

Anal sphincter surgery

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In situations where conservative treatment has failed, and where a discrete disruption of the sphincters exists, the ends of the divided muscle are found and reunited by an overlap repair (Parks) (Figure 80.12). Short-term results are good, with reports of 75–80% improvement in symptoms at first follow-up. This reduces with time to 50% or less 5–10 years after surgery . Pelvic floor repairs (postanal, preanal or total) are of historical interest only . Sphincter reconstruction (non-stimulated or stimulated) with muscle transposition has been devised to replace the anal sphincter when local repair has failed. ‘Gluteoplasty’ or ‘graciloplasty’, especially stimulated muscle transposition, has been performed; however, initial positive results were not maintained in the medium to long term. Artificial sphincters - have been implanted to replace or reinforce native sphincters but devices are no longer commercially available.

(b) Figure 80.12 Direct sphincter repair in which (a) the sphincter defect is excised and (b) the remaining muscle is overlapped. (Redrawn with permission from Mann CV, Glass RE. Surgical treatment of anal incontinence . New York: Springer, 1991.)

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