

Women across the country are avoiding social functions, abandoning hobbies, and are bound to carrying pads or a change of clothes just in case they have a bathroom emergency.

Are you one of the many women who find themselves with irregular bathroom habits? Or maybe you can't even control the urges you have and regularly need to jolt to the door, fingers crossed that you make it on time?

As it turns out, the accidental passage of solid or liquid stool and gas is a very real medical condition known as fecal incontinence, symptoms of which also include a strong urge to have a bowel movement, not being able to control the bowel movement, and bowel movements without your consent or even knowledge.

Now, if this has happened to you on occasion, you may have brushed it off. You think to yourself that the meal you ate must have been contaminated or you haven't been feeling well lately and must have caught that bug going around.

If, however, you find anal incontinence is popping up more than you'd even like to admit, it's time to seek treatment.

### **Current Treatment Options**

After undergoing various tests to discover the cause, it'll be time to discuss treatments options, which include anything from diet changes, medications, pelvic floor muscle exercises (commonly known as Kegels), bowel training, and biofeedback.

Biofeedback is a top choice for those who are dealing with chronic fecal incontinence and has yielded some positive results. This involves having sensors placed either internally in the anal canal and/or externally on the pelvic floor muscles and abdominal wall. The sensors measure muscle activity and provide useful feedback via visual or auditory cues to improve bowel control. This, in combination with other modalities, has been useful, but it's still not completely solving the problem.

### **An Idea to Change Status Quo**

Ravinder Mittal, MD, a gastroenterologist and professor of medicine at UC San Diego, and Lori Tuttle, PT, Ph.D., a physical therapist and Associate Professor at San Diego State University, recognized the treatment limitations for those with anal incontinence and had an idea. They wanted to test whether a pelvic floor resistance exercise program could indeed increase pelvic floor muscle strength, in combination with biofeedback and Kegel exercises, to diminish these unwelcome urges and symptoms.

With funding from the National Institute of Health, they began their clinical trial in September 2017, and are actively looking for more participants.

## The Clinical Trial

Millions of women in the U.S. alone—anywhere from 7% to 15% of the population—are dealing with anal incontinence and many are still living in silence. They don't want to be a bother and they're embarrassed and afraid to speak up because we're taught from a young age that what happens in the bathroom should stay in the bathroom—it's private.

However, your quality of life is most important, and Dr. Mittal and Dr. Tuttle want to make *you* a priority. They are actively looking for participants for their latest trial. Maybe they're looking for you?

## What does that mean?

Currently, biofeedback and Kegel exercises are your treatment options, but Dr. Tuttle has good reason to suspect that resistance training added to this regiment could make a big difference, and it's never been tried before.

There is a large body of evidence indicating that for muscle strengthening and hypertrophy to occur, exercises must be performed against resistance. So, Dr. Tuttle, Dr. Mittal, and their team designed a novel exercise program for the pelvic floor that incorporates principles of resistance training known to be effective in other muscles in the body.

The long-term goal of this research is to determine the most appropriate noninvasive strategies and interventions to improve pelvic floor function and symptoms of anal incontinence. This project is the first step in achieving this goal.

## Do You Qualify?

In order to join this clinical trial, you must fit within various criteria.

### Inclusion Criteria:

- 22 years and older
- Female
- Diagnosed with Anal/Fecal Incontinence
- Fecal Incontinence Severity Index (FISI) score between 10 and 35, to be assessed via phone or email correspondence with program coordinator
- Able to voluntarily contract your pelvic floor muscles based on your anorectal manometry measures, to be assessed at first appointment. If you have not yet had this test, this will be performed before you're accepted into the clinical trial.

### Exclusion Criteria:

- FISI scores under 10 or over 35
- History of large external hemorrhoids or bleeding hemorrhoids
- History of inflammatory bowel disease (IBD)

- Any neurological condition affecting the pelvic floor
- Large pelvic organ prolapse (greater than stage 3)
- Inability to contract your pelvic floor muscles on command
- Pregnancy

## What You Can Expect

If you are accepted to join the clinical trial, you will receive treatment at no cost as the trial is fully funded. You will then schedule to receive pelvic floor physical therapy treatments with a licensed and experienced pelvic floor physical therapist using biofeedback, with the addition of the innovative resistance training technique (depending on which randomized treatment group you are sorted into).

If selected, participants should be available to come in once per week for 12 weeks for exercise sessions, plus one pre-treatment assessment and three post-treatment assessments. Researchers will be measuring the effectiveness of the treatment over 12 weeks, 12 months, and 24 months in hopes of collecting sufficient data that could lead to more updated treatments methods, if it's as effective as presumed.

These visits will all take place at the Altman Clinical and Translational Research Institute (ACTRI) Building at UCSD La Jolla Medical Center.

So, are you ready to get started? Let's ignite the shift in the treatment paradigm for women with pelvic floor disorders.

For [more information](#) or to get signed up, contact [program](#) coordinator Jessica Swartz, PT, DPT at (858) 246-2582 or [jswartz@sdsu.edu](mailto:jswartz@sdsu.edu).