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# Towards an understanding of defecation disorders: pathophysiology, epidemiology, and clinical implications

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*DOI:*
10.33612/diss.556158163

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*Document Version*
Publisher's PDF, also known as Version of record

*Publication date:*
2023

Link to publication in University of Groningen/UMCG research database

*Citation for published version (APA):*
Sun, G. (2023). *Towards an understanding of defecation disorders: pathophysiology, epidemiology, and clinical implications*. [Thesis fully internal (DIV), University of Groningen]. University of Groningen. https://doi.org/10.33612/diss.556158163

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**Propositions**

1. Knowledge of the physiology of fecal continence is key towards understanding the pathophysiology of fecal incontinence. *(this thesis)*

2. Anal sphincter pressure just before starting defecation is correlated with larger rectocele size and constipation-related symptoms. *(this thesis)*

3. It is important to diagnose and target the cause of FI to provide personalized and cause-targeting care instead of treating only the FI symptoms. *(this thesis)*

4. Dyssynergic defecation-associated symptoms rather than low frequency of defecation and hard stool are reliable indicators of constipation. *(this thesis)*

5. Anatomic changes at MR defecography are generally late-stage and irreversible, anal manometry seems preferable when it comes to assessing early, and potentially reversible, changes in patients with defecation disorders. *(this thesis)*

6. Patients suffering from severely elevated anal canal pressure should be advised to use rectal washouts in combination with botulinum toxin therapy to increase treatment efficacy. *(this thesis)*

7. The act of defaecation, although a ubiquitous human experience, requires the coordinated actions of the anorectum and colon, pelvic floor musculature, and the enteric, peripheral and central nervous systems. (*S. Mark Scott et al. Nature Reviews Gastroenterology & Hepatology*)

8. Science is a way of thinking much more than it is a body of knowledge. *(Carl Sagan)*

9. The virtues of science are skepticism and independence of thought. *(Walter Gilbert)*