashi, MD, FACS
Chief of Colon & Rectal Surgery,
National Institute of Medical
Sciences & Nutrition, Mexico City

“Our study has concluded that there is a significant improvement in the symptoms of fecal incontinence and quality of life, which persists two years after the Secca procedure, to date.”



Andrea Ferrara, MD
Colon and Rectal Surgeon
Colon & Rectal Clinic of Orlando
Orlando, FL

“The Secca procedure can be effective in those patients that have fecal defects and neuropathy. Secca, at the same time, may help patients control their lives.”

■ THE SECCA® PROCEDURE

A non-surgical outpatient procedure for patients who have failed the conservative therapies. The procedure involves delivery of controlled radiofrequency (RF) energy to the muscles of the anal canal, which causes tissue shrinkage and tightening. The Secca procedure takes about 45 minutes, does not require general anesthesia, and patients can generally go home 1-2 hours post-procedure.

recovery takes between five weeks to three months.

■ SURGERY

Sphincteroplasty (also called ‘sphincter repair’) If the patient has a distinct defect, or scar, in the sphincter muscle (usually caused by vaginal delivery), a surgeon may repair the sphincter muscle. In this surgery, the scar is cut, the edges are overlapped, and the muscle is re-sewn so that non-scarred muscle is rejoined. This usually requires general anesthesia and several days in the hospital. Full

Artificial Bowel Sphincter (ABS) This is an implantable silicone cuff placed around the anal canal that the patient can inflate and deflate in order to open the canal to defecate. This is a major surgical intervention, which requires general anesthesia and several days in the hospital. Only patients with severe incontinence undergo this surgery, due to relatively high rates of infection experienced with this surgery.

Stoma If fecal incontinence is severe enough, some patients may opt for a ‘stoma’ surgery, which diverts the colon to the skin surface to collect stool in an outside-the-body bag. This is an option of last resort and is not frequently used.

* Participated in a clinical study of the Secca® procedure.