

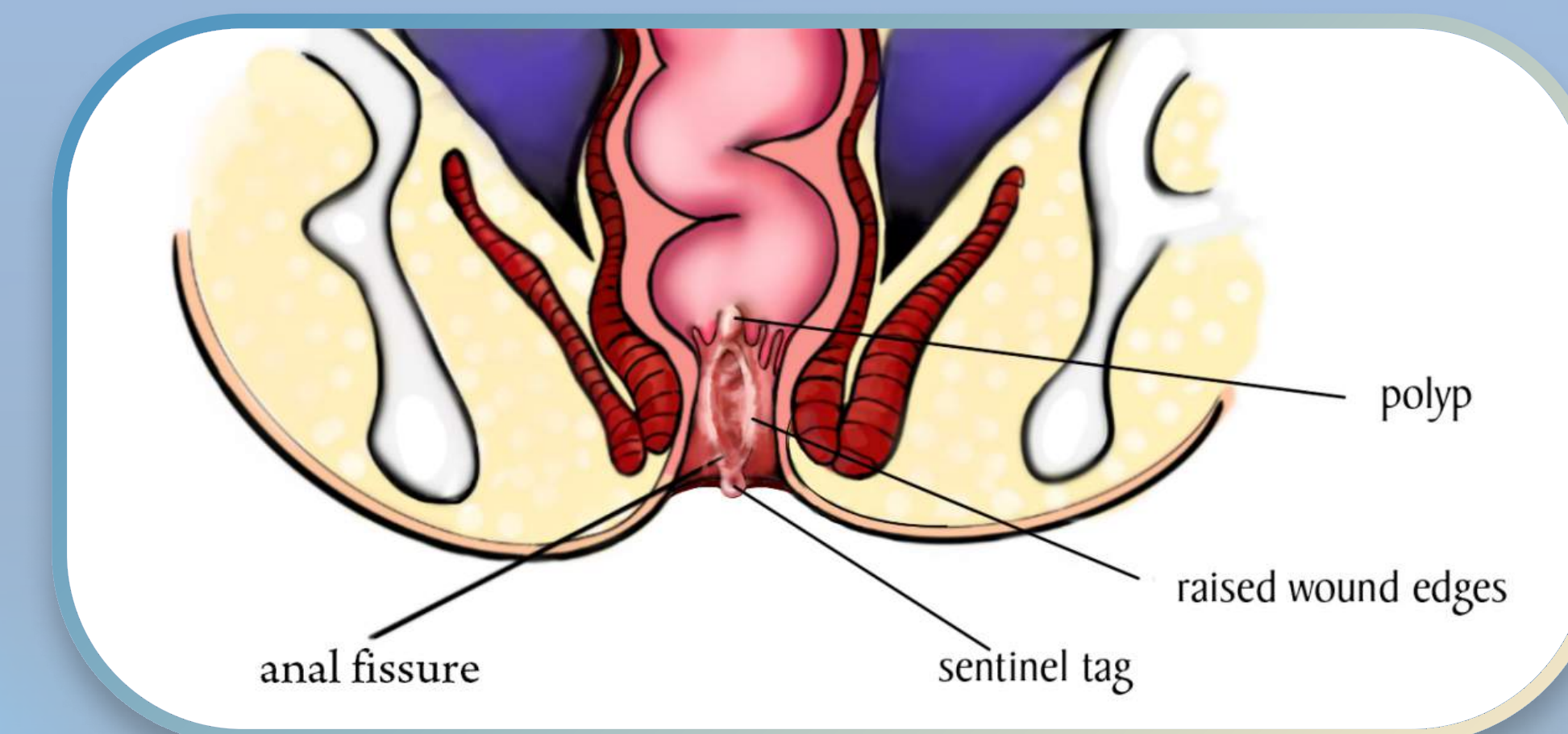
PELVIC FLOOR PHYSICAL THERAPY IN THE TREATMENT OF CHRONIC ANAL FISSURE: A RANDOMIZED CONTROLLED TRIAL

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Introduction

Chronic anal fissure (CAF) is a common painful anorectal condition with a high recurrence rate and reduced quality of life. Pelvic floor physical therapy (PFPT) is a treatment option for increased pelvic floor muscle tone and dyssynergia which often accompanies CAF and has been proven effective in the short-term management in patients with CAF and pelvic floor dysfunction (PAF-trial). The aim of this study was to determine the outcomes of the PAF-trial in patients who completed the 2 months of PFPT at 1-year follow-up.



