

## Anal Sphincter Repair

### How will this operation help me?

The investigations you have had indicate that your anal sphincter muscle is damaged or very weak, and this is why you are having trouble controlling with controlling your bowels.

During the operation the surgeon overlaps the damaged muscle ends to form a complete ring of muscle around the anus.

### What are the risks/complications of surgery?

There are small risks associated with any operation. Pre-operative assessments are made of any heart or lung conditions, as well as any existing medical problems.

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.
- The external wound in the skin may separate at the stitch line. This will require regular dressings but rarely causes a problem with the underlying repair.
- Occasionally an infection develops and requires a course of antibiotics.
- Some surgeons feel that a temporary colostomy is sometimes advisable to rest the healing area and avoid exposing the healing wound to stool. Your surgeon will discuss this with you.
- Persistence or recurrence of symptoms.
- These risks and complications will be explained to you when the surgeon asks you to sign the consent form for the operation.

### Coming into hospital

You will be asked to attend the pre-admission assessment clinic 1-6 weeks prior to admission to ensure you are fit for surgery, allowing time for the necessary pre-operative, which may include blood tests, cardiogram (ECG) and a chest x-ray.

The operation is usually carried out under general anaesthetic. You will be admitted on the day of the operation. It will be necessary to clear the bowel before this operation. You will be given a phosphate enema on admission to empty the rectum before your operation or your consultant may request that you have a laxative medicine to drink the day before your operation, which will cause frequent bowel actions, to clear your bowel. If you are given this laxative medicine, you will be required to drink plenty of the fluids, as the laxative effect may dehydrate your body if you do not maintain an adequate fluid intake.

The surgeon performing the operation will see you and you will also see the anaesthetist. If you have any queries about your operation, please ask the doctors. You will be in hospital for about 1-3 days after the operation, but this varies between individuals.

### **What should I expect after my operation?**

When you are awake you will be able to eat and drink as you wish, and to get up as soon as you feel able. It is advisable to stay on the ward until the effects of the anaesthetic have completely worn off.

You will usually have dressing over the wound around your anus and this will usually be held in place by net pants. You may require a tube (catheter) going in to the bladder for a day or so until you are able to get to the toilet easily yourself.

There is often quite a lot of bruising and swelling in the area and this can be rather uncomfortable for a few days. Painkillers are available; please ask the nurse if you need something to help with the discomfort. It is better to maintain your comfort by taking regular pain relief than to wait until you are comfortable before you take anything. Some people find that lying on your side with a pillow between the legs is the most comfortable position at first.

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

You will normally have a bath or shower the next day and this will soak the dressing off. It is quite possible that you may bleed a little in the bath (do not be alarmed - this can make the water look very red!). Ask your nurse for assistance if you are concerned. Do not put any additives into the bath water and avoid using soap on your wound.

It is important to keep your wound clean; while you are in hospital you should take a bath or shower, or use the bidet after each bowel action. It is especially important to keep clean if you are leaking stool. You may find that using a mirror helps to ensure that your wound is clean.

Once you are at home, you may find taking a bath every time your bowels open may become less practical, but you should continue to wash after a bowel action if at all possible for 3-4 weeks after the operation.

You may find sitting on the edge of the bath and using the shower attachment (if available) is a convenient way of cleaning the area.

It is not uncommon for the wound to breakdown after this operation. This does not mean that the repair has broken down but you may need regular dressings to help it heal.

From the day after your operation you may be given laxatives. This will soften your stools and stimulate a bowel action. You may not open your bowels for a day or

two, and when you do some discomfort and a little bleeding may be present, this is to be expected.

We will aim to control any discomfort by giving you pain killers as you require them. It is often a good idea to take painkillers 15-20 minutes before you try to open your bowels.

It is very important not to strain and to avoid constipation, and so we will want you to have soft stools. You may need to take laxatives to keep the stools soft.

Unfortunately, this may mean that you will leak stool during this early period immediately after the operation. This does not mean the operation has been a failure. It is necessary to wait a few weeks before judging the final results of the operation.

It is not unusual for your bowels to need 6-8 weeks to get back to normal function. Do not be concerned if your bowel control is not perfect during this time, however if you get severely constipated please contact your GP.

Resume physical activity gradually and start with gentle walking. The time taken to get back to normal activities varies a lot for different people; do as much as you feel comfortable doing.

You can resume sexual activity after 6-8 weeks if you feel comfortable.

You must not start driving unless you feel ready and confident to do so again. It's important to ensure you are comfortable and your concentration is not impaired. Most people do not start to drive for at least 2 weeks, and some take longer.

If lifting causes you discomfort you should avoid it. Most people need a few weeks off work, some people may feel they need a little longer. If you require a 'Fit Note' for work please ask a member of staff before discharge.

You will usually come for an Outpatient check-up 3 months after the operation. It is important that you talk to your doctor about any concerns that you have at this time. If your control is not yet perfect, you may be advised to do some exercises to strengthen your muscles around the anus. You should not start to do these exercises before you have been for this first check-up as it is important that everything has healed properly first. You may like to ask to see a Continence Nurse if you need more advice at this time.

**Please retain this information leaflet throughout your admission, making notes of specific questions you may wish to ask the Doctors and/or Nurses before discharge.**

## **Points of contact:**

If you have any queries prior to the procedure outlined and the implications for your relatives/carers, please contact the Surgical Pre-Admission Assessment Clinic on 01603 287819.

If you have any queries following the surgery please contact the ward from which you were discharged via the main hospital switchboard on 01603 286286.

## **Further information and support:**

NHS Choices [www.nhs.uk](http://www.nhs.uk)

The Association of Coloproctology of Great Britain & Ireland

Web address: [www.acogbi.org.uk](http://www.acogbi.org.uk)

## **For Help Giving Up Smoking: SMOKEFREE NORFOLK 0800 0854 113**

This sheet describes a medical condition or surgical procedure.

It has been given to you because it relates to your condition; it may help you understand it better. It does not necessarily describe your problem exactly.

If you have any questions please ask your doctor.



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