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Posterior pelvic floor dysfunction: Causes, consequences and cures

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Posterior Pelvic Floor Dysfunction (PFD) can be disabling with severe effects on the quality of life (QOL). The symptoms can be varied and hence increased awareness and low threshold to investigate would lead to early diagnosis and appropriate treatment. The natural course is usually towards deterioration in symptoms with gradual progression of the problem. The underlying cause for the dysfunction can be neurogenic, muscular or mechanical. A combination of these may also be present. Contributory factors such as obstetric injuries, BMI, mental stress, psychiatric states, surgical procedures, diet, medications and life style may be important. The usual symptoms are fecal incontinence, evacuatory dysfunction, rectal prolapse and pelvic pain. A combination of these may also occur. Initial assessment should include standard pro-formas, symptom scores and QOL impact questionnaires. Physiology tests to evaluate the anorectal function will help to know the underlying problem and formulate the treatment plan. Management is multi-disciplinary and involves doctors, physiotherapists, specialist nurses, dieticians, pain specialists, stoma nurses and psychologists. Initial treatment is usually non-surgical in the majority of these patients and may involve treatments such as Biofeedback, Anal irrigation and neuro-modulation. Surgery is reserved for the small group of patients who continue to have persistent symptoms which significantly affect their QOL. The expectations of the patient from the operation should be discussed pre-operatively and ensured that the goals are realistic. Cases are best discussed in Pelvic MDT pre-operatively and counseling should include success rates, the possibility of some symptoms still continuing despite surgery, specific procedure related risks and long term recurrence rates. Overall, correct identification and treatment of the pelvic floor dysfunction can lead to improvement in QOL and grateful patients while a failure to identify this can lead to unnecessary operations and a life of misery.

Biography

Bandipalyam V Praveen has qualified in Medicine in 1987 from Bangalore University, India securing a Merit Scholarship and University Gold Medal. He then did his Postgraduate Surgical Residency program at PGIMER, Chandigarh, India leading to MS degree in 1990. He did his Higher Surgical Training in London in Colorectal Surgery, when he was awarded the Dean's Best Teacher award (2002) by the Royal Free UCL Medical School.

He was appointed as a Consultant Surgeon at Southend University Hospital in 2003, where his present roles include: Clinical Audit, Research and Governance Lead, Chair, Clinical Governance Group, Chair, Complaints Review Group, Lead Clinician, Pelvic Floor Services, Lead Surgeon, Anal Cancer, Chair, Anal Cancer MDT, Essex Cancer Network. He has held various educational and training positions including: Associate Director of Medical Education from 2007-2011, Accredited Medical Appraiser, Educational and Clinical Supervisor, Hon Clinical Senior Lecturer, Queen Mary University of London and University of Edinburgh, Faculty member, Masters Course in Surgery (Robotics), Anglia Ruskin University. He is a Member of Court of Examiners, Intercollegiate MRCS Examinations of the Royal College of Surgeons. He has co-authored four books and has several international presentations and publications.

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