

Pelvic Physical Therapy Distance Journal Club

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Pelvic floor physical therapy in patients with chronic anal fissure: a randomized controlled trial. van Reijn-Baggen DA, Elzevier HW, Pelger RCM, et al. Techniques in Coloproctology 2022; 26:571-582. Doi:10.1007/s10151-022-02618-9.

Introduction:

- Proposed pathogenesis of chronic anal fissure (CAF) is related to reduced blood flow and ischemia from mucosal damage from passing of hard stools or liquid stool that results in external anal sphincter continence reflex becoming overactive.
- Treatment for CAF usually involves conservative management of laxatives or fiber, then treatment with ointment and possibly botox (18-50% recurrence rate) or lateral internal sphincterotomy (incontinence risk of 3.4-14%)
- Patient with CAF may also have pelvic floor dysfunction and treatment with pelvic floor physical therapy may help heal CAF

Aim/Primary Aim:

- Determine effectiveness of pelvic floor physical therapy in patients with chronic anal fissure

Study Design/Study Format:

- Single-center, parallel, randomized controlled trial

Methods:

- 140 participants assigned to two groups
 - Intervention group – 8 weeks pelvic floor physical therapy
 - Control group – postponed pelvic floor physical therapy
- Outcomes measured at 8 weeks and 20 weeks
 - Primary – pelvic floor muscle tone
 - Secondary – healing of fissure, pain, improvement of pelvic floor dysfunction, Proctoprom outcome measure
- Interventions
 - Behavioral modification and education
 - 5 x 45 min appointments over 8 weeks
 - Internal rectal manual therapy
 - Coordination of pelvic floor muscles with internal EMG biofeedback
 - Intrarectal neuromuscular stimulation for those with dyssynergia
 - HEP: self release of puborectalis, application of ointment, breathing exercises, heat therapy

Results:

- Intervention group had
 - Decreased PFM resting tone
 - Improved fissure healing
 - Decreased dyssynergia

- Less pain
- Improved outcomes measures scores

Discussion:

- How do you evaluate and treat those with chronic anal fissure?
- They measured dyssynergia manually, not with anorectal manometry, so how reliable and valid is this?

Clinical Application

- Can possibly use these interventions on those with CAF

List discussion questions

- Would you do an internal exam, internal manual therapy, or use an internal rectal sensor for those with an anal fissure?
- Is it possible the interventions caused more pain?

Other References:

- Diagnosis and Treatment of Dyssynergic Defecation. Rao SC, Patcharatrakul T. J Neurogastroenterol Motil 2016;22:423-435.