

DEFECATION AND DEFECATION REFLEX

→ RESISTANCES FOR MOVEMENT OF FEACES FROM SIGMOID TO RECTUM

→ WEAK FUNCTIONAL SPHINCTER
BETWEEN SIGMOID & RECTUM

→ SHARP ANGLUATION B/W SIGMOID & RECTUM.

→ ANAL SPHINCTERS :-

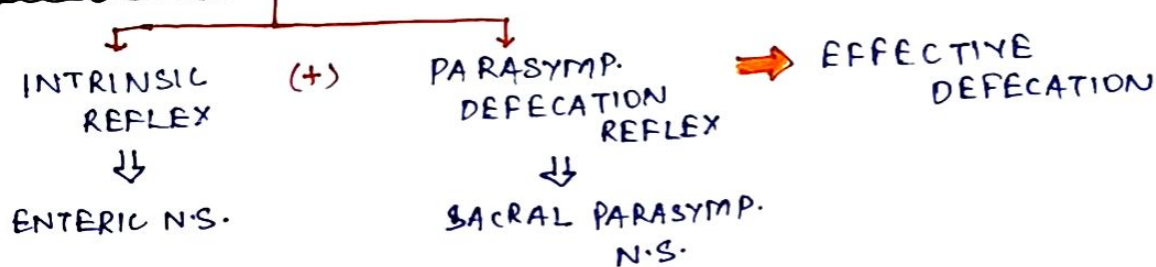
a) INTERNAL ANAL SPHINCTER →

- CIRCULAR SMOOTH MUSCLE
- LIES IMMEDIATELY INSIDE ANUS
- INVOLUNTARY CONTROL

b) EXTERNAL ANAL SPHINCTER →

- STRAITED VOLUNTARY MUSCLE
- CONTROLLED BY PUDENDAL N.
- VOLUNTARY, CONSCIOUS OR AT LEAST SUBCONSCIOUS CONTROL.

DEFECATION REFLEXES :-



INTRINSIC REFLEX :-

FECES ENTRS RECTUM → DISTENTION OF RECTAL WALL



INITIATES AFFERENT SIGNALS → THROUGH MYENTERIC PLEXUS



INITIATES PERISTALSIS → DESCENDING COLON, SIGMOID, RECTUM



PERISTALTIC WAVES APPROACHES ANUS



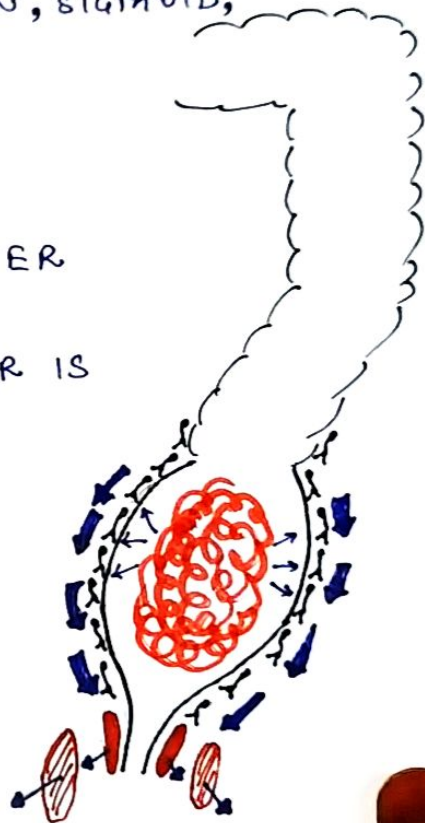
RELAXATION OF INTERNAL ANAL SPHINCTER



AT SAME TIME, IF EXTERNAL ANAL SPHINCTER IS VOLUNTARILY RELAXED



DEFECATION OCCURS



DISORDERS OF L. INTESTINE

- ↳ CONSTIPATION
- ↳ DIARRHEA
- ↳ HIRSCHSPRUNG (MEGACOLON)

CONSTIPATION:-

- SLOW MOVEMENT OF FECES THROUGH L. INTESTINE
- EXCESS ABSORPTION OF FLUID / INSUFFICIENT FLUID INTAKE



LARGE QUANTITIES OF DRY, HARD FECES IN DESCENDING COLON.

REASONS:-

- TUMORS
- ADHESION THAT CONSTRICTS INTESTINE
- ULCERS
- SPASM OF SEGMENT OF SIGMOID COLON

IF CONSTIPATION CONTINUES FOR SEVERAL DAYS:-

EXCESS FECES ACCUMULATION ABOVE SPASTIC SIGMOID COLON



EXCESSIVE COLONIC SECRETIONS



DIARRHOEA

[BOUNTS OF ALTERNATING CONSTIPATION + DIARRHEA]

