

Anal Sphincter Repair



Anal incontinence can be a distressing condition. One cause of this is damage to the anal sphincter muscle resulting in a gap in the normal ring of muscle. The most common cause of anal sphincter damage is childbirth. Anal sphincter repair is an operation performed on the back passage to repair the gap in the damaged anal sphincter muscle.

What does the operation involve?

Strong laxatives are usually given the day before admission to hospital to clear the bowel before surgery. The operation is performed under a general anaesthetic. During the operation an incision is made in the tissues between the vagina and anus. The damaged muscle is identified and freed up from any scar tissue. The healthy muscle is then overlapped (double breasted) and held together with stitches. The wound is closed with dissolvable stitches. The operation takes around 60 minutes to complete.

What are the risks?

There are small risks associated with any operation. Pre-operative assessments are made of any heart or lung conditions, as well as any other coexisting medical condition. During the hospital admission patients wear stockings and are given a regular tiny injections to prevent thrombosis (blood clots).

Bleeding is very rare in this type of surgery; most patients will notice small amounts of blood draining from the wound. This usually settles in the first week.

Occasionally the external wound may separate at the stitch line. This rarely causes a problem but patients may notice that they continue to pass a little blood for longer than normal after the

procedure. Sometimes the wounds may become infected. If this happens courses of antibiotics may be required.

What happens after the operation?

A sphincter repair operation doesn't usually cause much pain afterwards. Most patients will need only simple oral painkillers after the first 24 hours.

A drip is normally in place for 24 hours after the operation.

Patients are allowed to eat and drink as soon as they feel able after the operation (usually the same day).

A catheter (tube passed into the bladder) if required during the procedure is usually removed the day after surgery.

Hospital stay is usually 3-5 days. After the operation patients are given as regular stool softener to take for 4-6 weeks and are advised to avoid straining.

Patients are encouraged to keep mobile after the procedure. They should avoid heavy lifting or increased physical activities for about 6 weeks. Patients can normally resume driving after about 2 weeks but this may vary.

It may take several weeks to find out if the operation has been successful. We may recommend some pelvic floor physiotherapy to help strengthen the muscles afterwards.