



بِسْمِ اللّٰهِ الرَّحْمٰنِ الرَّحِيْمِ

Perineal trauma & Anal
Sphincter Injuries:
Treatment Outcomes in Minia
University Emergency Unit

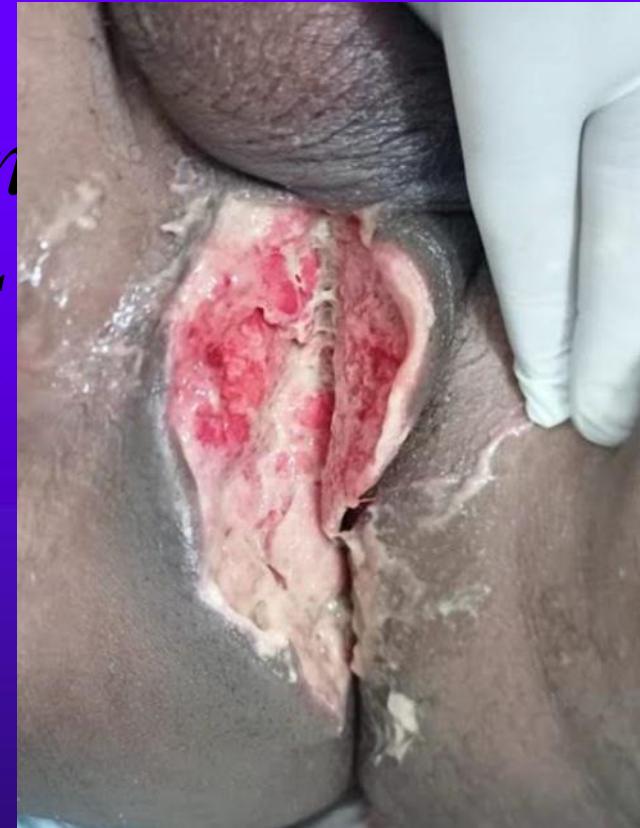
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Aim of the study

- Evaluate the comparative degree of success as regards feacal*
- Different factors influencing the outcomes*





Perineal trauma outcomes in our emergency unit

32 Patient



- 1) acute perineal injuries.
- 2) both genders

age range
from 6 to 60 years old.

- 3) All possible mechanisms of trauma
- 4) age :6-60

- 1) Chronic anal sphincter dysfunction as they need different advanced modalities for diagnosis.
- 2) Children below the age of six.

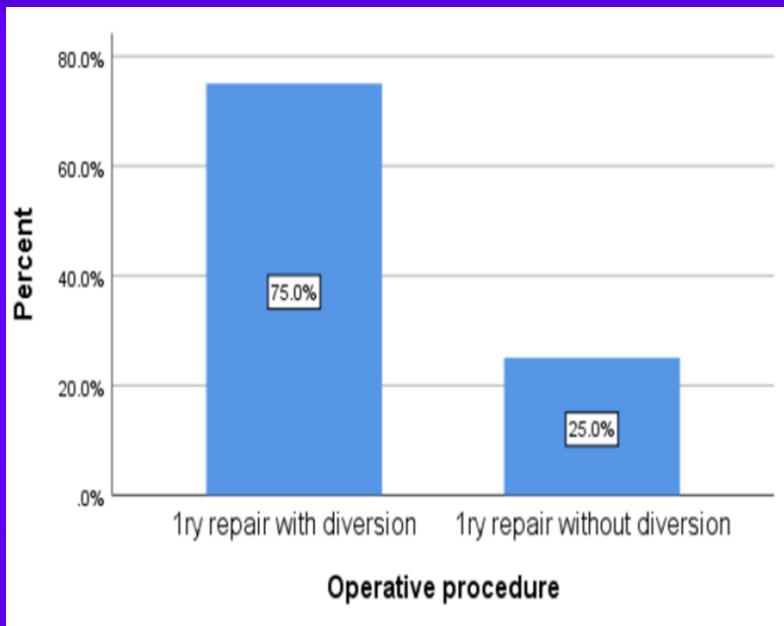
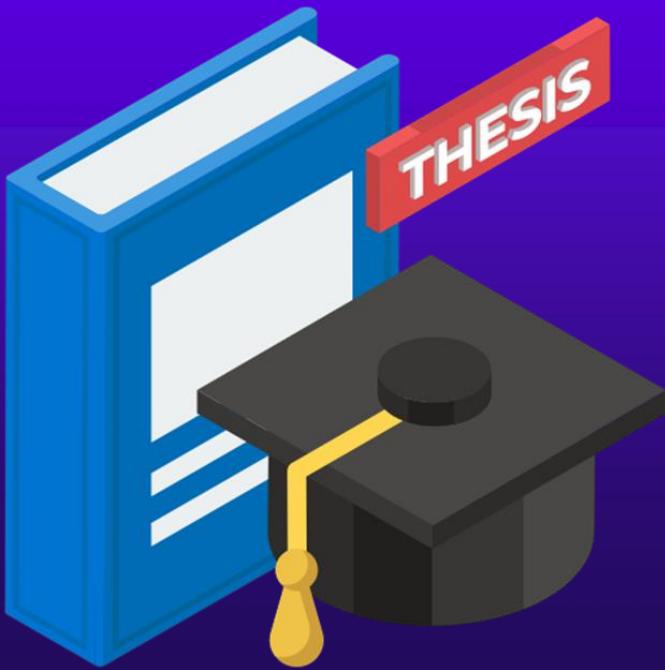
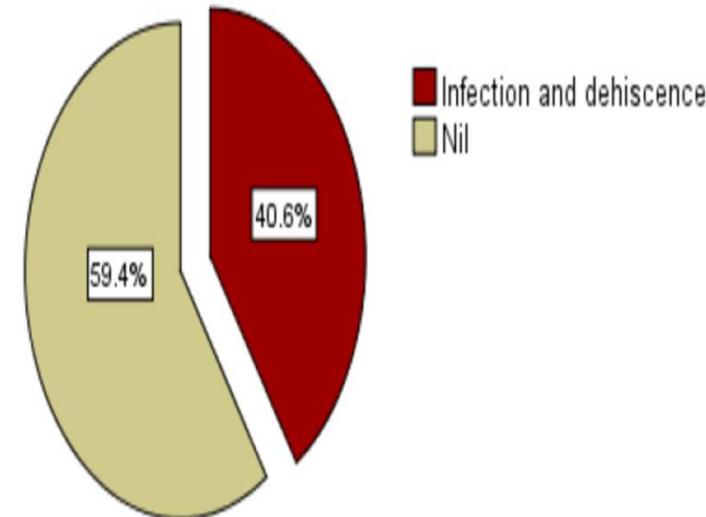


