

11 REPAIR OF ANAL SPHINCTER INJURIES

Immediate repair

Tears seen within 24 hours of delivery should be repaired at once. This is not a minor operation. The patient's future continence depends on the skill of the repair.

This must be done in a theatre with good lighting, instruments and assistance. Repair under local anaesthesia is possible, but it might be better to have the patient under spinal or general anaesthesia.

It is important to realize that the torn anal sphincters retract to the 3 and 9 o'clock positions. Close the ano-rectal mucosa first, then identify the torn ends of the external sphincter (the internal sphincter cannot be identified as a separate layer). Suture these accurately, taking quite big 'bites', using Vicryl if possible. Three to four sutures will be needed. Then close the vagina and perineal skin using good mattress sutures to build up the perineal body.

Secondary repair

If the repair cannot be done immediately, it is best to wait several weeks. Sometimes patients with an old complete tear say they have no symptoms, so it is important to be sure that the patient really does have troublesome faecal leakage before recommending repair. In the best hands, only 80% of repairs restore complete continence.

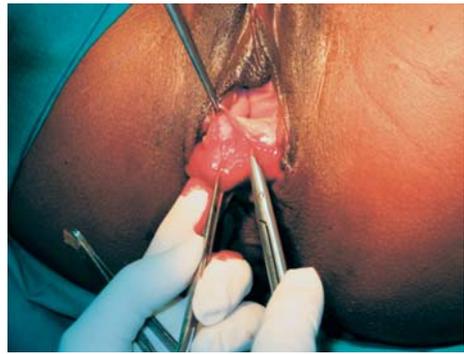
Again it is important to realize that the torn ends of the sphincter have retracted round half the anal circumference, and simply freshening and suturing the margins of the tear is unlikely to give a good result.

Procedure

The procedure for repair of an anal sphincter tear is shown in Figure 47.



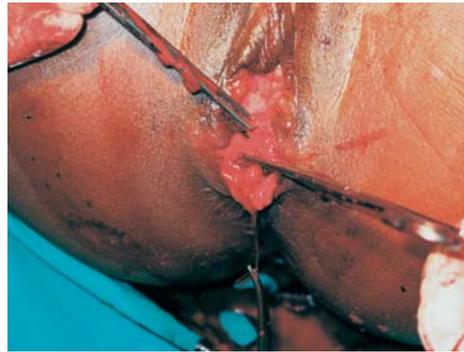
(a)



(b)



(c)



(d)



(e)

Figure 47 (a) A late complete anal sphincter tear. The arrows indicate the position of the retracted sphincter ends. (b) The vaginal mucosa is separated from the ano-rectal mucosa and then the ends of the sphincter are identified postero-laterally. Aim to mobilize a block of tissue that contains the sphincter end. If only muscle is mobilized, it will easily tear. (c) The ano-rectal mucosa has been repaired, and blocks of tissue containing the external sphincter are held in forceps. (d) Aim to repair the sphincters by overlapping the two blocks of tissue. The mobilized tissue should contain some scar tissue around the sphincter. Pure sphincter muscle would not hold sutures well. (e) The completed repair. The initial transverse incision has been converted to a vertical one. There is tension in the middle of the suture line, so the wound has been left open here. Should infection or bleeding occur, the repair would not be compromised.