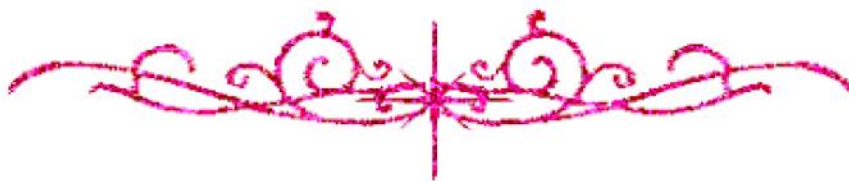


بسم الله الرحمن الرحيم





شبكة المعلومات الجامعية التوثيق الالكتروني والميكروفيلم



جامعة عين شمس

التوثيق الإلكتروني والميكروفيلم

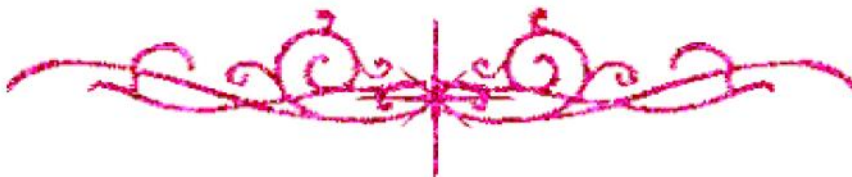
قسم

نقسم بالله العظيم أن المادة التي تم توثيقها وتسجيلها
علي هذه الأقراص المدمجة قد أعدت دون أية تغيرات



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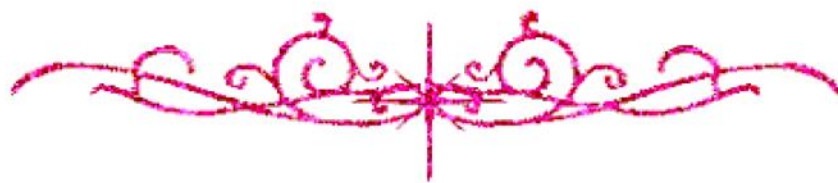


بعض الوثائق الأصلية تالفة





بالرسالة صفحات
لم ترد بالأصل



New techniques in the repair of anal sphincter between success and failure

A Thesis

Submitted for partial fulfilment of master degree
in General Surgery

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بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

قالوا

سببنا انك لا تعلم لنا
إلا ما علمتنا إنك أنت
العليم العظيم

صدق الله العظيم

سورة البقرة الآية: ٢٢



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 *Elnagheh Abd AlKarem Khalaf*

List of Contents

<i>Subject</i>	<i>Page No.</i>
List of Abbreviations	i
List of Tables.....	ii
List of Figures	iii
Introduction	1
Aim of the Work.....	4
Review of Literature	
Anatomy of the Anal canal	5
Aetiology of Anal Incontinence	13
Diagnosis and Grading of Anal Incontinence	20
Surgical Management of fecal Incontinence.....	34
Patients and Methods.....	48
Results.....	56
Discussion	60
Summary	65
Conclusion.....	69
References	70
Arabic Summary	—

List of Abbreviations

<i>Abbr.</i>	<i>Full-term</i>
ABS	: Artificial Bowel Sphincter
AI	: Anal Incontinence
AMS	: American medical system
ARM	: Anorectal Manometry
ASRS	: American Socceity of Colon and Rectal Surgeon
CCF-FIS	: Cleveland Clinic Florida Fecal Incontinence Score
CCIS	: Cleveland Clinic Incontinence Score
DRE	: Digital Rectal Examination
EAMRI	: Endo Anal Magnetic Resonance Imaging
EAS	: External Anal Sphincter
EAUS	: Endo Anal Ultrasound
EMG	: Electromyography
FDA	: Food and Drug Adminstration
HPZ	: High Pressure Zone
IAS	: Internal Anal Sphincter
IBS	: Irritable Bowel Syndrome
IMA	: Inferior Mesentric Artery
L	: Lumbar nerve
MRI	: Magnetic Resonance Imaging
PAS	: Prosthetic Anal Sphincter
PNE	: Percutaneous Nerve Evaluation
PO	: Postoperative
PTNM	: Posterior Tibial Nerve modulation
PTNS	: Posterior Tibial Nerve Stimulation
P-value	: Prevalence value
S	: Sacral nerve
SNM	: Sacral Nerve Modulation
SNS	: Sacral Nerve Stimulation
T	: Thoracic nerve
TPFR	: Total Pelvic Floor Repair
US	: Ultrasound
VBS	: Vaginal Bowel control System

