

Bladder Boutique Fecal Incontinence Solutions



STEP 1 | INITIAL OFFICE EVALUATION FOR FECAL INCONTINENCE &/OR FECAL URGENCY

Bowel Symptoms

- **Fecal Incontinence (FI):** The inability to control bowel movements, causing stool (feces) to leak unexpectedly from the rectum
- **Fecal Urgency (FU):** The sudden need to rush to the bathroom to empty one's bowels

Evaluation at the Bladder Boutique

- Confirm that an up to date colonoscopy has been performed by a gastroenterologist or colorectal surgeon
- A digital rectal exam should be performed to check the tone of the anal sphincter



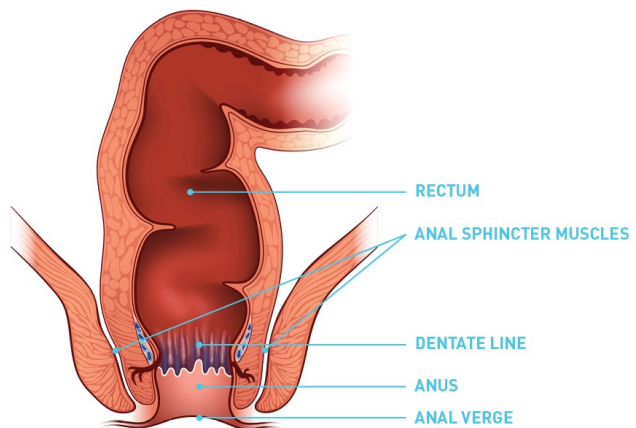
STEP 2 | CONSERVATIVE MANAGEMENT

- Anti-diarrheal OTC Medications (i.e. Imodium, Pepto-Bismol)
- Fiber Supplements to bulk the stools (i.e. Citrucel, Metamucil)
- Dietary Changes (i.e. alcohol, caffeine, dairy, greasy foods, spicy food, sweeteners ending in “-ol” such as sorbitol)
- Timed stooling (i.e. having a bowel movement 20-40 minutes after eating, spend 10-15 minutes on the toilet trying)
- Pelvic floor physical therapy with a trained professional (i.e. Kegel exercises, biofeedback)



STEP 3 | RE-EVALUATION VISIT

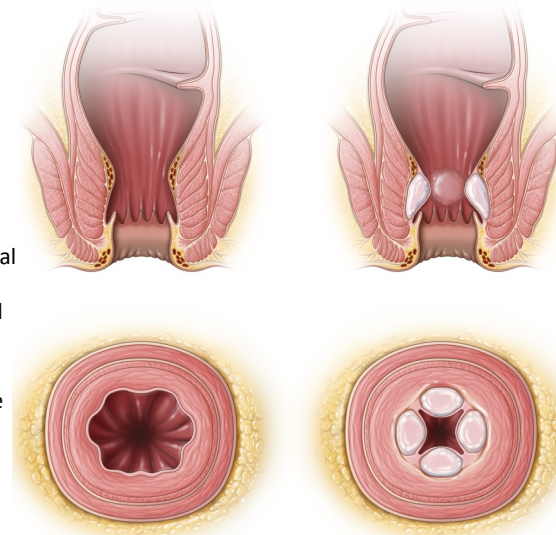
- **Assess bowel symptom change to decide plan:** Conservative therapies may not improve bowel symptoms enough
- **Consider advanced therapy options** if bowel symptoms are not well managed with conservative measures
 - Solesta Bulking Procedure
 - SNM (Sacral Neuromodulation) Implant (i.e. Axonics or Interstim)



Advanced Therapy Options

Solesta Bulking Procedure

- It is the only FDA approved injectable treatment for bowel incontinence
- The gel is made from 2 polysaccharides commonly used in medicine
- It has been used in over 40 million procedures often as a dermal filler to reduce wrinkles
- It is a brief procedure requiring NO anesthesia
- The gel is injected at 4 locations using a small anoscope
- Because the injections are above the dentate line there should be minimal pain
- Solesta bulks and thickens the anal walls for better anal sphincter control
- You will need to perform a fleets enema prior to the procedure
- You may resume physical activity 24 hours later
- The most common risks include infection, bleeding and discomfort at the rectum or anus



Success rates for Fecal Incontinence after Solesta Procedure :

- Patients receiving Solesta experienced a 3X greater improvement in QOL
- 64% of patients had at least a 50% reduction in number of FI episodes at 1 year
- Over 80% of patients did not require further intervention at 3-year follow-up
- Results may not be apparent immediately
- The procedure can be repeated as needed to improve results

Sacral Neuromodulation (i.e. Axonics or Interstim)

Phase 1 Sacral Nerve Stimulation Trial:

- Thin wires are placed during a brief procedure at the **lower back**
- Temporary multi-day nerve testing is performed
- Voiding diaries are obtained before & during testing

Phase 2 Device Implant Procedure:

- After a successful trial, implantation of a permanent lead and battery
- A small battery (~10cc) is placed at the buttock
- Implant placement is done under general anesthesia or deep sedation
- You have a remote to manage the system when needed
- The device lasts ~10+ years
- The device is exchanged or removed after the battery depletes
- There is a low risk of explant for infection
- You may obtain MRIs and other imaging if needed without any issues

Improvement in FI after SNM Procedures:

- >90% of implanted patients had at least a 50% reduction in FI episodes
- Weekly FI decreased from 8 episodes to 1.5 episodes on average (i.e. 79% improvement)
- Urinary symptoms are treated as well with an SNM implant (i.e. urge urinary incontinence, urinary frequency& urinary retention)

