



## Bladder and Bowel Community

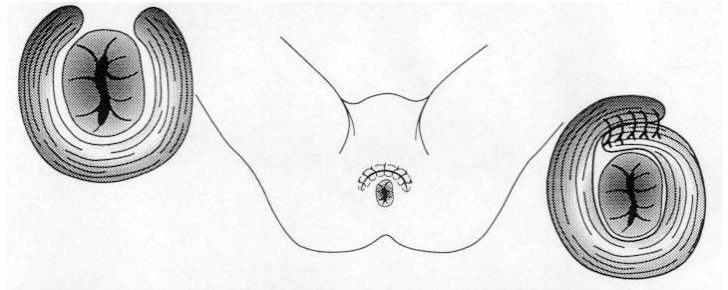
### Factsheet: Your Sphincter Repair Operation

The sphincter repair operation is beneficial for people whose anal sphincter is found on investigation to be damaged or very weak, giving them trouble with controlling their bowels. Research has shown that a sphincter repair operation is successful for 4 out of 5 people (80%) in this situation. This is the best treatment currently available.

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

#### Preparation before the operation

You will probably go into hospital the day before 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. You will also have the routine blood tests done before any operation. 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.



#### Will I need a colostomy?

Some surgeons feel that a temporary colostomy (an artificial opening through the skin to empty the bowel) is sometimes advisable to rest the healing area and avoid exposing the healing wound to stool. Your surgeon will discuss this with you if he or she feels that it is required.

#### After the operation

You will probably have a dressing in place over the wound around your anus and this will usually be held in place by net pants. You will 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 will be available: ask your 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 uncomfortable before you take anything. Some people find that lying on the side with a pillow between the legs is the most comfortable position at first.

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.

#### When can I have a bath?

You will normally have a bath 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. You will probably find that frequent baths 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. The stitches used will probably be soluble and will not need to be removed.

## **Opening your bowels after the operation**

From the day after your operation you will be given laxatives. This will soften the 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. The hospital 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 15-20 minutes before you try to open your bowels.

It is very important not to strain and to avoid constipation, and the hospital will therefore want you to have very 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 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, or use the bidet after each time you open your bowels. It is especially important to keep clean if you are leaking stool. 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 gauze 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.

## **Length of stay in hospital**

You will probably stay in hospital for 5-7 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. Until the wound is healed you should continue to use saline to clean it. 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. It is quite common, particularly where the stitches were under some tension, for the wound to open up a little once you are home - this does not mean that the operation will not be a success. Neither does an infection in the wound mean that the operation will fail. 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 3-4 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 6-8 weeks if you feel comfortable.

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. 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 chemist. If you do get severely constipated you should contact the ward where you had your operation for advice.

### **Outpatient follow-up**

You will probably be invited for an outpatient check-up 6-8 weeks after the operation. It is important that you talk to the doctor about any concerns that you have at that 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 Nurse if you need more advice at this time.

### **Going back to work**

The time taken to get back to normal activities varies a lot for different people. You should do as much as you feel comfortable doing. If you need to take painkillers these may make you drowsy, so you should avoid driving or 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 take longer. If lifting causes you discomfort you should avoid it. Most people need 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.

### **Where to get further information**

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

The Bladder and Bowel Community provides information and support for people with bladder and bowel issues. We publish a wide range of user friendly booklets and factsheets.

For more information please call us on 01926 357220, email [help@bladderandbowel.org](mailto:help@bladderandbowel.org) or write to us at The Bladder and Bowel Community, 7 The Court, Holywell Business Park, Northfield Road, Southam, CV47 0FS.

**[www.bladderandbowel.org](http://www.bladderandbowel.org)**

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