Figure 7: Operative procedures



25%

Wound complications





Operative procedure

- **Primary closure** of the wound is done to prevent further injury by direct pressure on the wound.
- **Feeding fistula** (if any) will be created to facilitate complex wound management by facilitating the removal of necrotic tissue.
- All necrotic tissue is excised at initial surgery and the wound is watched for further necrosis during daily exploration and dressing of the wound .Once it is certain that no further necrosis of the anal canal will occur, reconstruction can be performed .







modified wxener score

Never=no episodes in past 4 weeks;

Rarely=1 episode in past 4 weeks;

Sometimes=>1 episode in past 4 weeks but <1 a week;

Weekly=1 or more episodes a week but <1 a day;

Daily=1 or more episodes a day;

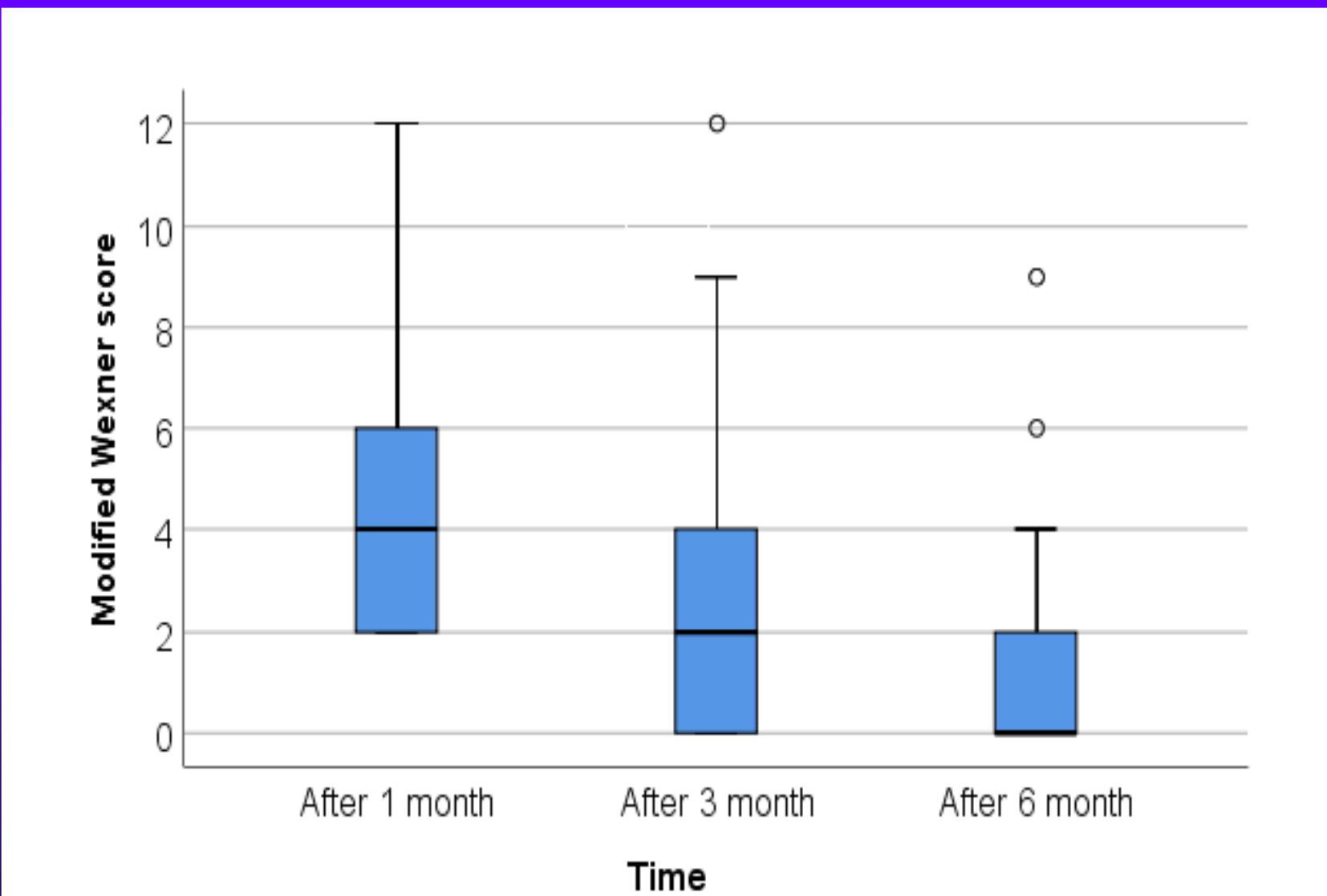
Minimum score=0=perfect continence;

