Incorporation of extracorporeal magnetic innervation (ExMI) for treating patients with faecal incontinence – experience in a joint colorectal clinic

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Introduction
Prevalence of faecal incontinence (FI) in Asia population is 6.6-8.7% and impaired people’s activities of daily living and quality of life (QOL). Number of patients with FI following-up at the specialist out-patient clinic in the Queen Elizabeth Hospital (QEH) increased 3 folds from 2007 to 2011. The Department of Surgery and the Physiotherapy Department of QEH launched a Joint Colorectal Clinic (CRC) since 2009. Physiotherapy program includes health education, dietary advice and exercises. With advancement in technology, physiotherapists incorporated ExMI for treatment of patients with FI since Oct 2012.

Objectives
To evaluate the outcomes of incorporating ExMI for treatment of patients with FI in CRC

Methodology
It was a retrospective pre- and post-test study. Patients’ data and records within the period of Oct 2012 to Jan 2013 were retrieved and studied. Outcome measurements included, 1) Numeric Global Rating of Change Scale (NGRCS); 2) Pelvic floor muscle strength as reflect by surface EMG; 3) Episodes of leakage per week; 4) Compliance of exercise and habit of dietary / liquid intake; and 5) QOL measurement (SF-12)

Result
Data of 8 patients (3 males, 5 females, mean age= 55.1 ± 5.03 years) were reviewed. All showed around 50% improvements in NGRCS. Their pelvic floor muscle strength had increased by 19.35% (p<0.005). For QOL measures, the mental composites of SF-12 increased by 9.5% (p<0.005). Episodes of leakage per week decreased from average 4.5 to 2.5 times per week after treatment. Besides, patients demonstrated satisfactory exercise compliance and healthier dietary habit. Incorporation of ExMI in the physiotherapy program at the CRC improved both physical and psychological aspects of patients with FI. As feedbacks from therapists and patients were also positive, this enhanced program can also be explored and promoted for treatment of
urinary or mixed incontinence in other patient populations.