

EDITORIAL BY THE EDITOR-IN-CHIEF

Dear Readers

Today's issue offers two reviews on faecal incontinence. The first one is a synthetic overview of diagnostic and therapeutic approaches to incontinence based on the latest reports on the subject. The authors concluded that despite the multitude of treatment strategies for this difficult disease, there is no ideal procedure as the aetiology of incontinence is usually multifactorial, hence the therapeutic management should be incorporated on several levels. The second paper presents management guidelines for obstetric anal sphincter injuries. In women, obstetric trauma is the most common cause of incontinence, referred to as „the silent affliction” as the patients do not talk about it, and doctors do not actively ask patients about incontinence after delivery. Insufficient reimbursement of sphincter repair by the National Health Fund means that there is little interest in performing sphincter repair in surgical departments, while the difficulty of the surgery requiring extensive experience, as well as the risk of postoperative complications make these procedures unattractive for the private sector. The paper presents diagnostic and therapeutic algorithms for emergency and elective sphincter repair. Two articles discuss European and US treatment algorithms for the most common colorectal conditions, i.e. haemorrhoidal disease and anal fissure. The differences in treatment and therapeutic management between countries are significant and surprising. Invasive procedures raise the greatest controversy. Some of expert opinions seem extreme, e.g. adding sphincterotomy to haemorrhoidectomy to reduce postoperative pain, which is performed only occasionally in Poland. I strongly encourage you to familiarize yourself with the algorithms, which can verify and improve the treatment of a Polish patient.

I wish you a pleasant read.

Editor-in-chief
Małgorzata Kołodziejczak

