

# Biofeedback Therapy



a family of healing partners  
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Anorectal biofeedback is a treatment program that utilizes neuromuscular conditioning techniques to treat patients with fecal incontinence or chronic constipation that is associated with dyssynergic defecation. Dyssynergic defecation, also known as anismus or pelvic floor dyssynergia, is characterized by failure of the abdominal, rectal, pelvic floor and anal sphincter muscles to coordinate and complete the act of defecation. It is characterized by impaired propulsion of stool from the rectum, paradoxical anal contraction, or inadequate anal relaxation, or a combination of these mechanisms.

The diagnosis of dyssynergic defecation is made via anorectal manometry.

Appropriate candidates for receiving biofeedback therapy (neuromuscular training) are:

- Patients who have a diagnosis of dyssynergic defecation.
- Patients who have tried standard approaches for treatment of constipation including OTC laxatives, and failed these approaches.
- Patients who have fecal incontinence (stool leakage).
- Anorectal biofeedback therapy is an instrument-based learning technique wherein an instrument such as a manometry probe is placed inside the body to provide visual or auditory information to the patient regarding their anorectal muscle function.

Biofeedback therapy is a process based on operant conditioning techniques and the governing principle is that any behavior – whether complex or simple – is reinforced. It can be performed either by placing a manometry probe with multiple micro-transducers and a balloon into the rectum. This in turn provides either visual or auditory display of muscle activity. The patient and the therapist use this information to learn how to control and improve anorectal function.

The treatment consists of advice and instruction during an initial visit regarding bowel habits, exercise, laxatives, dietary fiber and fluid intake and timed toilet training. In addition to receiving the instruction, subjects have an initial training session by a specialist generally followed by biweekly, 1-hour biofeedback sessions during the active phase. A follow up phase typically consists of reinforcement at 6 weeks and 3, 6, 12 months, as well as exercises and breathing techniques to practice at home.

Anorectal manometry and biofeedback therapy are now offered at the Heartland Center for Motility, under the supervision of Dr. Ashok Attaluri, within Gastroenterology Consultants. Dr. Attaluri is an expert in Motility Disorders of the gastrointestinal tract.