

## **PATIENT INFORMATION**

### **What preparation is needed for an anal sphincter repair?**

You will probably come into hospital on the morning of the operation, which is performed under a general anaesthetic (while you are asleep) and takes about an hour to complete. As before all operations, you will be sent for blood tests if these were not done at an earlier visit. You will be asked questions about your general state of health by the doctors and nurses on the ward, and this is a good time to discuss any further questions you have about the operation. You will be visited by the anaesthetist before you go to the operating theatre. An enema is given an hour or so before the operation to ensure that the lower part of the bowel is empty.

### **What will happen when I come back from the operating theatre?**

You will usually have a dressing in place over the wound around your anus. This dressing is held in place by net pants. You may have a tube (catheter) in your bladder for a day or so until you can get to the toilet by yourself. There may be bruising and swelling in the area and this can be uncomfortable for a few days.

Please ask your nurse for painkillers if you experience any discomfort. It is better to take regular pain relief than wait until you are in pain. Most patients need only mild painkillers (like paracetamol or aspirin) after the first 24 hours. Lying on your side with a pillow between your legs is the most comfortable position at first. When you wake up after your anaesthetic, you should be able to eat and drink normally and can get up as soon as you feel able. You will be given knee-high stockings to wear during and after your operation and a daily injection while you are in the ward to prevent blood clots in your legs.

## **When can I have a bath?**

It is important to keep the wound area clean. You will normally have a bath or shower the day after your operation and this will soak the dressing off. You may find that frequent baths and/or showers soothe the area and you should bathe or shower each time you open your bowels while you are in hospital. Using a mirror will help to ensure your wound is clean.

You will need to change the pad over your wound each time you open your bowels and if it gets wet when you pass urine. It is possible that you may bleed a little (do not be alarmed - this can make the water look very red!). You will need to wear a pad to protect your clothes. Ask your nurse for help if you are concerned.

Do not add anything to your bath water and avoid using soap on your wound. The nurses will dress your wound twice a day at first, and then show you how to do this yourself as soon as you are able. You may find that a wet cloth, moist toilet tissue, or alcohol-free wet wipes are more comfortable than normal toilet paper for wiping (women should remember to wipe front to back, away from the wound and vaginal area).

You may have some stitches in the skin around your rectum. Sometimes the surgeon leaves the wound unstitched to allow better healing in the deep part of the wound. All stitches used are dissolvable, so do not need to be removed.

## **How will I open my bowels?**

From the day after your operation you will be given laxatives to soften your stools and stimulate your bowel action. You may not feel the need to open your bowels for a day or two. When you do, you may experience some discomfort. This is to be expected. You will need to continue on the laxatives to keep your stools soft. Unfortunately, this means that there may be some leaking of faeces during this time. This does not mean that the operation has failed. It is important to wait a few weeks before judging the final results of your surgery.

Your surgeon will give you details of who to contact if you continue to have difficulty opening your bowels after your operation. We aim to control any discomfort by giving you painkillers as

needed (these should be taken 15–20 minutes before you try to open your bowels).

If you have a temporary stoma (a small opening on the surface of the abdomen created during your operation), your bowels will empty into a bag on the outside rather than through your rectum, so you may not need laxatives. You will be seen by a stoma nurse who will teach you how to look after the bag when you go home and give you any necessary supplies. You will be told who to contact if you have questions about the stoma after going home.

### **How long will I be in hospital?**

Patients usually go home when they feel comfortable. This is usually 2–5 days after the operation, but varies from person to person.

### **How will I manage at home?**

Before you go home, your nurse will show you how your wound should be dressed. You may be able to manage this yourself or you may need help from someone at home or from the district nurse. Tight clothes are likely to be uncomfortable for a while. Healing can take several weeks, especially if your wound was not stitched, and you may need to continue using a mild painkiller. Occasionally, where the stitches were made under tension, the wound can open up a little after you have gone home, but this will heal with time.

Bathing every time you open your bowels may be less practical at home, but you should wash the area after a bowel movement for 3–4 weeks after your operation if possible. Sitting on the edge of the bath and using a shower attachment can make washing easier.

You should try to avoid walking or sitting still for long periods of time until your wound has healed. Resume physical activity gradually and start with gentle walking. It is best to avoid swimming pools because the chlorine in the water can affect wound healing, putting you at risk of infection. Most patients can resume sexual activity 6–8 weeks after their operation if they feel comfortable, but it is best to wait until after your check-up in the outpatients clinic.

Your bowels are likely to take 6–8 weeks to get back to their normal function. Do not be

concerned if your bowel control is not perfect during this time. It is important to keep the wound as clean as possible until it has completely healed and to keep your motions very soft to avoid constipation and straining. A mild bulking laxative will help keep the stools soft and a stimulant laxative can help if you are having difficulty emptying your bowels. Both are available from your pharmacist or GP. If you become severely constipated, you should contact your GP.

### **Do I need to come back to the hospital after my surgery?**

An appointment will be made for you to come to the outpatients clinic for a check-up 6–8 weeks after the operation. If your control is not yet perfect, you may be advised to do some exercises to strengthen the muscles around your anus. You should NOT start to do these exercises before you have been for this check-up because it is important that everything has healed properly first. You can see the continence team if you are unsure how to do these exercises.

### **How long should I stay off work?**

The time taken to get back to normal activity varies. Most people need only a few weeks off work, but this will depend on what you do for a living. For example, painkillers may make you drowsy and unable to operate machinery safely.

You should not drive until your strength and reaction time are up to coping with an emergency stop. Most people do not start to drive for at least 2 weeks after their operation. It is wise to contact your insurance company before your operation to discuss your cover.

### **Who should I contact if there is a problem?**

If you have a problem or any questions immediately after you go home, please call the ward where you were an inpatient. If a problem occurs when you have been home for a few days, please contact your family doctor or district nurse.