Methods

PAF-study is a single centre, two armed RCT. 140 patients were randomized into an intervention group starting immediately after inclusion with PFPT and a control group receiving postponed PFPT. At 20 weeks 133 patients received their treatment.

Outcome measures

- muscle tone at rest during electromyographic registration (s-EMG) of the pelvic floor
- fissure recurrence
- pain ratings
- pelvic floor dysfunction
- complaint reduction (Proctoprom)
- quality of life (RAND-36)

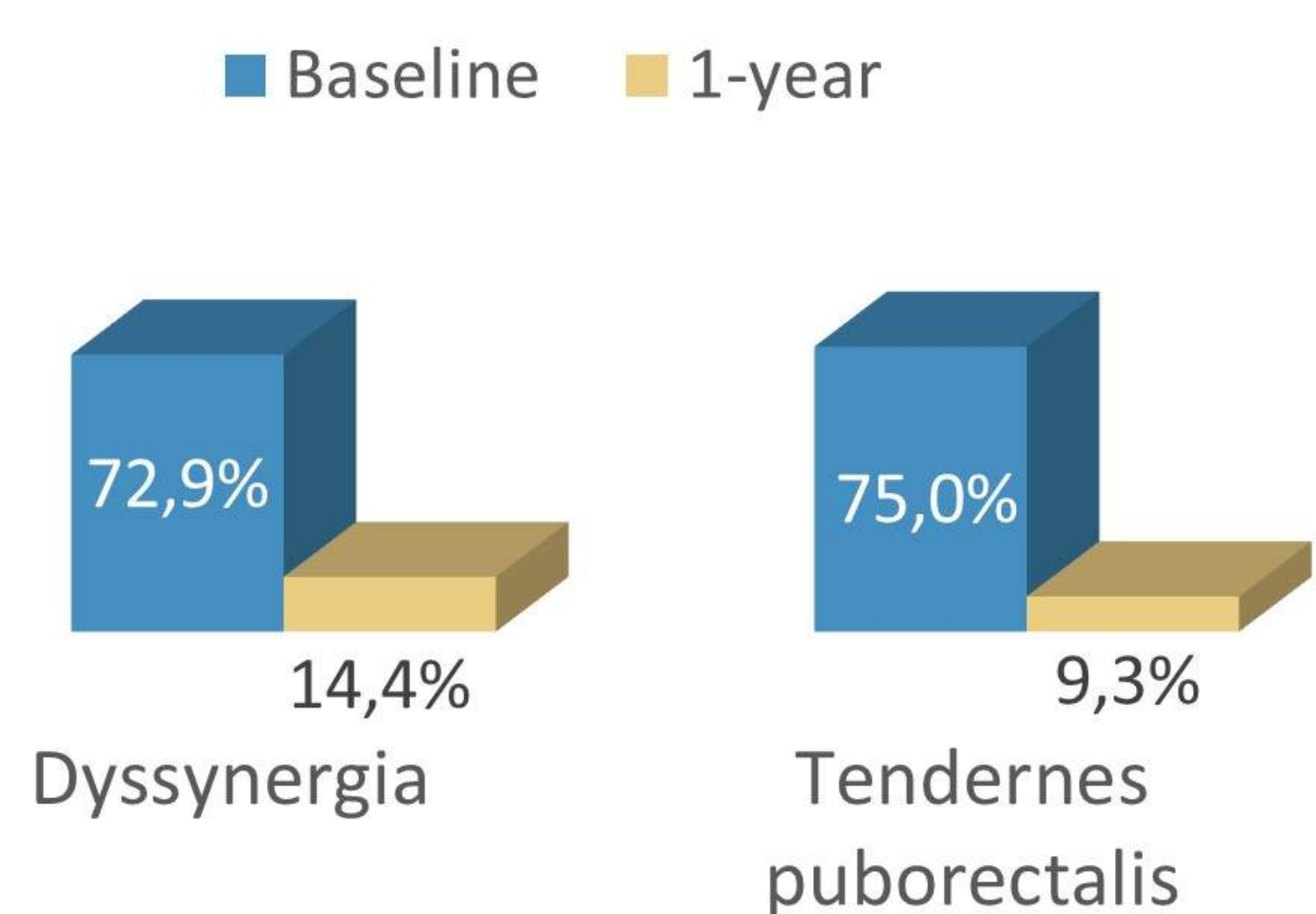
Interventions

- 5 sessions in a period of 8 weeks.
- intrarectal myofascial techniques
- breathing-and pelvic floor muscle exercises
- s-EMG-biofeedback with an intra-anal probe (MAPLe®)
- home exercise program

