

SEVERAL PAINLESS DIAGNOSTIC TESTS TO HELP DIAGNOSE FECAL INCONTINENCE OR CONSTIPATION

**Anal rectal manometry** evaluates the strength of the pelvic floor, the muscles controlling bowel movements, and only takes about 15 minutes.

**Anal electromyography** helps determine two things — whether the nerves supplying the sphincter muscles are intact and whether the muscles contract and relax normally.

**Pudendal nerve latency test** allows the physician to determine if nerves controlling the anal sphincter muscles have been damaged.

**Defecography** tests the motion of the pelvic floor and is performed in the radiology department using x-rays; takes about 15 minutes.

**Anorectal ultrasound** is used to take images of the anatomy of the internal and external sphincter muscles.

**Colonic transit study** tracks how food moves through the colon, allowing the physician to detect constipation or problem areas.

SURGICAL AND NONSURGICAL TREATMENT OPTIONS FOR FECAL INCONTINENCE/CONSTIPATION

**Biofeedback** is a behavioral treatment used for incontinence and constipation through which physicians and nurses work with patients to help them understand the condition and learn specific methods to bring the rectum back to a healthy level of function.

**The Secca procedure** delivers heat energy into the anal canal to improve the barrier function of the muscles. The procedure has a much quicker recovery time than standard corrective surgeries; for fecal incontinence only.

**Sphincteroplasty** is surgical repair of a damaged sphincter muscle; for fecal incontinence only.

**Sacral nerve stimulation** is a form of nerve stimulation via electrical impulses; for fecal incontinence only.



# Fecal incontinence and constipation: tests and treatments

**Upcoming features**

A number of other major health challenges can affect the anal and rectal areas. They include:

- ANAL WARTS
- CROHN'S DISEASE
- ULCERATIVE COLITIS
- ANAL RECTAL PAIN
- CHRONIC DIARRHEA
- IRRITABLE BOWEL SYNDROME
- PILONIDAL DISEASE
- LAPAROSCOPIC COLON CANCER SURGERY
- DIVERTICULITIS
- RECTAL PROLAPSE
- RECTOCELE
- POLYPS OF THE COLON & RECTUM
- PRURITIS ANI
- ANAL FISSURE
- ANAL ABSCESS/FISTULA
- HEMORRHOIDS
- COLON POLYPS
- COLONOSCOPY
- ANAL ULTRASOUND
- SEXUALLY TRANSMITTED DISEASES (STD)
- CONSTIPATION
- ANAL INCONTINENCE

Dr. Galliano will present comprehensive discussions of these challenges in future Florida Health Care News articles.

**Coming soon:** future office opening in Englewood! Call for more details.



**Domingo E. Galliano, Jr., MD, FACS, FASCRS**  
Board certified in colon and rectal surgery  
Director, Colon-Rectal Physiology Lab & Pelvic Disorder Center

“Quite a number of conditions can affect the colorectal area,” notes Domingo E. Galliano, MD. “One of the most distressing — and taboo — is that of fecal incontinence and constipation.”

Perhaps even more isolating than the more well-known condition of urinary incontinence, fecal incontinence and

affects as many as 5.5 million Americans. Damage to the nerves in the area, weak or damaged muscles — such as from difficult childbirth or episiotomy — and inflammatory bowel disease are all examples of possible causes of fecal incontinence.

“Fortunately,” continues Dr. Galliano, “there are now new techniques for dealing with these problems.”

If dietary changes, medical

certified in colon and rectal surgery able to diagnose the problem and find a treatment that will restore bowel control or, at the very least, substantially reduce the severity of symptoms.

“The best approach is to develop an individualized treatment plan, which is the basis of our practice.”

*Anal-rectal physiology testing* studies the function of the anus and rectum. Physicians order anal-rectal physiology evaluations, which combine several diagnostic tests, to help pinpoint the exact bowel problem a patient is experiencing. Test results determine the proper treatment to help correct or eliminate problems such as constipation, rectal pain, a bulging rectum, or fecal incontinence.

**FHCN**—Michael J. Sabno



Domingo E. Galliano, Jr., MD, FACS, FASCRS, is board certified in colon and rectal surgery by the American Board of Colon and Rectal Surgery and by the American Board of Surgery in general surgery. After completing undergraduate work and receiving his medical degree, magna cum laude, Dr. Galliano completed a five-year general surgery residency at Jersey City Medical Center, NJ. He completed a fellowship in colon and rectal surgery at Greater Baltimore Medical Center, Baltimore. He also completed a fellowship in advanced colon and rectal surgery at the Cleveland Clinic, Florida. Dr. Galliano is a clinical assistant professor at University of South Florida College of Medicine, Tampa. He has been in private practice in Port Charlotte since 1989, and he is affiliated with Fawcett Memorial Hospital, Peace River Regional Medical Center, and Charlotte Regional Medical Center.

constipation can be caused by a variety of factors, explains Dr. Galliano.

“The bowel function is controlled by three things: the sphincter, a muscle which keeps stool from leaking; the rectum’s storage capacity, or how much the rectum can stretch and hold stool before it must be released; and rectal sensation, the feeling that one must avoid a bowel movement. If anything interferes with these three factors, then fecal incontinence or constipation, or both, can occur.”

The problem is more common than one might think. “It

management, or bowel retraining programs do not eradicate the problem, fecal incontinence and constipation may be addressed through surgical procedures to correct the underlying physical problem. In the event that sphincter damage was caused by childbirth or rectal prolapse, surgery may prove to be an effective method of correction.

**Testing and treatment**

“Fecal incontinence and constipation typically respond well to professional treatment,” assures Dr. Galliano. “The key is finding a specialist who is board

**Gentle, effective care ...**

Dr. Galliano welcomes your inquiries regarding this article. He can be seen at **2525 Harbor Blvd., Suite 208**, in Port Charlotte or **15121 Tamiami Trail** in North Port. For more information or to schedule a consultation appointment in either office, please call **(941) 625-3411**.

**Yes!** Please send me information about:

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