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Colorectal disease – still a taboo

Up to 5% of the population and more than half of care home residents suffer from faecal incontinence and other colorectal conditions, leading to a significant drop in their quality of life as a result. The Annual Meeting of the European Society of Coloproctology (ESCP) at the Austria Center Vienna from 25-27 September aims to address the taboos surrounding these common complaints and give an insight into new surgical procedures and the latest cancer and stem cell research findings.

“As coloproctologists, we specialise in diseases of the colon, rectum and anus. The majority of our work is surgical, but there are some diseases that respond well to conservative management,” explained the Austrian National Representative to the ESCP, senior physician Dr. Irmgard Kronberger from the University Hospital of Innsbruck. “And while it remains a taboo topic, two-thirds of people will suffer from some form of colorectal condition at least once in their life. It is also one of the most common reasons that people go to see a doctor. Once those individuals who do not seek treatment out of embarrassment are included, the real number is estimated to be much higher,” Kronberger explained. The ESCP congress aims to help remove some of the taboos surrounding this subject.

Faecal incontinence – a common condition affecting up to 5% of the population

Common coloproctological diagnoses include haemorrhoids, anal fissures, infections and faecal incontinence. Faecal incontinence is defined as involuntary passing of stools when passing gas, or in liquid or solid form. “We believe that between 2% and 5% of the population suffer from some form of faecal incontinence. In the 50 and over age bracket, this figure rises to around 15% and we know from care homes that more than half of residents are affected,” Kronberger explained. Older people and individuals suffering from diarrhoeal diseases, chronic intestinal conditions or diabetes are particularly at risk. Some medications and forms of radiotherapy, as well as specific surgical procedures and birth complications can lead to the development of the condition.

Combating social isolation and fighting for a higher quality of life

Faecal incontinence often leads to embarrassment and social isolation – but it does not necessarily have to be this way. Some causes, such as inactivity and poor bathroom habits, can be addressed through correct posture when using the toilet and prophylactic training of the pelvic floor muscles. Conservative treatment can help to significantly improve quality of life. Eating dried blueberries can lead to an improvement in stool quality and, in certain types of situation, some patients use enemas to empty their bowels before leaving the house.

Effective surgical intervention: gatekeepers and nerve simulation

If these and similar measures fail to have the desired effect, a number of different surgical interventions are available, including procedures designed to improve sphincter function. A

foreign body – e.g. a prosthesis inserted as a ‘gatekeeper’ – is embedded in the anal canal in a minimally invasive procedure that helps the sphincter close properly. Another form of therapy is to repair the sphincter by stitching larger gaps in the muscle. The other options include a special kind of nerve stimulation. This procedure involves attaching electrodes to the nerves in the lower back which are responsible for intestinal function. Nerve modulation also makes it easier for the patient to hold stools.

Anal fistulas – Austria focuses on new surgical method and stem cells

Recurrent anal fistulas are another painful condition that specifically affects the rectum. They usually occur as a result of an inflammation around the rectum. “In Austria we’re leading the way in terms of developing new treatments,” Kronberger confirmed. Last year, a new surgical method was tested to great success at MedUni Vienna and the Medical University of Innsbruck. “Here, the innovation is a specially developed piece of equipment that makes it possible to isolate and remove the fistula tissue without compromising any of the surrounding tissue or the sphincter,” she explained.

“Austria is one of the first countries in the world to take treatment of complex anal fistulas arising from conditions such as Morbus Crohn one step further by using stem cell research,” the coloproctologist concluded. Stem cells are harvested from fatty tissue and prepared before being introduced to the tissue around the fistula. The stem cells send special messenger substances into the tissue that are anti-inflammatory in character and facilitate the healing process. This new type of treatment is currently being successfully used in Vienna and Innsbruck to treat anal fistulas in patients suffering from chronic inflammatory intestinal diseases. Details of both innovative research projects will be presented at the ESCP’s Annual Meeting.

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