Biofeedback Demystified

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What is biofeedback?

- Behavioural/Holistic approach
- Learning through reinforcement
- Re-education tool → subconscious information is relayed in real time
- Patient actively involved in making a change in function
- Non surgical and non-invasive
- 84% improvement
The St Mark’s biofeedback service

• Lead Nurse
• 4 CNS, 2 physiotherapists, 1 psychologist & 1 dietician
• 1,574 new patients last year (2014-2015)
• 1 hour new appointment, 45 mins follow up
• F/UPS 6-8 weeks with up to 6 appointments
• 70-75% discharged directly, no medical input
• Access to gastroenterologists, colorectal surgeons, gynaecologist, psychiatrist, full range of tests.
Biofeedback Team
The St Mark’s biofeedback service

- **Faecal Incontinence**
  - Obstetric
  - Urgency
  - IBS
  - IBD
  - Anterior resection syndrome

- **Constipation and evacuatory/defaecatory disorders**
  - Slow transit constipation
  - Idiopathic constipation
  - Megarectum
  - SRUS
  - Rectocele
  - Rectal prolapse
  - Ileo-anal pouch
  - IBS
  - IBD

Complex cases with high psychopathology such as eating disorders, abuse, PD, psychotic/delusional states
The St Mark’s biofeedback service

• Additional services:
  – Perineal clinic
  – Neuromodulation clinic – SNS, PTNS, TTNS
  – Dedicated Adolescent Clinic
  – Group therapy
  – Peristeen irrigation
  – Porridge enemas
  – Teaching
Patient satisfaction outcomes

- Patient satisfaction and outcome audit
  - 1400 patients up to end March 2015
- Change in problem since starting treatment. Scale -5 to +5
  Median of +3
- How satisfied with treatment
  Median 8/10
- Patients rated their control of bowel dysfunction 7/10
- Control of bowel symptoms
  84% showed improvement
- Average of 3 sessions
- Improvement has continued.
Algorithm for Constipation

• Ensure all appropriate investigations have been completed
• Biofeedback - conservative management
• If no improvement by 4th session consider any research options available in the department
• Prucalopride for 4 weeks, review
• Consider Peristeen or Qufora irrigation if Prucalopride not successful
• Review irrigation
• Onward referral and discharge.
Symptom Questionnaires

- Complete prior to first visit
- Prompts patients to think about symptoms
- Familiarises them with the questions most likely to be asked and type of language
- Can be used as an outcome assessment
- Audit
- PAC-QOL
- PACSYM
- HADS – Completed during first appointment
Treatment

- Comprehensive assessment → normalise bowel function
- Individualised package of care – several elements
  - Education
    - Structure and function of digestive tract, defaecatory process
    - Explanation of symptoms
    - Results of investigations and to give realistic expectations
  - Bowel & muscle retraining (individualised)
    - Defaecatory dynamics/co-ordination
    - Sensory function of rectal volumes
    - Pelvic floor muscle training
    - Computer assisted biofeedback
    - Urge resistance
    - Electrical stimulation *(Norton 2005)*
Urgency/tenesmus with rapid fatigue
Sustained squeeze - no urgency/tenesmus
Stimulation

NeuroTrac™ Continence
Treatment

- **Diet**
  - Same advice not always beneficial
  - Reduce fibre *(Lauti et al 2009, Bliss et al 2001)*
  - Regular eating
  - Probiotics

- **Review medication**
  - Alternatives for constipation
  - Laxatives
  - Stool bulking agents
  - Evacuation aids/suppositories
Qufora
Treatment

- Psychological support
  - Complex
  - Abuse \textit{(Longstreth et al 2006, Drossman et al 1990)}
  - Revealed in BFB/run simultaneously
  - Coping mechanism/emotional support/reduce anxiety
  - Access to psychological medicine team for ourselves
  - Taylors research (2009)

- Products for management
  - Anal plugs
  - Pads
  - Products for odour control
  - Skin care products
  - Rectal Irrigation \textit{(Christensen 2006)}
  - Qufora
But what is it really like to live with chronic constipation – themes

- Toxicity
- Body Image
- Stigma
- Fear
- Lack of understanding by others

- Physical discomfort
- Lack of control
- Isolation
- Loss of femininity

(Julie Duncan unpublished MSc thesis)
“Much has been written about the pleasures of sexual intercourse; As for me give me a good solid motion of the bowel”

(Samuel Johnson 1709-1784)