List of Tables

<i>Table No.</i>	<i>Title</i>	<i>Page No.</i>
Table (1):	The symptoms of the underlying cause of AI.....	21
Table (2):	Browning and Parks scale	30
Table (3):	Cleveland Clinic Incontinence Score (CCIS) (Wexner score) is the most popular scale used in detecting the grade of AI.	31
Table (4):	Vaizey score	33
Table (5):	Demographic characteristics among the studied cases	56
Table (6):	US measurement of tear (circumference %) among the studied cases	57
Table (7):	Wexner score among the studied cases	58
Table (8):	Postoperative wound infection among the studied cases	59

List of Figures

<i>Figure No.</i>	<i>Title</i>	<i>Page No.</i>
Figure (1):	Arterial supply of the colon, rectum and anal canal	9
Figure (2):	Venous drainage of the colon, rectum and the anal canal	10
Figure (3):	EAUS showing anterior defect in IAS & EAS	24
Figure (4):	AUS showing an injury in the IAS&EAS.....	25
Figure (5):	EAMRI for women with AI.....	29
Figure (6):	Injection of adrenaline around the anal sphincter	35
Figure (7):	Dissection of the anal sphincter	36
Figure (8):	Suturing of the muscle ends by horizontal mattress sutures	37
Figure (9):	Deformed internal sphincter from 12 o'clock To 4 o'clock (1/3 of the sphincter circumference).....	38
Figure (10):	Overlapping of both healthy ends of the Internal sphincter.....	39
Figure (11):	After closure of the wound (Tri-Star appearance of the skin closure).....	39
Figure (12):	Complete wound healing after 6 months	40
Figure (13):	Intraoperative illustration of overlapping technique	51

Figure (14): Intraoperative illustration of overlapping technique	52
Figure (15): Sex distribution among the studied cases	56
Figure (16): US measurement of tear (circumference %) among the studied cases	57
Figure (17): Wexner score among the studied cases	58
Figure (18): Postoperative wound infection among the studied cases	59

Abstract

Background: Fecal incontinence is a frequent and debilitating condition that may result from a multitude of different causes. It is defined as the uncontrolled passage of feces or gas over at least 1 month's duration, in an individual of at least 4 years of age, who had previously achieved control.

Aim of Work: to evaluate the outcome of overlap anal sphincter repair and value of this technique in our patients and demonstrate the improvement of the anal canal function after this technique. **Patients and Methods:** this randomized prospective clinical trial was conducted on thirty (30) patients presented to Ain-Shams University hospitals with anal sphincter injury that were operated upon by a modified overlap repair. Endoanal ultrasonography and anorectal manometric studies were done and Wexner continence score was estimated for all cases preoperatively and postoperatively. All patients sharing in the study was fully informed about the procedure they had with a written informed consent.

Results: In this study the mean preoperative Wexner score was 12.9 and the mean postoperative Wexner was 4.8; this reduction was found to be significant (p value=0.001). Also endoanal ultrasound showed that tear size significantly reduced among the studied cases. Also the relation of preoperative and postoperative anorectal manometry changes showed a significant increase (p value=0.001).

Conclusion: from this study that significant drop of Wexner, combined with ultrasound and anorectal manometry variation between pre and post should be the core of follow up for patients with anal sphincter injury underwent overlap repair.

Key words: overlapping anal sphincter repair, outcome, anal function, endoanal US

Introduction

Fecal incontinence is a frequent and debilitating condition that may result from a multitude of different causes. It is defined as the uncontrolled passage of feces or gas over at least 1 month duration, in an individual of at least 4 years of age had previously achieved control (*Paquette et al., 2015*).

Fecal incontinence has a negative impact on self-esteem and quality of life and may result in significant secondary morbidity, disability, and cost. Reported prevalence rates vary widely depending on the method used and the target population examined but, in general, range between 1.4% and 18%. In institutionalized patients, however, incontinence may affect up to 50% and it is a frequent reason for transfer to nursing homes (*Paquette et al., 2015*).

The anal sphincter may become weak either from direct damage to the muscle or from damage to the nerves that cause the muscle to contract normally. Damage to muscles can be caused by Childbirth (most common cause in women), another possible cause of sphincter damage is any type of injury to the anus. This may be from accidental damage during an anal or rectal operation such as hemorrhoidectomy or following an operation for anal fissure or fistula or trauma (*Rao and Siddique, 2007*).