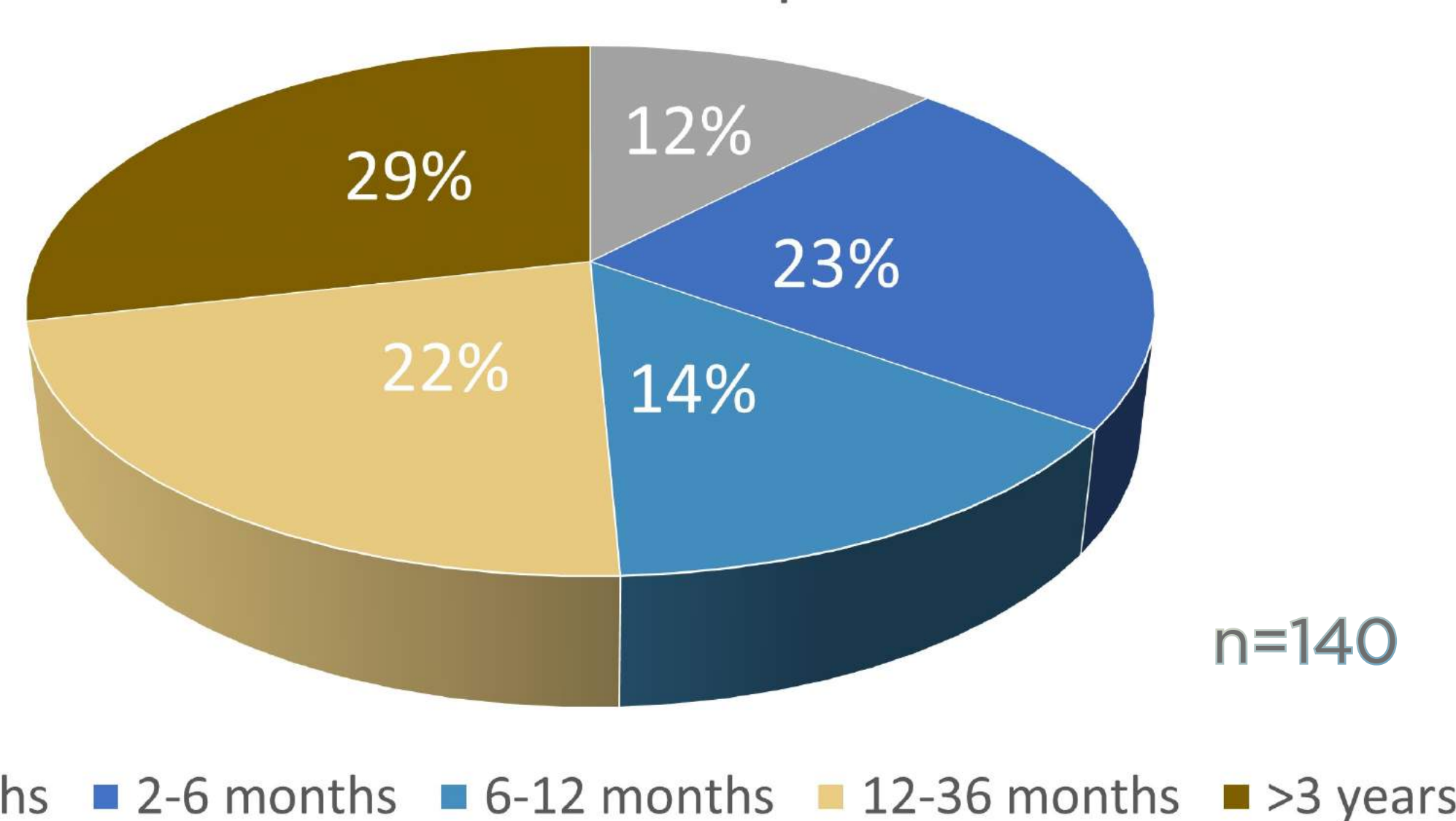
Results

97 patients (71%) completed the 1-year follow-up, 48 woman, 49 men with a mean age of 44,4 ± 11,6 years

