

SOILING: *from diagnosis to treatment*



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Definition:

***Continuous or intermitent liquid anal discharge
Stains underwear***

It is not conditioned by anal fistula, prolapse or proctitis

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Clinical presentation:

Sensation of perianal:

Itching, Burning, Discomfort, Wet anus

Inflammation of perianal skin

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Soiling, why does it happens to my patient?

This patients can differ the defecation, they have normal squeeze pressures but lowered resting pressures.

So, this patients have an ***impairment of effective closure of anal canal***

Why does it happens?

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I need to understand the mechanics of anal canal closure

Internal anal sphincter vs external anal sphincter
Puborectal muscle and anorectal angle
Rectoanal inhibitory reflex
Role of the piles

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How to evaluate:

Clinical history (how long and previous events)

Physical examination

(Skin alterations, descending perineum, anal canal deformity)

Imagiology

(evaluate sphincters and defecation kinetics)

Manometry

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Causes of an impaired closure of anal canal

Permanent rectoanal inhibitory reflex

Internal anal sphincter damage

Anal canal anatomy defect

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Treatment

Fibers

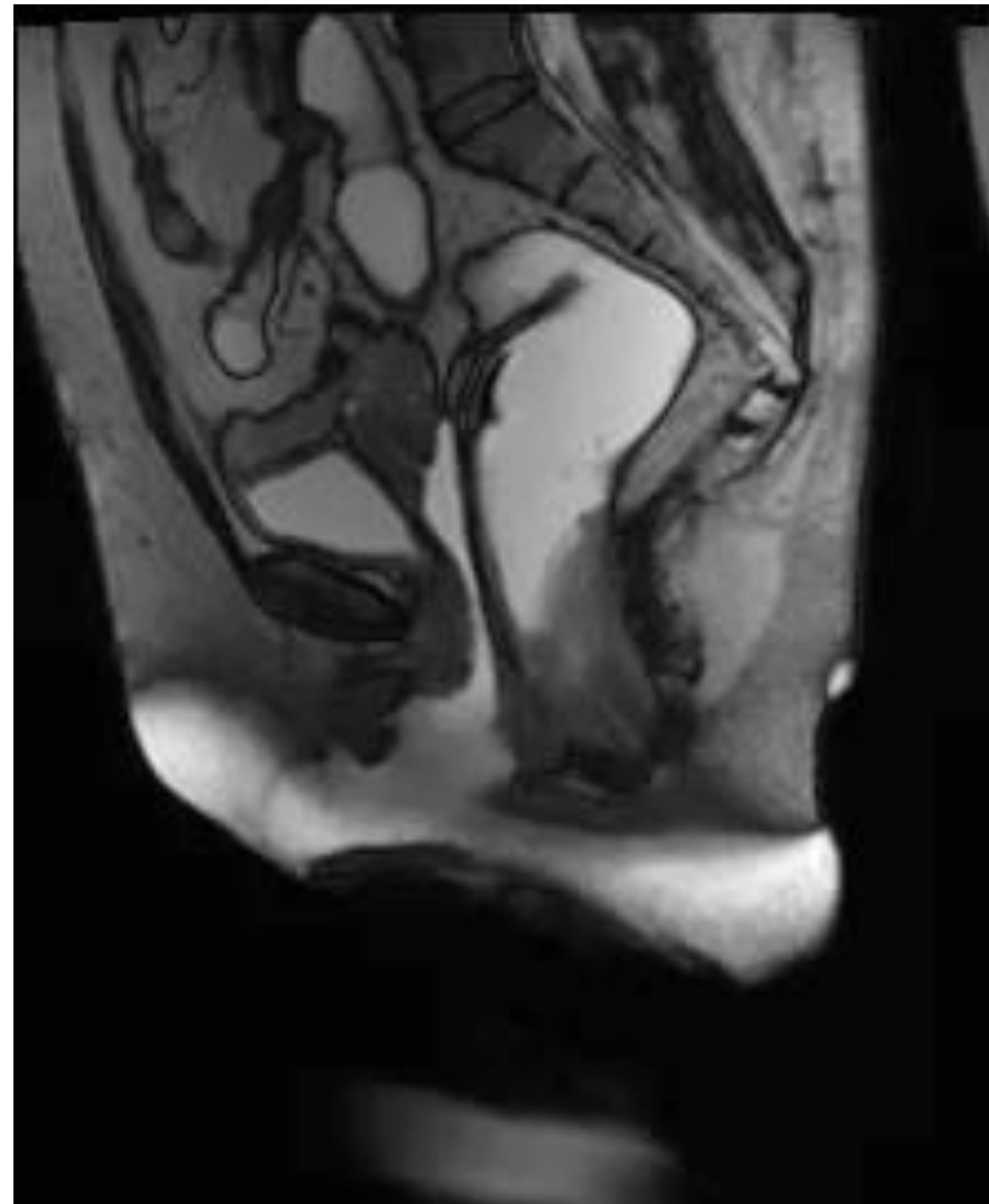
Sphincter repair

Surgery for internal rectal prolapse
(APEX, TRREMS, STARR)

Pelvic Organs Pexy, Hemorrhoid pexy (Lapstar, PiPetech)

Pelvic Floor Rehabilitation and SNS (?)

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**Bloqueio do nervo pudendo (SEPTA) e
Técnica STARR para prolapso retal**



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PostGraduate course on colorectal surgery

Hospital de Braga

Four weeks course with:

Operating theatres

Inpatients ward / Outpatients ward

Seminars

Wet lab laparoscopy training



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Thank you for your attention