

# Patient Information Leaflet



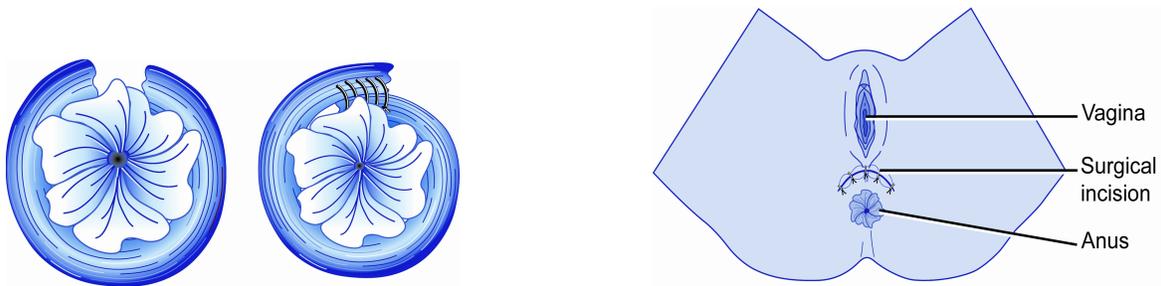
## Anterior Sphincter Repair operation

# **Anterior Sphincter Repair operation**

## **How will the operation help me?**

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

During the operation the surgeon overlaps the damaged muscle ends to form a complete ring of muscle around the anus (see diagram). If you have tried other treatments such as exercises and medication and these have not given you good control, a sphincter repair operation is the best treatment currently available.



## **What preparation is needed before the operation?**

You will probably come into hospital the day before or the morning of the operation. Usually it is necessary to clear the bowel before this operation, so you will be given a strong laxative and be asked to drink only clear fluids. An enema is an alternative. You will also have the routine blood tests done before any operation if this has not been done already at a "pre-assessment" visit. You will be asked questions about your general state of health by the nurses and doctors on the ward, and this is a good time to discuss any further questions you have about the operation. You will also be visited by the anaesthetist before you go to the operating theatre. A surgeon will visit you to discuss your operation and you will be asked to sign a consent form. It is important that you fully understand what operation is planned and what the likely benefits and possible side-effects are. This is a good time to discuss any further questions that you have about the operation.

You will be given some white stockings to wear during and after the operation and an injection each day. These both help to prevent blood clots in your legs.

## **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 and this will usually be held in place by net pants. You may have a tube (catheter) in 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 your nurse if you need something to help with discomfort. It is better to maintain your comfort by taking regular pain relief than to

wait until you are uncomfortable 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.

When you are awake you will **usually** 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.

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

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 (do not be alarmed - this can make the water look very red!). Ask your nurse for assistance if you are concerned. You will probably find that frequent baths/showers are soothing to the area. **Do not put any additives into the bath water and avoid using soap on your wound.** The nurses will usually re-dress your wound twice a day at first. They will show you how to do this for yourself as soon as you are able.

You may have some stitches on your skin. Sometimes the surgeon leaves the wound unstitched to allow better healing in the deep part of the wound. All stitches used are dissolvable and 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 a 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. We will aim to control any discomfort by giving you pain killers as you require them (it is often a good idea to take pain killers 15 to 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 very soft stools. **You may need to take laxatives to keep the stools soft.** Unfortunately, this may mean that there may be some leakage during this early period immediately after the operation. This does not mean that the operation has been a failure. It is necessary to wait a few weeks before judging the final results of the operation.

### **Personal hygiene**

It is important to keep the area around your wound clean. While you are in hospital you should take a bath or shower after each time you open your bowels. It is especially important to keep clean if you are experiencing some leakage. You may find that using a mirror helps you to ensure that your wound is clean.

You will probably find that a wet cloth, moist toilet tissue or alcohol-free wet wipes are more comfortable than dry paper for wiping (and women should remember to wipe front to back, away from the wound and vaginal area). 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 normal for your wound to ooze quite a bit of blood-stained fluid, and you will need to wear a pad to protect your clothes.

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

We will usually want you to stay in hospital for about three to five days after the operation, but this varies between individuals.

### **Care at home**

Before you go home your nurse will discuss with you how your wound should be dressed once at home. You may be able to manage this yourself, or you may need some help from someone at home or from the district nurse. You will find that tight clothes such as jeans are not comfortable in the early days. Healing can take several weeks, especially if your wound was not stitched, and you may find that you need to continue to use a mild painkiller such as paracetamol. Occasionally, where the stitches were under some tension, the wound opens up a little once you are home - this does not mean that the operation will not be a success. The area will heal with time.

Once you are home, bathing every time you open your bowels may become less practical, but you should continue to wash after a bowel action if at all possible for three or four weeks after the operation. Sitting on the edge of the bath and using a shower attachment (if available) can make washing easier.

You should try to avoid excessive walking or sitting still until your wound has healed. Resume physical activity gradually and start with gentle walking. It would also be unwise to go swimming as the chlorine in the water can affect wound healing and you may pick up or pass on an infection. You can resume sexual activity after six to eight weeks if you feel comfortable.

It is not unusual for your bowels to need six to eight weeks to get back to 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 avoid constipation and straining to open your bowels by keeping your motions very soft, with a laxative if necessary. Use a mild bulking laxative to keep the stools soft if you need it, or if you are having difficulty emptying, a stimulant laxative can help. Both are available from your pharmacist or GP. If you do get severely constipated you should contact your GP.

### **Outpatient follow-up**

You will usually come for an outpatient check-up six to eight weeks after the operation. It is important that you talk to the 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 check-up as it is important that everything has healed properly first. You may like to ask to 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 activities varies a lot for different people. Do as much as you feel comfortable doing. If you need to take painkillers these may make you drowsy, so you should avoid operating machinery. You should not start to drive again until your strength and speed of movement are up to coping with an emergency stop. You should also make sure that you are not drowsy from any painkillers and that your concentration is good. Most people do not start to drive for at least two weeks, and some will take longer. If lifting causes you discomfort you should avoid it. Most people need to have a few weeks off work, but this will depend on what you do. It is important to pay attention to your body and only do as much as you feel able to.

### **What should I do if I want further information?**

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

### **What are the success rates of this operation?**

If you were having major problems with bowel control, the operation has a good (70-80 per cent) chance of improving your control. However, 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. If your control is not good several months after the operation, you should ask to be referred for biofeedback exercises to regain muscle function.

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