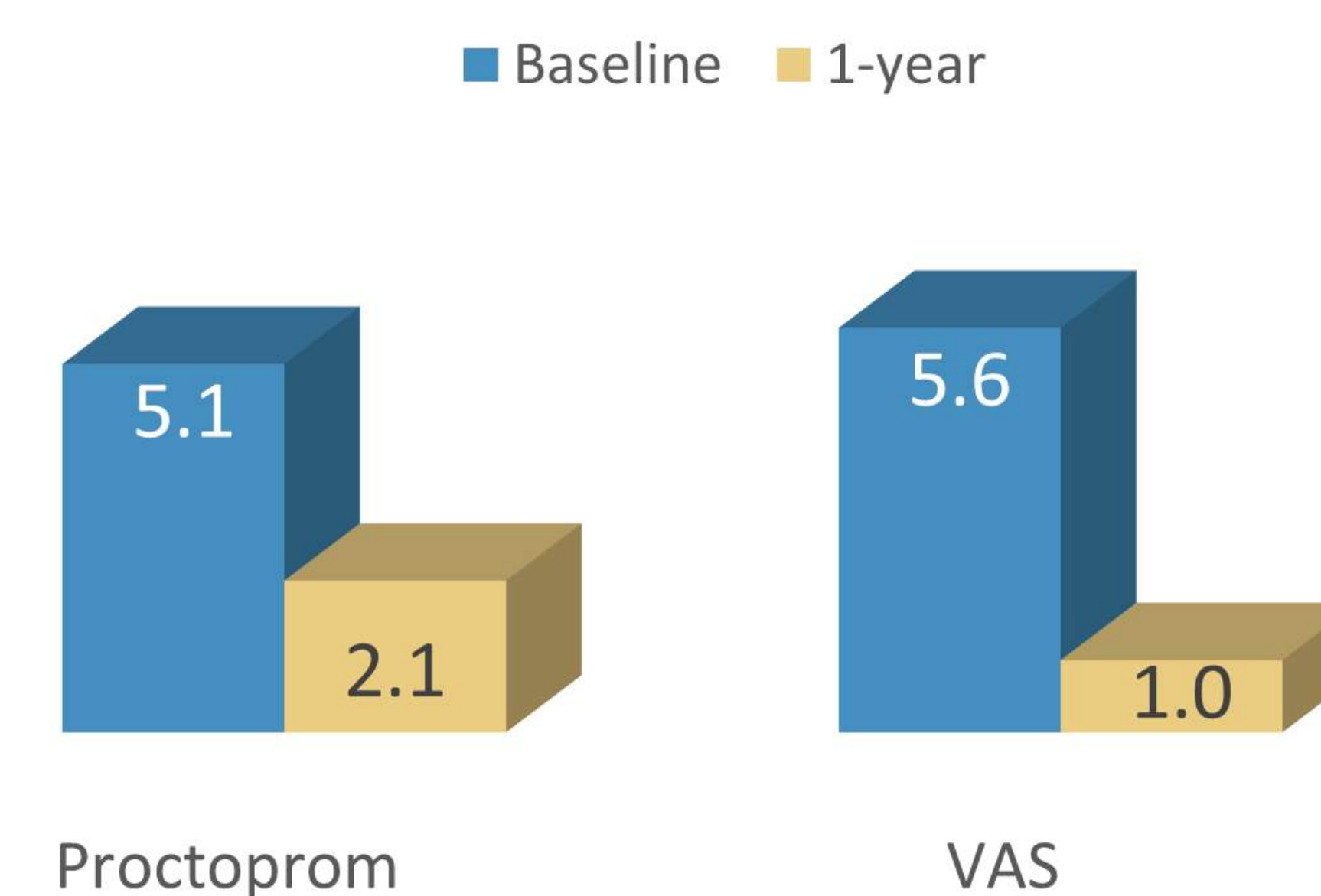
Pelvic floor dysfunction
($p < 0.001$)



