

Derriere Distress - Defecation - Deification.

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"The beginning is the most important part of the work"

Plato

Constipation is one of the common disorders in everyday clinical practice. The epidemiological and economic implication of this common disorder are so humongous that in the United States alone more than 3 million prescriptions are written annually for it and almost a billion dollars are spent for over the counter laxatives¹. Given the love for spices and dietary diversity, the magnitude in India can only be more. There is no single definition of constipation but in Indian context a peaceful passage of bowel every morning goes a long way in anticipation of a good day. A really "good morning" begins with a peaceful derriere, especially after a spicy evening meal. Constipation is usually multifactorial. Its mechanism may be normal transit constipation, slow transit constipation or purely a disorder of defecation and rectal evacuation. Its multifaceted personality can be further complicated by associated morbidities and a plethora of medications. From a surgeon's perspective it is mother of all anorectal problems amenable to surgical knife.

Association of defaecatory difficulties with fissure in ano, hemorrhoids, perianal suppuration and fistula is well known. A surgeon's engagement with derriere has been folkloric as well as contemporarily engaging. One wonders why Louis XIV's derriere was the only part exposed in his famous portrait. Louis XIV suffered from fistula disease. Charles Francois Felix decided to innovate, and after practicing his technique on numerous prisoners of the crown, performed a bed chamber fistulotomy, on the king in November 1686, and then went on to perform three successive operations, not wanting premature healing to occur. He kept cutting open the fistula, and instead of meeting the French guillotine, he was conferred with an estate along with a fee of 500,000 livres². This also gave a new sartorial design, long tailed coats to cover up the deeds of surgeon in an elegant manner. Even in current times there is no more grateful and happier a patient than one cured of an anal fissure³.

The derriere distress emanating from difficult defecation has long been blamed upon everything from our evolution to two legged animal nature to scientific explanation on breaks in anorectal anatomy i.e. park's ligament. When nothing would work it was convenient to

blame lifestyle, diet and even the person seeking relief rather than to confess our ignorance about its pathophysiology. While their role in defecatory dysfunction can't be wished away, but we surely missed upon the basic structural alteration that led to all these. This could be so as our understanding of functional anatomy is paradoxically based upon research upon non functional human bodies i.e. cadavers. It is true that majority of our clinical wisdom is based upon cadaveric research. However, its universal applicability into clinical practice on the premise that non functional and living anatomy are identical has no clear foundation as functional anatomy is liable to postmortem change⁴.

Technological evolution especially in video-imaging provides a vivid look into the act of defecation and its impact on ano-rectal structure, and the insult thereon if any that could lead to variety of clinical manifestation. Now most of these clinical syndromes can be explained upon internal rectal prolapse leading to recto-rectal or recto-anal intussusception, something which is totally correctable by a minimally invasive, day care procedure named as stapled transanal and resection rectopexy (STARR). A procedure introduced in Asia by Dr. Brij B. Agarwal⁵. STARR procedure is an important development in surgery after a long time with a promise for many suffering patients⁶. These developments providing relief to patients are a reminder to honors bestowed upon Felix and almost deification of their surgeons as echoed in sentiments of a relieved fissure patient.

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ETHICAL GUIDELINES FOR BIOMEDICAL RESEARCH

The need for uniform ethical guidelines for research on human subjects is universally recognised. It has acquired a new sense of urgency as the critical issues in the area of biogenetic research involving human subjects have become acute. Apart from the mandatory clinical trials on new drugs, a number of diagnostic procedures, therapeutic interventions and prevention measures including the use of vaccines, are being introduced which involve human subjects. Further the advent of new medical devices and radio-active materials and therapeutic benefits of recombinant DNA products have added a new dimension to the ethical issues that need to be considered before evaluating these for their efficacy, utility and safety.

Any research using the human beings as subjects shall bear in

mind the following principles of : i) essentiality, (ii) voluntariness, informed consent, (iii) non exploitation, (iv) privacy and confidentiality, (v) precaution and risk minimisation, (vi) professional competence, (vii) accountability & transparency, (viii) maximisation of public interest and distributive justice (ix) institutional arrangements (x) public domain (xi) totality of responsibility and (xii) compliance.

Recent advances in the field of Assisted Reproductive technologies, organ transplantation, Human genome analysis, and gene therapy promise unquestionable benefits to mankind. At the same time, they raise many questions of law and ethics, stimulating public interest and concern.

(Source : ICMR Publication 2008)