



Fact Sheet - Interferential Therapy Treatment

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Continence
Association of Aust

Over the last decade Slow Transit Constipation (STC) has become recognised as one of the important causes of constipation in children. Treatments for this condition have improved but the majority of children still suffer on a daily basis. A pilot study at the Royal Children's Hospital (RCH), Melbourne in 2002 into Interferential Therapy (electrical therapy) in children with STC resulted in a significant improvement in the symptoms in eight of the nine children enrolled. The children who took part in the study had treatments administered in the community. No treatments took place at the RCH. Currently there are no machines at the RCH.

The electrical stimulator is currently approved by the Therapeutic Goods of Australia (TGA) for use in physiotherapy and no side effects were experienced by any of the nine children who participated in the pilot study. At present parents are paying for this type of treatment and have had to find a local physiotherapist, with the appropriate Interferential Machine prepared to administer this type of treatment. Very few physiotherapists have an understanding of the problems with STC, however with continual clinical education via PCAA conferences more physiotherapists are learning. This has proved to be very difficult for parents and caused a tremendous financial burden on these families, as some of these children require treatment up to three times a week or maybe even more in the initial first stages.

How is Interferential Therapy Stimulation used?

Painless electrical stimulation using Interferential Therapy has been successfully used by physiotherapists for a variety of conditions, including urinary incontinence. There is the potential with this therapy for the nerve supply of the bowel to be stimulated. We know that children with STC may have differences in the nervous system in their bowel wall and direct treatment to stimulate bowel motility may lead to a reduction in the constipation symptoms.

The potential for a new non-invasive treatment for STC that could be administered by physiotherapists is enormous. There is the hope that such a treatment may be able to prevent more invasive options, such as surgery for children suffering from STC. During treatment the child will be connected to a machine by electrodes painlessly applied to the skin of the abdomen and back. Each session will involve a 30 minute visit to the physiotherapist. The child will be asked to attend three times a week for a period of four weeks in the first initial stages. If treatments are going well this may change under the guidance and supervision of the physiotherapist. There will be very little discomfort to the child apart from a tingling sensation that will stop as soon as the electrical stimulation ceases.

What are the benefits for the child?

The results of the previous treatments with other children suggest that Interferential Therapy may play a significant role in the treatment of children with NID. Therefore, it is possible that the treatment may increase the child's bowel motility, improve their bowel emptying and reduce the need for medications, washouts and further surgery.

What are the possible risks and / or side effects for the child?

Interferential Therapy (electrical stimulation) has no known side effects. Not one of the nine children, who took part in the pilot study, complained of any side effects.

What are the benefits to children in the future?

We hope Interferential Therapy will be useful for many children with STC. As many of the affected children are required to make frequent visits to the hospital and undergo surgery, this.

Current trials.

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For further enquiries about the Interferential Therapy contact PCAA National Office 1 300 885 209

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