Anal Sphincter Repair Surgery

Why do we do this procedure?

• This operation can be done for multiple reasons, one is to improve faecal incontinence following damage to the anal sphincter, the ring of muscle controlling defecation at the bottom. Or, it can sometimes be done to reconstruct the perineum, the skin between the vaginal opening and the anus.
• The most common cause is childbirth, even if incontinence does not appear until years later.
• When tests find that your anal sphincter muscle is damaged or weak, and you are having issues controlling your bowels, this operation may be offered.
• Deciding whether you are suitable involves further specialist tests and examinations to decide whether there is a well-defined gap in your anal sphincter muscle, and whether there is a well-functioning nerve supply so the muscle still works.
• If these do not apply, other treatments may be considered.

What does it involve?

• The operation is performed through the perineum (the skin between the vagina and anus) and involves overlapping the damaged muscle to form a complete ring of muscle around the anus.
• The operation is performed under general anaesthetic and takes one to two hours.
• During the operation, a small cut will be made between the vagina and anus, and any damaged muscle will be separated from scar tissue. Healthy tissue will then be overlapped, to form a ring, and held together with stitches. Your skin will be closed with stitches.

• In some cases, other damaged muscles in the area may be repaired.
• Any stitches used will be dissolvable, however in some cases the wound may be left open, which your surgeon will discuss with you.
• In most cases, you may be given a temporary stoma – where a portion of your bowel is brought through an opening in your abdomen. This diverts faeces away from your anus for 2-3 months to allow your wound to heal. This will be discussed with you beforehand, and you will have the opportunity to meet a specialist stoma nurse if it is recommended.

Before the procedure

• You will likely come into the hospital on the morning of the procedure and have blood tests done, if not done prior.
• You will answer questions on your general health by medical staff and can ask any questions you have about the operation.
• You will meet with the surgical team and the anaesthetist to go through a consent form and run through any further questions ahead of the procedure.
• You will typically be given an enema or bowel preparation before the operation to clear the lower part of your bowel.

After the procedure

• You will have a dressing over your wound, held in place by net pants.
• You may have a small amount of bleeding, bruising, and swelling in the area, which should settle within a few days, but may be uncomfortable.
• You are encouraged to seek pain medication as you need it from nursing staff, although you should likely only need mild painkillers. Painkillers are useful around 15-20 minutes before opening your bowels to improve any discomfort you might have.
• You will also be given laxatives to soften your stool and stimulate bowel action, although you may not feel the need to open your bowels for a day or two.
• You will need to continue with laxatives to keep your stool soft, which may mean you might leak faeces. This is often normal and is not a sign that surgery has failed.

• You will likely have a urinary catheter in place (a tube that sits in the bladder) for a couple of days until you can get to the toilet independently.
• You will be able to eat and drink as normal once you have woken from the anaesthetic.
• You will be given compression stockings and a daily blood-thinning injection (whilst in the hospital) to reduce the risks of blood clots forming.
• You will usually have a bath or shower the day after your operation, which will soak the dressing off. You should refrain from using anything but warm water when washing, avoiding soaps on your wound.
• Frequent washes will soothe the area, and you should aim to wash after each time you open your bowels. You should also change the pad over your wound after each wash. The nurses will help with dressing changes in the first few days.
• Using a mirror can help to see if your wound is clean.
• Most patients feel comfortable going home 2-5 days after procedure.

After the hospital

• Healing can take several weeks, and before you leave, your nurse will show you how your wound should be dressed. You might need help from district nurses or someone at home if you are unable to do this yourself.
• You should try to wash the area after every time you open your bowels for four weeks after the procedure.
• You should try to avoid walking or sitting for prolonged periods and resume physical activity gradually, starting with gentle walking.
• It is best to avoid swimming as it can delay wound healing and increase the chance of infection.
• Most patients can resume sexual activity 6-8 weeks after the operation, but it best to wait until after your follow-up appointment. You may need to use extra water-based lubrication during intercourse.
• It may take 6-8 weeks for your bowels to return to normal function. It is important for your stools to remain as soft as possible to avoid constipation and straining.
• Most people only need a few weeks off work, but this typically depends on what you do for a living.

• Most people do not start to drive until two weeks after their operation. You should not drive until you have the strength and reaction time to perform an emergency stop. You should contact your insurance company prior to the operation to ensure your cover.

Follow-up

• An appointment will be made for a check-up 4 weeks after the operation.
• If your control is not perfect, you may be advised on some strengthening exercises or offered alternative treatments. You can be seen by our specialist team for further support on how to perform these. They should not be attempted until after your follow-up.
• If you have any issues in the days following your procedure, please contact the ward where you were an inpatient.
• If you have a problem after being at home for a few days you can contact the secretary to your operating consultant (weekdays only, between 09:00-16:00) or you should contact your GP or district nurse.

What are the risks?

• A full list of risks and complications will be explained to you when the surgeon asks you to sign your consent form.
• The commonest, specific risks associated with this operation include:
    ◦ Bleeding: A small amount of bleeding is normal following the procedure and usually settles within one week.
    ◦ Wound breakdown: This rarely causes problems, but you may notice bleeding for longer after the operation. In around 1 in 5 cases, the wound breakdown may be more serious, and you may not derive any overall benefit from sphincter repair surgery. In around 1 in 20 cases, your incontinence may become worse, and further procedures may be needed.
    ◦ Wound infection: As with most surgical procedures, there is a chance that your wound may become infected. This will require a longer course of antibiotics.

◦ Failure: There is around a 1 in 5 chance that your operation will not improve your symptoms. In this case further treatment options will be discussed at your follow-up appointment.

What is the success rate?

• Anal sphincter repair tends to improve symptoms in 7 or 8 out of 10 people.
• It is important to note that you may not have complete resolution of your symptoms, and you may still have some urgency, especially if your bowels are loose.
• The success of this operation decreases with time and by 10 years around 1 in 2 patients will have a return of symptoms.
• If your bowel control is not good after the operation you may be referred for further exercises to help regain muscle function.

For further information about this, please consider reviewing the Pelvic Floor Society website:
https://thepelvicfloorsociety.co.uk/patients/default.aspx

"This document is available in Welsh /
Mae'r ddogfen hon ar gael yn Gymraeg"