

OBSTRUCTED DEFECATION SYNDROME

QUESTIONS & ANSWERS



GLASGOW COLORECTAL CENTRE
WWW.COLORECTALCENTRE.CO.UK

GLASGOW COLORECTAL CENTRE
Ross Hall Hospital
221 Crookston Road
Glasgow
G52 3NQ
e-mail: info@colorectalcentre.co.uk
Ph: Main hospital switchboard - 0141 810 3151
Ph. General pricing and bookings enquiries – 0808 101 0337

Obstructed Defecation Syndrome (ODS)

What is ODS?

Obstructed defecation syndrome (ODS) is a common condition in which a person is unable to evacuate their bowels properly.

What causes ODS?

Generally ODS is caused by the structural abnormalities associated with a weak pelvic floor or prolapse disease (intussusception or internal rectal prolapse, rectocele). Less commonly (about 5-10%), a tight pelvic floor is the cause.

What symptoms do patients get?

This syndrome is characterised by difficulty passing motions, multiple (often unsuccessful) visits to the toilet, a sensation of a blockage and incomplete emptying. Patients with ODS often use their finger to help them to empty, pushing on the perineum (the skin in front of the anal canal), on the back wall of the vagina or in the anal canal itself. As emptying may not be complete some patients describe leakage of a small amount of stool after they have been to the lavatory i.e. in addition to not being able to go properly, they also find that they have some symptoms of faecal incontinence.

Which test will I need?

After an examination with a colorectal specialist, your doctor may recommend a flexible sigmoidoscopy or colonoscopy to rule out rare causes for ODS. Anorectal physiology and endoanal ultrasound will help distinguish a weak from a tight pelvic floor. A proctogram looks at the co-ordination of the pelvic structures during defecation. A transit study will check to see if the colon is sluggish and failing to propel its contents to the rectum for defecation.

Which treatments might be offered?

Often patients can be helped with changes in diet or stool softeners. Pelvic floor retraining retrains the muscle of the pelvic floor and co-ordinates the muscles better. For those failing to improve with these measures and evidence of a structural cause for ODS such as an intussusception or rectocele, surgery such as laparoscopic ventral rectopexy, STARR or rectocele repair may be indicated.