Resumen

The long-established approaches utilized to treat fecal incontinence always require instrumentation with some type of electronic equipment. This equipment is not always available in every institution. In addition, no studied protocol principally used as coordination, sensory, or strength training has reached the level of gold standard. The purpose of this study was to describe a simple biofeedback technique that incorporating a mental variable and not requiring electronic equipment with prior adequate training could be used at any medical institution. Methods: A particular modality of an operant conditioning technique was given once and a home trainer program was established. Forty-eight patients (mean age 37.1 ± 3.7 years) were recruited. Patients had suffered from total incontinence for a period of 55 ± 7.5 months, all used two to three pads per day and suffered 2.4 ± 0.2 episodes of incontinence per day. Patients underwent clinical history recording, laboratory tests, recto-sigmoidoscopy, and double-contrast barium enema. Manometry and rectal sensitivity were performed in 7 and 27 patients, respectively. For physiologic comparisons, 21 healthy volunteers were used. Results: A total of 79.1% of patients became continent in a median period of 3.9 ± 0.5 months. An average of 3.85 ± 0.55 sessions was required. Follow-up continued for 3-11 years. Patients with incontinence showed lower basal mean resting pressure, maximum squeeze pressure and rectal sensitivity (p <0.01) and spontaneous rectoanal inhibitory reflex was absent in 57%. Conclusions: This biofeedback approach does not employ any type of electronic equipment and can be easily reproduced in any type of medical center. Additionally, this is the first report in which a methodology for biofeedback therapy successfully incorporates a mental variable in addition to sensory and strength training.

Palabras clave
Fecal incontinence, biofeedback, recto-anal physiology, visceral sensation