

Women's experiences of managing digitation: do we ask enough in primary care?

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Background and purpose

Pelvic organ prolapse can be a distressing long-term condition and can reach a prevalence of 40% for women over 50 years of age living in the community, which equates to 4.6 million women across the UK.

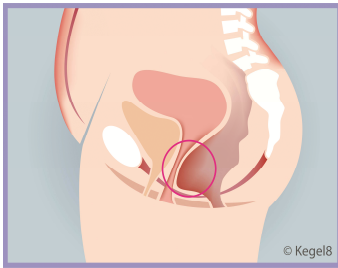


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The lived experience can be distressing for many women and for some digitation (using fingers) is an option to manage rectal emptying when the prolapse is causing obstructive defecation. Women initially approach primary care with prolapse and associated symptoms. Evidence of what interventions may work before heading to surgery is increasing, although there remain major gaps in our knowledge (Box 1). The purpose of this review is to consider the available literature across two areas. Firstly, to understand the extent of the problem and secondly, to identify the lived experience of women who have difficulty with rectal emptying.



Understanding the extent of the problem

- Low health seeking behaviour
- Constipation is four times more associated with a defaecatory disorder in women than men
- Healthcare professionals may not always enquire about bowel symptoms and patients may not disclose them



Lived experience of women who have difficulty with rectal emptying

- Rectocele burden and its consequences are not truly known
- Complex emotions around coping and managing stress add to the challenges with seeking healthcare
- Literature focuses on surgical approaches prolapse



Improving the management of digitation

- Digitation does not work for all women
- Innovation in prolapse management has mainly been surgical inserts to support weakness in the anatomical structures
- Production of novel non-surgical conservative devices has been deficient

Results

There is limited understanding of the impact of living with obstructed defaecation and the consequences of using digitation in women, especially in understanding the extent of the problem. There is opportunity for innovation in the field of managing obstructive defaecation.

Conclusion

This review considered the available evidence for the current management of pelvic organ prolapse, understanding the extent of the problem with particular attention to rectocele, and the lived experience of women who have difficulty with rectal emptying, whilst taking into account the need to improve the management of digitation. The findings help to stimulate a conversation on when and how to use a conservative management approach for women with pelvic organ prolapse. We have identified a dearth of knowledge about women living with the problem of obstructive defaecation leading them to use digitation. However, there is a promising opportunity for healthcare professionals in primary care to improve the experience of women struggling with bothersome symptoms, such as constipation, the need to digitate or anxiety. Further research is recommended that takes a deeper look into the lived experiences of women who struggle with symptoms.

Box 1

What we know	What we don't know
<ul style="list-style-type: none"> • Constipation can impact on prolapse symptoms • Pelvic floor muscle exercises are a cost-effective and safe intervention • Vaginal support pessaries may help resolve symptoms and delay the need for surgery 	<ul style="list-style-type: none"> • Risk factors for recurrent prolapse • Impact of lifestyle interventions • Impact of prolapse surgery on bladder health



Contributions to practice

- Pelvic organ prolapse is a common presentation in primary care.
- Prolapse can lead to bothersome symptoms.
- Digitation is an under-reported problem.
- Innovation may offer an alternative way of managing rectal emptying.