Demographics
Duration of complaints

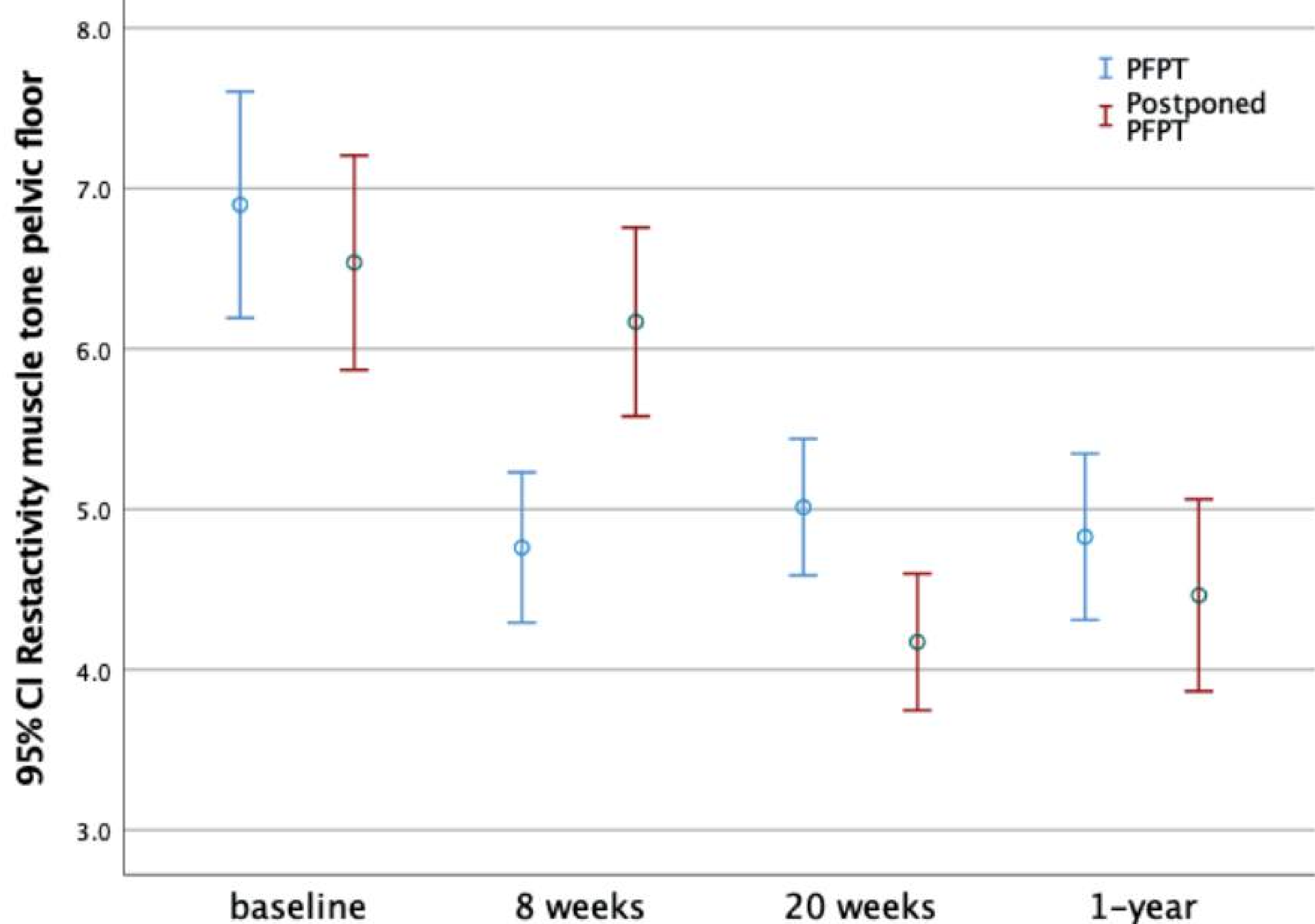


Proctoprom and VAS-score



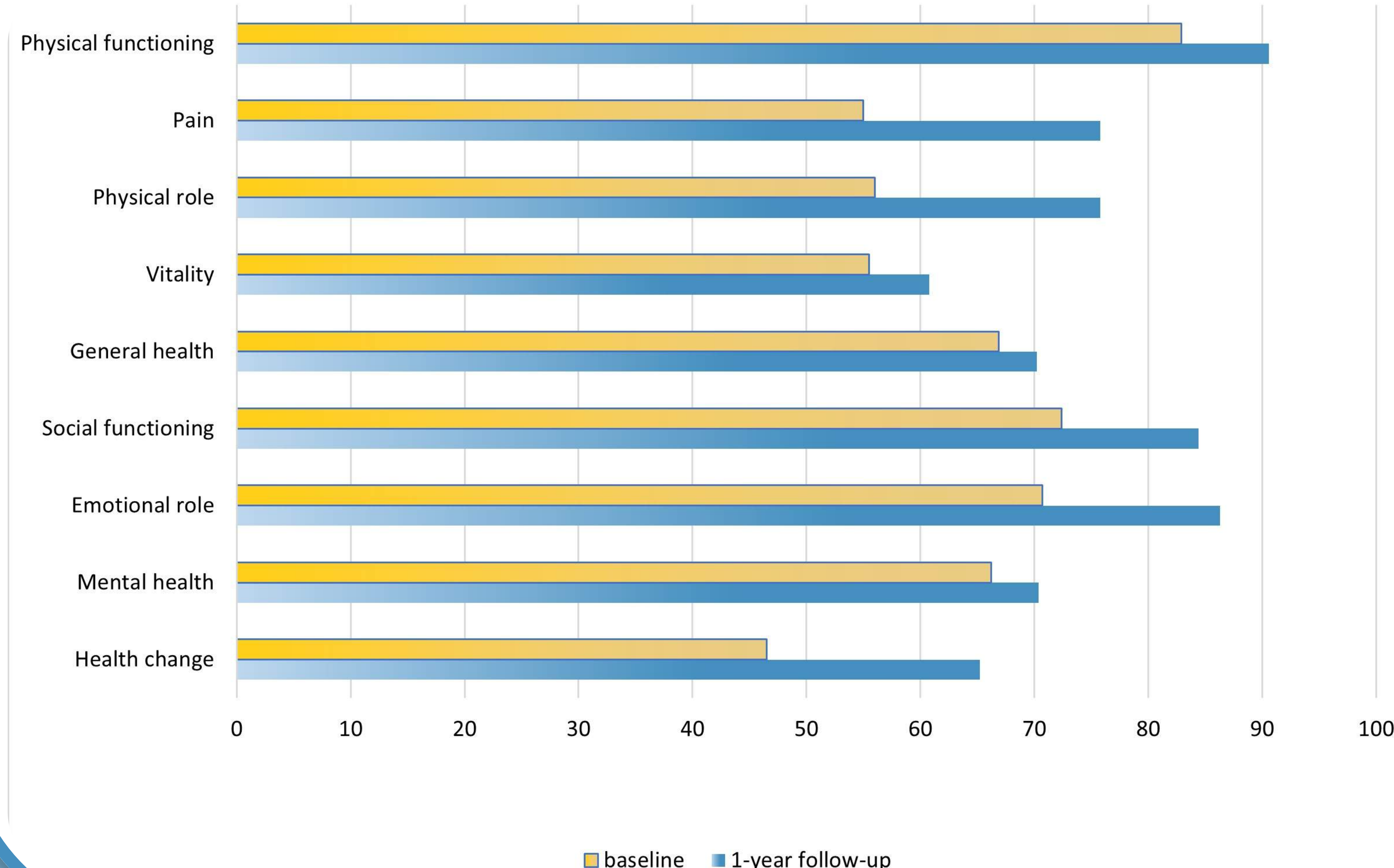
Restactivity muscle tone (s-EMG) pelvic floor

Mean estimated difference 2.20 μ V; 95% CI, 1.79 to 2.61; $p < 0.001$



Quality of Life

Significantly improved in all domains of the RAND-36 at 20-week follow-up and remained significant in 8 of 9 domains at 1-year follow-up.



Conclusion

Pelvic floor physical therapy yields a significant and clinical benefit in the time course and should be advocated as adjuvant conservative treatment in patients with chronic anal fissure.

