

# 7<sup>th</sup> Annual National Pelvic Floor Meeting

Thursday 10<sup>th</sup> - Friday 11<sup>th</sup> October 2013

ABSTRACT SUBMISSION FORM

BEST PAPER/POSTER SESSION

CLOSING DATE FOR SUBMISSION OF ABSTRACTS: **Friday 23<sup>rd</sup> August 2013**

The Best Paper oral presentations will take place during the conference. Posters will be displayed in the Exhibition area.

Presentation preference for abstract \*

Poster or Oral Presentation       Poster Presentation only       Oral Presentation only

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\*Title:

A randomised trial comparing single injection site versus bilateral injection sites for the treatment of chronic anal fissure (CAF) with botulinum toxin (BT).

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\*Abstract (max. 350 words):

Bilateral BT injection is standard treatment at our institution for CAF resistant to topical treatment. No study has previously investigated single versus bilateral BT injection sites in CAF treatment. Logically one injection would seem preferable to two. This study compares pain associated with bilateral versus single injection without anaesthesia. (NRES 08/H0501/50)

Between October 2008 and April 2012, CAF patients were recruited to this study (n=100). They were randomly assigned to receive either bilateral injections of 50Units BT (n=49) or single injection of 100Units BT (n=51) into internal anal sphincter. A visual analogue score (VAS 0 to 100%) was used to assess pain associated with the injection(s). Questionnaires (VAS for fissure pain, EQ-5D, EQ-VAS and Cleveland Clinic Incontinence Score/CCI) were completed at baseline, 2 weeks, 2 months, 6 months and 1 year post injection(s).

The mean age was 41 (19-80 years) and female to male ratio 59:41. The median VAS associated with pain of injection(s) was comparable in both groups 25.5% and 27.7%, in bilateral and single injection groups respectively (median difference 1.67, 95% CI -7.14 to 10.31, p=0.705). Both groups rated pain of injection(s) lower than baseline CAF pain, -19.2% lower (standard) compared to -24.1% lower in the single injection group, although not a statistically significant difference between the groups, (mean difference 4.94, 95% CI -6.69 to 16.57, p=0.401).

Fissure pain scores for both groups were significantly lower at all follow-ups, when compared with baseline. This reduction in fissure pain was significantly more in the single compared to the bilateral injections group at 1 year, (mean difference 16.83, 95% CI 0.47 to 33.18, p=0.044). The single injection group also had a significant rise in Quality of Life at the 1 year follow-up (p=0.029). A greater rise in CCI score (worsening of anal incontinence) was reported with the bilateral compared to the single injection group at all follow-ups.

There was no difference in the pain experienced between the single and bilateral injections. BT injection significantly reduced fissure pain at all of the follow-up time points. This study suggests that single injection is more effective with fewer complications than bilateral injections.