

PATIENT INFORMATION

When is an anal sphincter repair performed?

The usual reason for this operation is to improve faecal incontinence that occurs when damage to an anal sphincter muscle results in a gap in the normal ring of muscle. The most common cause of this problem is childbirth, even though it might be many years before incontinence appears. Your tests will have shown that your anal sphincter muscle is damaged or very weak, and this is why you are having trouble controlling your bowels. Anal sphincter repair is only possible when there is a well-defined gap in the sphincter that has been confirmed by examination and specialist tests. Additionally, the nerve supply to the muscle must function well. When the gap is very large or the nerve supply is poor, other treatments would be considered instead.

What is an anal sphincter repair?

An anal sphincter repair is an operation performed through the rectum to repair a damaged anal sphincter muscle. During the operation, the surgeon overlaps the damaged muscle ends to form a complete ring of muscle around the anus.

What does the operation involve?

An enema is usually given an hour or so before the operation to clear the lower part of the bowel. The operation is done under general anaesthetic (while you are asleep) and takes about an hour to perform. During the operation, a small cut is made in the tissues between the vagina and anus and the damaged muscle is freed from any scar tissue. The healthy muscle is then overlapped and held together with dissolvable stitches. The wound on the skin is closed with dissolvable stitches. Some surgeons also repair other damaged pelvic floor muscles at the same time. The wound is usually closed with dissolvable stitches;

however, it may be left open, and your surgeon will discuss that with you.

Your anus is likely to be tight after the repair, so you may be given a temporary stoma (a hole in your stomach created by your surgeon so that faeces can leave your body) and a colostomy bag (to collect the faeces) for 2–3 months to rest the anus and allow your wound to heal. Your surgeon will discuss this possibility with you and arrange for you to meet with a stoma nurse.

Most patients notice a small amount of blood draining from the wound after surgery. This is nothing to worry about and usually settles in the first week.

What is the success rate after this operation?

Providing there are no complications, surgery will improve symptoms in 7 to 8 out of 10 people if they have had no major problems with bowel control. It is important to understand that control of gas and liquid stool may not be perfect and that you may still have some urgency, especially if your bowels are loose.

Unfortunately, the success of this operation decreases with time. By 10 years, symptoms have returned in about half of patients. If your bowel control is not good several months after the operation, we can refer you for biofeedback exercises to regain muscle function.

What are the risks of this operation?

Occasionally, the external wound separates at the stitch line. This rarely causes problems, but you might pass small amounts of blood for longer than normal after the procedure. In about 1 in 5 patients, the wound breaks down more seriously. These patients might not derive any benefit from surgery and some may be made worse (the risk of faecal incontinence becoming worse is thought to be about 1 in 20). If this happens, further surgery may be required.

As with most types of surgery, there is a chance that the wound may become infected. If this happens, a longer course of antibiotics will be required. There is a chance (about 1 in 5) that the operation will not improve your symptoms. Your surgeon will discuss this possibility with you before your operation.

If your incontinence has not improved when you come back for your check-up appointment, other treatments will be discussed.

All the risks and complications will be explained to you when the surgeon asks you to sign your consent form.

Further information

More information on anal sphincter repair is available from

<http://thepelvicfloorsociety.co.uk/pages.php?t=Patient-Information&s=Patient-Information&id=92>. For more specific information on preparation and recovery from an anal sphincter repair, please see [LINK](#).

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