The following full text is a publisher's version.

For additional information about this publication click this link.
http://hdl.handle.net/2066/25657

Please be advised that this information was generated on 2019-04-11 and may be subject to change.
**DISEASE MANAGEMENT OF PATIENTS WITH PERSISTENT DYSPEPSIA.** Labeij RJF, Severens JL, Lisdonk Iill van der, Verbeek ALM, Jansen JH MJ Department of Gastroenterology, University of Nijmegen

**Objective:** In this abstract we present the preliminary results of the examination whether an empirical drug treatment strategy with omeprazole (empirical group), instead of upper gastrointestinal endoscopy (UGE) followed by treatment (conventional treatment) in patients with persistent dyspepsia, increases appropriate use of endoscopy facilities.

**Methods:** Patients with persistent and troublesome dyspeptic symptoms justifying UGE were randomly allocated to the empirical or conventional group and followed for 1 year. We measured the percentage of patients undergoing an UGE, and the number of days with gastrointestinal (GI) complaints per patient.

**Results:** In the empirical group 76 percent less patients underwent an UGE compared to the conventional group. However, the empirical group had an average 3 days (p < 0.01) more complaints per month during the rest of the year compared to the conventional group.

<table>
<thead>
<tr>
<th>Treatment</th>
<th>UGE (n)</th>
<th>GI complaints</th>
</tr>
</thead>
<tbody>
<tr>
<td>Conventional</td>
<td>13</td>
<td>8.48</td>
</tr>
<tr>
<td>Empirical</td>
<td>21</td>
<td>11.51</td>
</tr>
</tbody>
</table>

**Conclusions:** The proposed empirical drug treatment strategy for patients with persistent dyspepsia results in the performance of fewer UGE but also in more days with GI complaints.

---


**Aim:** Outlines the management of the spectrum of constipation especially the intractable form by examining the entire experience of a single practice.

**Methods:** The symptoms for all patients in a single practice were entered into a computer database at the time of each visit over a 3-year period. All patients with constipation were identified. Constipation diagnostic studies and surgical results were reviewed.

**Results:** 6032 patients were entered. 1539 patients had complaints of constipation. 1271 had minor symptoms responding to simple measures like fiber, 268 had colonic transit time measurements and defecography. 130 patients had a prolonged colonic transit time >72 hours. 65 patients with prolonged colonic transit could not be managed medically and underwent total colectomy with ileorectal anastomosis. Of these there were 27 who underwent simultaneous rootopaxy for rectal descent. There were no deaths. One required subsequent ileostomy for persistent constipation due to neurogenic anismus. At followup 88% were extremely or very satisfied, 2% satisfied, 10% neutral and none dissatisfied. Frequency of bowel movements per day was: one in 10, two in 36%, three in 26%, four in 6%, five in 14% and twice in 2%. 364 defecographies were performed for rectal emptying complaints including constipation, pain or incontinence. 268 of those patients had constipation. 270 defecographies revealed impaired rectal emptying. 71 patients had impaired rectal emptying that could not be managed medically and underwent rectal suspension. There were no deaths or stoma. 79% (55) were extremely or very satisfied, 11% (8) satisfied, 6% (4) neutral and 4% (3) regretted surgery.

**Conclusion:** Many patients complain of constipation. Most can be managed with simple measures. In the group of patients with more severe symptoms colonic transit time measurements and defecography reveal clinically significant abnormalities in a large proportion. If symptoms persist despite medical treatment then surgery directed at specific concomitant anatomic defects can be successful in the majority of cases.