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Successful Repair of 5 Cases of Fecal Incontinence

KEYWORDS

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ABSTRACT *Anal incontinence is defined as involuntary passage of feces, flatus. It can be a result of birth injury or anal intercourse. Upto 40% of women with third or fourth degree perineal tears during childbirth suffer from anal incontinence. It results in a significant morbidity to the patient. We report successful repair of 4 out of 5 cases of anal incontinence during March- 2013 to July-2015 in Kurnool Medical College, Kurnool.*

INTRODUCTION:
Anal incontinence can result from injury to perineum involving anal sphincter complex(external anal sphincter and internal anal sphincter) and rectal mucosa. It can be a due to birth injury (OASI) or anal intercourse (RVF). It results in a significant morbidity to the patient**.** Risk of OASI is more if the fetus is in occipito posterior position. Anal intercourse is most common in low socio-economic status.

AIM & OBJECTIVE :
To assess the outcome in fecal incontinence after sphincter repair.

CASES :

S.no	age	parity	complaints	Cause of fecal incontinence	Duration of symptoms
1	32	3	Incontinence of feces and flatus	Birth injury	1 week
2	25	1	Incontinence of feces and flatus	Birth injury	10 days
3	26	2	Incontinence of feces and flatus	Birth injury	1 day
4	30	2	Incontinence of feces and flatus	Anal intercourse	1 day
5	28	1	Incontinence of feces and flatus	Anal intercourse	1 day

FINDINGS:
In cases 1,2,3 (OASI) ---- Perineum is deficient, discontinuity in rectal mucosa about 5cm noted, no sphincteric action , mucosal edges and muscle edges are healthy., dimple was noted**.**

In cases 4,5 (RVF) ---- a rent of around one rupee coin was noted in rectovaginal septum.

INVESTIGATIONS :
- CBP, LFT, RFT and serum electrolytes were normal.

PLAN OF TREATMENT:
- Cases 1,2 were repaired 3 months later.
- Cases 3,4,5 were repaired on the same day.

PREOPERATIVE BOWEL PREPARATION FOR CASES 1,2 :
Patient was on low residual diet for 2 days followed by oral fluids for 2days followed by nill by mouth for 2days. Intestinal antibiotics Cap Neomycin was given for 2 days. Oral laxatives were given twice on the day before surgery.

Complete perineal tear repair was done by layered method. Anal mucosa was repaired by inverted sutures with no. 3-0 vicryl. Internal sphincter repaired with no.2 vicryl. External sphincter repaired with no.2 vicryl Levator ani were sutured. Vaginal mucosa was sutured with non- absorbable suture material.

Post operative bowel rest for all 5 cases:
- They were on nil by mouth with parenteral nutrition and intravenous antibiotics for 7 days.
- They were given high fibre diet from 8th day till 4weeks.
- They passed stools and they were able to maintain continence.

- Sutures applied to vaginal mucosa were removed on 15th POD.
- They were discharged on 20th POD and counseled regarding the care to be taken during next delivery and the risk of recurrence of fistula if they opt for vaginal delivery.
- Cases 1,2 (OASI) 4,5 (RVF) are on regular follow up and they maintained continence till now
- Case 3 which was a fresh OASI passed hard stools on 20th day and resulted in a rectovaginal fistula.

CONCLUSION :
Pre operative bowel preparation and post operative bowel rest are crucial in the success of complete perineal tear repair. Outcome is good with coital injury than in OASI.

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Fig-1: Operative Picture


Fig-2: Suturing of rectal mucosa


Fig-3: Suturing of vaginal mucosa

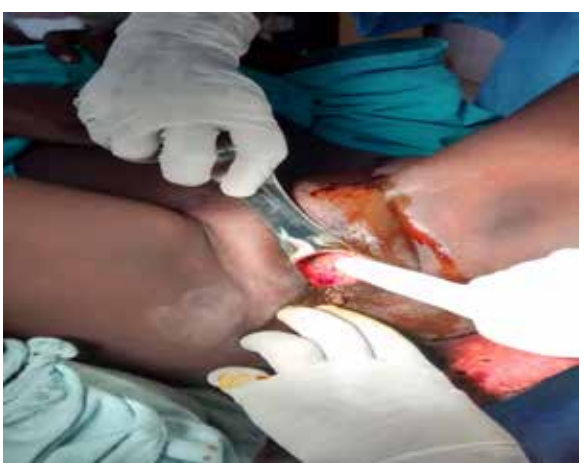
Fig-4: Healed vaginal mucosa

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