

An alternative to digitation: women's experiences of using Femmeze®

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Introduction

The aim of the project is to report the experience of women using Femmeze® (figure 1).

Fig. 1

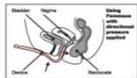
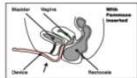


Living with a prolapse can be a distressing condition for many women and for some, digitation (using fingers) is an option to manage rectal emptying. Femmeze® device has been invented and developed by a clinician as an alternative to digitation. It is categorised as a Class 1 medical device, which is single-patient use.

Materials and methods

Ten women provided anonymous feedback via an evaluation form included within the Femmeze® packaging, were collated as part of Public and Patient Involvement (PPI) activity. Thematic analysis was applied to extracted information on the lived experiences of the women who have self-purchased Femmeze®.

The L shaped, hand-held device is inserted into the vagina (with lubricant) at the time of defaecation. Directional pressure is applied via the paddle onto the posterior wall, which intends to help the rectum to empty.



Results

Information from ten women were available for analysis (nine via evaluation form and one via letter), which had been received anonymously. The feedback has been provided voluntarily by women who have purchased Femmeze® within the UK. The age range was between 37 and 73 years (mean = 56 years) with a symptomatic self-reported rectocele present for a range of nine months to 45 years. Most of the women (n=8) used their fingers as their current management. Other interventions included the use of laxatives, enemas and a vibrator (Table 1).

Table 1 Age, Duration of Rectocele and Current Management

	Case 1	Case 2	Case 3	Case 4 (letter)	Case 5	Case 6	Case 7	Case 8	Case 9	Case 10
Age	49	37	62	73	69	54	70	54	38	50
How long had rectocele (months)	9	33	24	Unknown	24	130	540	30	72	56
Current management:										
• Do nothing	no	no	no	no	no	no	no	no	no	no
• Digitation	yes	yes	yes	no	no	yes	yes	yes	yes	yes
• Other				laxatives	vibrator	+ enema				

The women offered some useful comments about their usual care, with most (80%) using their fingers (digitation). Some used laxatives or a vibrator, or digitation in combination with enemas. The struggle that women can experience with rectal emptying during their usual care is illuminated by their written feedback. Themes that emerged from the responses about their usual care include:

Mechanical problems (pushing/pressing)

'Using my fingers has not been effective; feels like I'm trying to give birth – have to push so hard – go dizzy'

Physical effects (backache/bloating)

'Each day was unpredictable with discomfort on several days with bloating.'

Psychological issues (anxiety/depression).

'...tried various ideas but nothing was very successful; excessive laxatives every day.....depression set in'

The evaluation form also sought feedback from the women about Femmeze® effectiveness, preference and convenience (Table 2) as well as and the 'feel' of the device.

Table 2 Effectiveness, preference and convenience of Femmeze®

	Case 1	Case 2	Case 3	Case 4 (from letter)	Case 5	Case 6	Case 7	Case 8	Case 9	Case 10
Effectiveness	yes	yes	yes	No information	yes	yes	no	yes	yes	yes
Preference	yes	no	yes	yes	yes	no	no	yes	No response	yes
Convenience	yes	yes	yes	No information	No response	yes	no	yes	no	yes

Contribution to Healthcare

Inventing Femmeze® for healthcare may help to liberate women from an undignified procedure whilst also filling a gap in currently existing clinical care pathways. Furthermore, reducing NHS costs by delaying surgeries for posterior repair are a key potential, whilst aspiring to maximise the quality of life for the patient. Therefore, the positioning of the Femmeze® device within healthcare is a fundamental prospect.

One key output is the admission of the device to the Drug Tariff (prescription) to enable improved access for patients within primary care, therefore contributing to the reduction in secondary care referrals.

Conclusions

This small sample of self-selected women used the evaluation form contained within the Femmeze® packaging to offer anonymous feedback on their use of Femmeze®. Eighty per cent of the women in this sample used digitation, although a small sample, it reflects recent prevalence [1, 2]. Rectocele burden and its consequences are not truly known [3]. Although scantily reported in the literature, there is an increasing understanding of how bowel problems can affect quality of life [4].

Eighty per cent of women found Femmeze® effective and 60% of women preferred Femmeze®. This project provides a stepping-stone to help develop a systematic and structured investigation of Femmeze®, starting with the design of a feasibility study, which has received NHS Research Ethics Committee approval.

References

1. Sung, V W., Rardin, C R., Raker, C A., LaSala, C A., & Myers, D L. (2012) 'Changes in bowel symptoms 1 year after rectocele repair', American Journal of Obstetrics & Gynaecology, 423, e1-5.
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3. Lefevre, R., & Davila, G., W. (2008) Functional Disorders: Rectocele. Clin Colon Rectal Surg, 21, 129-137.
4. McClurg, D., Beattie, K., Lowe-Strong, A., Hagen, S. (2012) 'The elephant in the room: the impact of bowel dysfunction on people with multiple sclerosis', Journal of the Association of Chartered Physiotherapists in Women's Health, Autumn, 111, 13-21

Further information

FINANCIAL DISCLAIMER/CONFLICT OF INTEREST: Femmeze® is manufactured by the Medical Devices Technology International (MDTI). Royalties are collected by the NHS and contribute to improving healthcare. Intellectual property of Femmeze® is held by the NHS. Femmeze® is available to self-purchase within the United Kingdom (UK) via Medical Devices Technology International (MDTI).

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