

THREE-YEAR FOLLOW-UP AFTER OVERLAPPING PRIMARY ANAL SPHINCTER REPAIR

Hypothesis / aims of study

The goal of the study was to determine whether surgical repair of the anal sphincter with overlapping of the sphincter ends yields adequate results in patients with a morphologic defect of the external anal sphincter muscle and clinical symptoms of anal incontinence.

Study design, materials and methods

Thirty-five patients were followed up three years after repair of the external anal sphincter muscle. The patients had grade II (n=29) or grade III anal incontinence (n=6). Eight (23%) patients had a concomitant defect of the internal anal sphincter. The patients had a mean age of 45 (\pm 8) years. Twenty-six (74%) women had given birth twice; 9 (25%) had a history of only one birth. Before surgery, all patients underwent conservative treatment with biofeedback and electrostimulation in individual sessions over six months. Pelvic floor contractility was 3 (\pm 2) strength grades on the Oxford scale. The muscle ends were overlapped with vicryl-4-0 sutures. A mini vacudrain was placed and the skin closed. The patients received astronaut's diet for five days, IV antibiotic therapy, and a stool softener for four weeks. Five Tannosynt rinsings per day were performed with subsequent blow-drying.

Results

Of the 35 patients with repair of the external anal sphincter muscle using the overlapping technique, 32 (91%) had a satisfactory result at 3-year follow-up based on sonomorphologic criteria. These 32 patients were continent of solid and fluid stools. Six of them (17%) continued to have flatus incontinence. Two (6%) patients were improved and one patient (3%) had unchanged incontinence.

Interpretation of results

Published results of end-to-end anastomosis and overlapping in anal sphincter repair suggest similar outcomes for both techniques. Our findings at 3-year follow-up show good results of overlapping repair of the external anal sphincter muscle in terms of morphology and clinical symptoms. Thirty-two (91%) of the women studied were objectively and subjectively continent.

Concluding message

The indication for sphincter repair should be established generously also in patients with an additional defect of the internal sphincter and in young women. Hardly any complications occur when the intervention is performed by an experienced operator and there is good perioperative management. Several years of supervised pelvic floor training are necessary.

1. Chriurg 2004; 75 (5):519-24
2. Gastroenterology 2004; 126 (1Suppl 1):48-54
3. Dis Colon Rectum 2003; 46(7):937-42

