

The 'bother' of obstructed defecation.

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Abstract

OBJECTIVE: To examine the relationship of visual analog scale (VAS) 'bother' scores for obstructed defecation (OD) with demographic data, physical examination and sonographic findings of the posterior compartment.

METHODS: All patients seen at a urogynecology clinic between January and October 2013 were included. Patients were diagnosed with OD if they had any of the following: incomplete bowel emptying, straining with bowel movement or need for digitation. Patients used a VAS to rate OD bother on a scale of 0-10 (0, no bother; 10, worst imaginable bother). For each patient, a comprehensive history was obtained, the International Continence Society Pelvic Organ Prolapse Quantification was performed and four-dimensional translabial ultrasound volumes were recorded on maximal Valsalva maneuver. Linear and multiple regression models were used to correlate bother VAS scores with demographic, clinical and sonographic findings.

RESULTS: Among 265 patients included in the analysis, 61% had OD symptoms with a mean VAS bother score of 5.6. OD bother scores were associated with a history of previous prolapse surgery ($P = 0.0001$), previous hysterectomy ($P = 0.0006$), descent of the posterior compartment (Bp; $P = 0.004$) and hiatal dimensions (Pb and Gh + Pb; $P = 0.006$ and $P = 0.004$). OD bother was associated with the following sonographic findings: true rectocele ($P = 0.01$), depth of rectocele ($P = 0.04$), descent of rectal ampulla ($P = 0.02$), enterocele ($P = 0.03$) and rectal intussusception ($P < 0.0001$).

CONCLUSIONS: VAS bother scores are associated with both clinical and sonographic measures of posterior compartment descent. Rectal intussusception was most likely to result in highly bothersome symptoms of OD. Copyright © 2015 ISUOG. Published by John Wiley & Sons Ltd.