Effectiveness, Safety and Patient Compliance of the MOWOOT system in Patients with Neurogenic Bowel Dysfunction

Results of the MOWOOT multicenter study MOW-01-2017

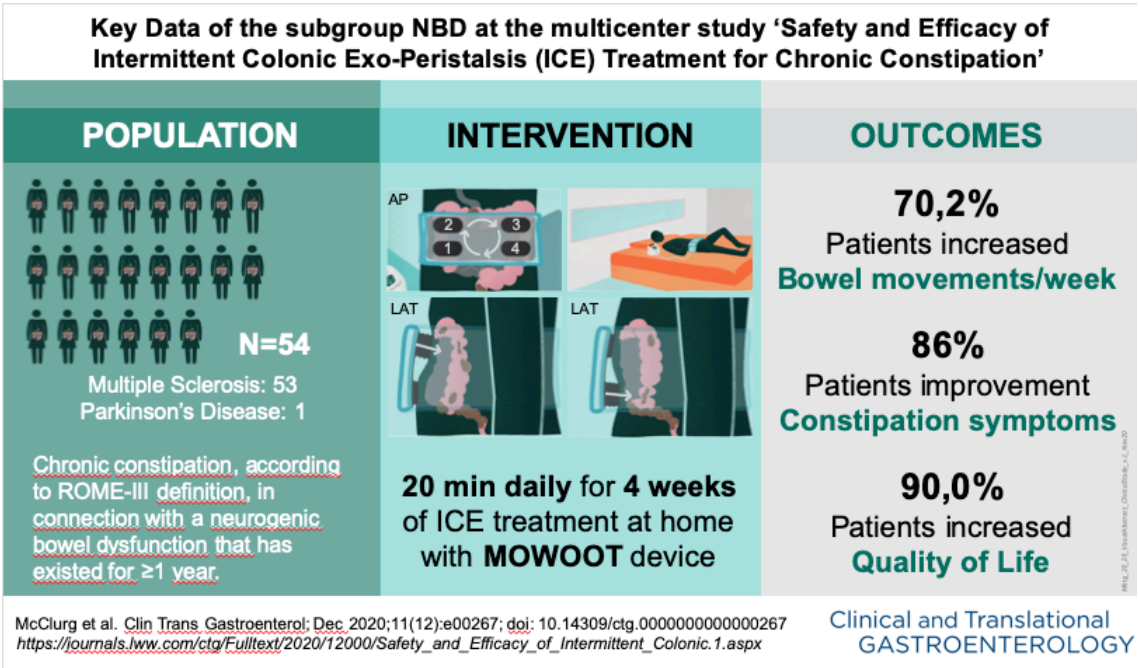
The prevalence of constipation ranges from approximately 1% to as much as 25% of the general adult population. However, bowel dysfunction occurs in most people with neurological disorders. The common causes of Neurogenic Bowel Dysfunction (NBD) include spinal cord injury (SCI), amyotrophic lateral sclerosis (ALS), spina bifida, myelomeningocele (MMC), multiple sclerosis (MS), Parkinson disease (PD), stroke, and diabetes mellitus.

Amongst these patients suffering from central nervous system injury or disease, bowel symptoms are experienced commonly[1]: of those with SCI, up to 95% report constipation, two-thirds of individuals with MS experience constipation and/or faecal incontinence, and in spina bifida patients only 32% report normal bowel function. Constipation affects over 50% of those with Parkinson's disease and has been described as high as 71%,depending on the diagnostic criteria.

The symptoms of NBD have a substantial negative impact on quality of life, social integration, and personal independence. Furthermore, the existing solutions that can be found on the market are not suitable for a long-term treatment due to their side effects[2].

Our recent published international clinical study '*Safety and Efficacy of Intermittent Colonic Exoperistalsis Device to Treat Chronic Constipation: A Prospective Multicentric Clinical Trial*' has demonstrated the **Effectiveness, Safety and Patient Compliance** of **MOWOOT** in patients with Neurogenic Bowel Dysfunction through the following results[3]:

- Increase of 2.04 per week in complete bowel movements during MOWOOT treatment.
- Significant reduction in constipation symptoms (KESS score[4]).
- Significant increase in the patient's symptom-related quality of life (PAC-QoL[5]).
- Very good response to MOWOOT therapy: responder rates of 70.2% to 90%.



You can find all the clinical results here.

1) Emmanuel A. Neurogenic bowel dysfunction. F1000Res. 2019;8:F1000 Faculty Rev-1800. Published 2019 Oct 28.

2) Harris LA, Horn J, Kissous-Hunt M, Magnus L, Quigley EMM. The Better Understanding and Recognition of the Disconnects, Experiences, and Needs of Patients with Chronic Idiopathic Constipation (BURDEN-CIC) Study: Results of an Online Questionnaire. Adv Ther. 2017;34(12):2661–2673.

3) Selected results from the original publication: Safety and Efficacy of Intermittent Colonic Exoperistalsis Device to Treat Chronic Constipation: A Prospective Multicentric Clinical Trial. Doreen McClurg, Lorna Booth and Immaculada Herrero-Fresneda Clinical and Translational Gastroenterology 2020 https://journals.lww.com/ctg/Fulltext/2020/12000/Safety_and_Efficacy_of_Intermittent_Colonic.1.aspx

4) Knowles, C.H., et al., Linear discriminant analysis of symptoms in patients with chronic constipation: validation of a new scoring system (KESS). Dis Colon Rectum, 2000. 43(10): p. 1419-26.

5) Marquis, P., et al., Development and validation of the Patient Assessment of Constipation Quality of Life questionnaire. Scand J Gastroenterol, 2005. 40(5): p. 540-51.