

Table des matières

1. Systematic Reviews and Meta-Analysis	1
1.1. Generic Acupuncture	1
1.1.1. Xu 2021 (Defecation Dysfunction)	1
2. Clinical Practice Guidelines	1
2.1. Spanish Association of Coloproctology (AEC, Spain) 2024 Ø	2
2.2. United European Gastroenterology (UEG), European Society of Coloproctology (ESCP), European Society of Neurogastroenterology and Motility (ESNM), European Society for Primary Care Gastroenterology (ESPCG) 2022 ⊕	2

Faecal Incontinence

Incontinence fécale

1. Systematic Reviews and Meta-Analysis

1.1. Generic Acupuncture

1.1.1. Xu 2021 (Defecation Dysfunction)

Xu G, Lei H, Zhou Y, Huang L, Tian H, Zhou Z, Zhao L, Liang F. Acupuncture for Quality of Life of Patients with Defecation Dysfunction after Sphincter Preserving Surgery for Rectal Cancer: A Systematic Review. *Evid Based Complement Alternat Med.* 2021 Dec 15;2021:7858252.

<https://doi.org/10.1155/2021/7858252>

Purpose	To evaluate the effectiveness and safety of acupuncture for quality of life of patients with defecation dysfunction (DD) after sphincter preserving surgery for rectal cancer.
Methods	We searched nine online databases from inception to July 1, 2021, and did not restrict the type of language. Then, studies were independently selected by two research team members with screening criteria and risk bias assessment, and the data were extracted. The primary outcome was Quality of Life Questionnaire-Core 29 (QLQ-CR29). The data were then synthesized using the RevMan V.5.2 by random-effects model. Also, we used the standardized mean differences with 95% credible interval (CI) to describe the outcome of the analysis.
Results	A total of 6 randomized controlled trials (RCTs) (with 439 patients) were included in the systematic review, and data from 2 RCTs (with 200 patients) were used in the meta-analysis. Five studies (83%) were judged to have a medium risk of bias, and one was at high risk of bias. For synthesis, data from two medium-risk studies found that acupuncture or electropuncture may improve the QLQ-CR29 with urination (mean difference, -0.39 points; 95%CI, -0.46 to -0.32; I2 = 34%), abdominal pain (mean difference, -0.71 points; 95%CI, -0.89 to -0.54; I2 = 9%), stool (mean difference, -0.49 points; 95%CI, -0.77 to -0.20; I2 = 57%), defecation (mean difference, -0.59 points; 95% CI, -0.85 to -0.33; I2 = 51%), sexual function (mean difference, 0.93 points; 95% CI, 0.48 to 1.38; I2 = 90%), and self-feelings (mean difference, 1.04 points; 95% CI, 0.36 to 1.73; I2 = 94%).
Conclusion	Findings in this study indicate that acupuncture or electropuncture may be effective and safe for DD, but the quality of included studies was very low. So, more large-scale, multicenter, long-term, and high-quality original research is still expected in the future.

2. Clinical Practice Guidelines

⊕ positive recommendation (regardless of the level of evidence reported)
 ∅ negative recommendation (or lack of evidence)

2.1. Spanish Association of Coloproctology (AEC, Spain) 2024 Ø

Cerdán Miguel J, Arroyo Sebastián A, Codina Cazador A, de la Portilla de Juan F, de Miguel Velasco M, de San Idefonso Pereira A, Jiménez Escovar F, Marinello F, Millán Scheiding M, Muñoz Duyos A, Ortega López M, Roig Vila JV, Salgado Mijael G. Clinical practice guidelines for diagnostic and therapeutic management of faecal incontinence: Baiona consensus from the Spanish Association of Coloproctology. *Cir Esp (Engl Ed)*. 2024 Jan 17:S2173-5077(24)00013-9.

<https://doi.org/10.1016/j.cireng.2023.07.008>

Acupuncture : Few studies, but good results. *Expert recommendations*: In the absence of evidence, it cannot be recommended as a treatment.

2.2. United European Gastroenterology (UEG), European Society of Coloproctology (ESCP), European Society of Neurogastroenterology and Motility (ESNM), European Society for Primary Care Gastroenterology (ESPCG) 2022 ⊕

Assmann SL, Keszthelyi D, Kleijnen J, Anastasiou F, Bradshaw E, Brannigan AE, Carrington EV, Chiarioni G, Ebben LDA, Gladman MA, Maeda Y, Melenhorst J, Milito G, Muris JWM, Orhalmi J, Pohl D, Tillotson Y, Rydningen M, Svagzdys S, Vaizey CJ, Breukink SO. Guideline for the diagnosis and treatment of Faecal Incontinence-A UEG/ESCP/ESNM/ESPCG collaboration. *United European Gastroenterol J*. 2022;10(3):251-86. [223632]. <https://doi.org/10.1002/ueg2.12213>

Acupuncture can be considered as a treatment for patients with Faecal Incontinence. Very low level of evidence.

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