

# Be Kind to Your Behind: A Systematic Review on the Habitual Use of Bidets in Benign Perianal Disease

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## INTRODUCTION

- Benign perianal disease includes fissures and hemorrhoids, which carries significant morbidity and affects 50% of Canadians at some point in their life
- Patients with hemorrhoids and fissure often complain of debilitating pain and bleeding with perianal hygiene
- Patients with perianal disease are often advised to use sitz-baths for symptom control
- During the COVID-19 pandemic toilet paper rolls had significant shortages in supply, but bidet sales increased substantially
- Water bidets may offer a convenient alternative to sitz-baths in the treatment of benign perianal disease
- Patient partners in the outpatient general surgery clinic considered whether bidets, already installed at their home, can be used as a convenient alternative



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## OBJECTIVES

- This systematic review explored and critically analyzed the current evidence regarding the effect of habitual bidet use on symptoms of benign perianal disease

## METHODS

**Data Sources:** Database search was conducted on MEDLINE and Epub Ahead of Print, Embase, Clinicaltrials.gov, the Cochrane Library, and ProQuest Dissertations.

**Study Selection & Data Analysis:** All studies on bidet use in pruritus ani, hemorrhoids, or anal fissures were included. This included studies of any size, any language, randomized controlled trials (RCT), observational studies, case series, case reports, or conference abstracts. The studies included participants of any age or background. 121 abstracts were identified initially, and then screened for inclusion and exclusion by two senior general surgery residents, which resulted in 6 final studies that were reviewed in detail for data extraction and critical appraisal. The results from the studies were reported as individual odds ratios. A meta-analysis was not performed because only a limited number of studies were available, and they were of variable quality.

**Interventions:** The intervention of interest was habitual bidet use.

**Main Outcome Measure:** The outcomes of interest included the odds of developing hemorrhoids or hemorrhoidal symptoms, the odds of symptom resolution in hemorrhoids, the odds of developing anal fissures or symptoms of anal fissures, and the odds of symptom resolution in anal fissures.

## RESULTS

Study	Study Type	N	Methodology	Intervention	Comparator	Outcomes Measured
Kiuchi et al	Prospective cohort	7,637	Web based survey with 1-year follow-up	Habitual users of bidet (at least once/day)	Non-habitual users (used less than once/week)	Odds of developing hemorrhoids, symptoms of hemorrhoids, and pruritus
Asakura et al	Prospective cohort	7,637	Web based survey with 3-year follow-up	Habitual users of bidet (at least once/day)	Non-habitual users (used less than once/week)	Odds of developing hemorrhoids, symptoms of hemorrhoids, and pruritus
Tsunoda et al	Cross Sectional Survey	4,963	Web based survey	Use of bidet twice or more a day	Use of bidet once/day or less	16 questions related to bidet use and perianal symptoms (Table 3. Multivariate analyses on pruritus ani with bidet use)
Kwon et al	Randomized Controlled Trial	74	Post-hemorrhoidectomy patients were instructed to use a bidet or sitz-bath for 4 weeks	Bidet use (at least once/day)	Conventional sitz-bath	Pain (measured on a visual-analog-score)
P. Garg	Case Series	10	Patient presented with anterior fissures after bidet use	Discontinuation of bidet use	None	Resolution of fissure with discontinuation of bidet use
Shulman et al	Case Report	1	3rd degree burn caused by use of a bidet in a patient with multiple sclerosis	Bidet use	None	Burn symptoms caused by bidet use

- 2 prospective trials found that habitual use of bidets had no impact on the odds of developing hemorrhoidal symptoms (OR =1.01 [CI 0.49-2.10] and OR = 1.18 [0.86-1.61])
- 1 RCT identified that using bidets was non-inferior to sitz-bath for post-hemorrhoidectomy pain (Visual Analog Pain Score = 38.26 +/- 21.87 vs 40.71 +/- 21.64)
- 2 prospective trials and 1 cross-sectional study identified that habitual bidet use may increase the odds of developing pruritus ani (OR = 1.27 [CI 0.96-1.17], 1.36\* [CI 1.07-2.28], and 2.68\* [CI 1.15-2.36])
- 2 case series identified that habitual bidet use may cause perianal burns or anterior anal fissures in patients with sensory impairment

## CONCLUSION

The current evidence regarding this new technology is significantly lacking. The 6 published studies, which already lack in quality, do not identify using bidets as a treatment modality for perianal disease but highlight that it can be used as an alternative to sitz-baths for control of pain. Further research is warranted to study this increasingly utilized technology.

## LIMITATIONS

Only a limited number of studies were available, and they were of variable qualities.

## REFERENCES

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