

Biofeedback more effective than EGS and massage for chronic rectal pain

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A new study conducted by Italian researchers, in collaboration with the University of North Carolina at Chapel Hill, finds that biofeedback is more effective than two other treatments for a type of chronic rectal pain called levator ani syndrome.

"The importance of this work is that chronic rectal pain is relatively common and has been very frustrating to treat - nothing seems to work for more than a small fraction of patients," said William E. Whitehead, Ph.D., professor in the UNC School of Medicine and co-director of the UNC Center for Functional GI & Motility Disorders.

"This research shows how to select the patients who are going to respond to treatment and which treatment is the most effective," Whitehead said.

The study is published in the April 2010 issue of the journal *Gastroenterology*. The lead author is Giuseppe Chiarioni, M.D., from the University of Verona.

Levator ani syndrome is a condition characterized by a dull ache high in the rectum. Patients may also have a feeling of constant pressure and occasional burning, and it may be uncomfortable to sit. This pain often gets worse during bowel movements because of pressure on a muscle in the pelvic floor called the levator ani.

In the study, 194 patients in Italy who sought treatment for this condition were randomized to receive a course of one of the three most commonly

recommended treatments: biofeedback, electrogalvanic stimulation (EGS) or digital [massage](#) combined with warm baths. Overall 57 percent of patients treated with biofeedback reported adequate relief, compared to 26 percent for EGS and 21 percent for massage. The research showed that the patients most likely to improve could be identified by a physical examination: for those who reported tenderness when their doctor pressed on their pelvic floor muscles, 87 percent reported adequate relief following biofeedback compared to 45 percent for electrogalvanic stimulation and 22 percent for massage.

Provided by University of North Carolina School of Medicine

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