**FAECAL INCONTINENCE** 

## NASHA Dx injection therapy shows long-term efficacy for faecal incontinence

Injectable bulking agents are increasingly being used to treat faecal incontinence, as the risk of morbidity is low and the treatment can be performed in the outpatient setting. A new study has now assessed the long-term efficacy of nonanimal stabilized hyaluronic acid/dextranomer (NASHA Dx).

The study included 136 patients with faecal incontinence. The patients received 1 ml of NASHA Dx into each quadrant of the submucosa 5 mm above the dentate line (4 ml in total); patients with no persistent adverse effects at 1 month were offered a repeat procedure. At 6, 12 and 36 months, the patients underwent a clinical assessment, adverse events were recorded, patients completed a 14-day bowel diary and the Cleveland Clinic Florida Fecal Incontinence Score and Fecal Incontinence Quality of Life Scale were determined.

The researchers defined treatment success as a reduction in the number of

faecal incontinence episodes by ≥50% compared with baseline. Treatment success was achieved in 52% of patients at 6 months, 57% at 12 months and 52% at 36 months. "It is noteworthy that the improvement in faecal incontinence symptoms was accompanied by a concomitant improvement in faecal-incontinence-related quality of life," write the authors.

In addition, 13% of patients had complete resolution of symptoms at 36 months; however, 15% of patients had experienced a worsening of symptoms at this time point. Severe adverse events were rare and most adverse events were transient. As a result of these findings, the researchers caution that the moderate success rate of NASHA Dx therapy needs to be mentioned to patients when discussing alternative therapies. Patients should also be aware that complete resolution of symptoms is only



The researchers note that further studies are required to refine NASHA Dx injection therapy. For example, the optimal volume of bulking agent and the most effective injection site have not yet been determined.

to be a viable treatment option.

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