Maximum score=24=total incontinence.

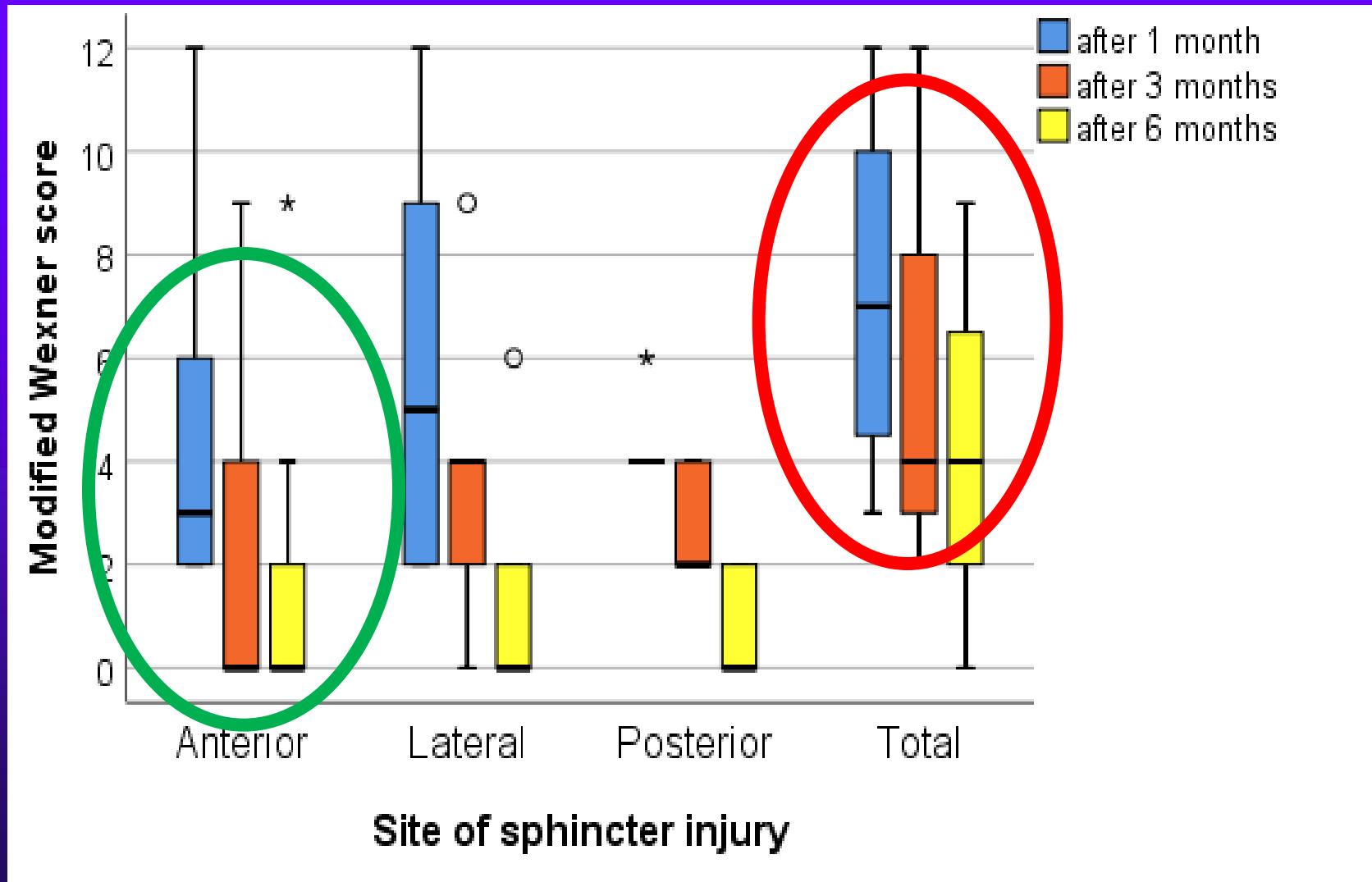
SCORE:/24.



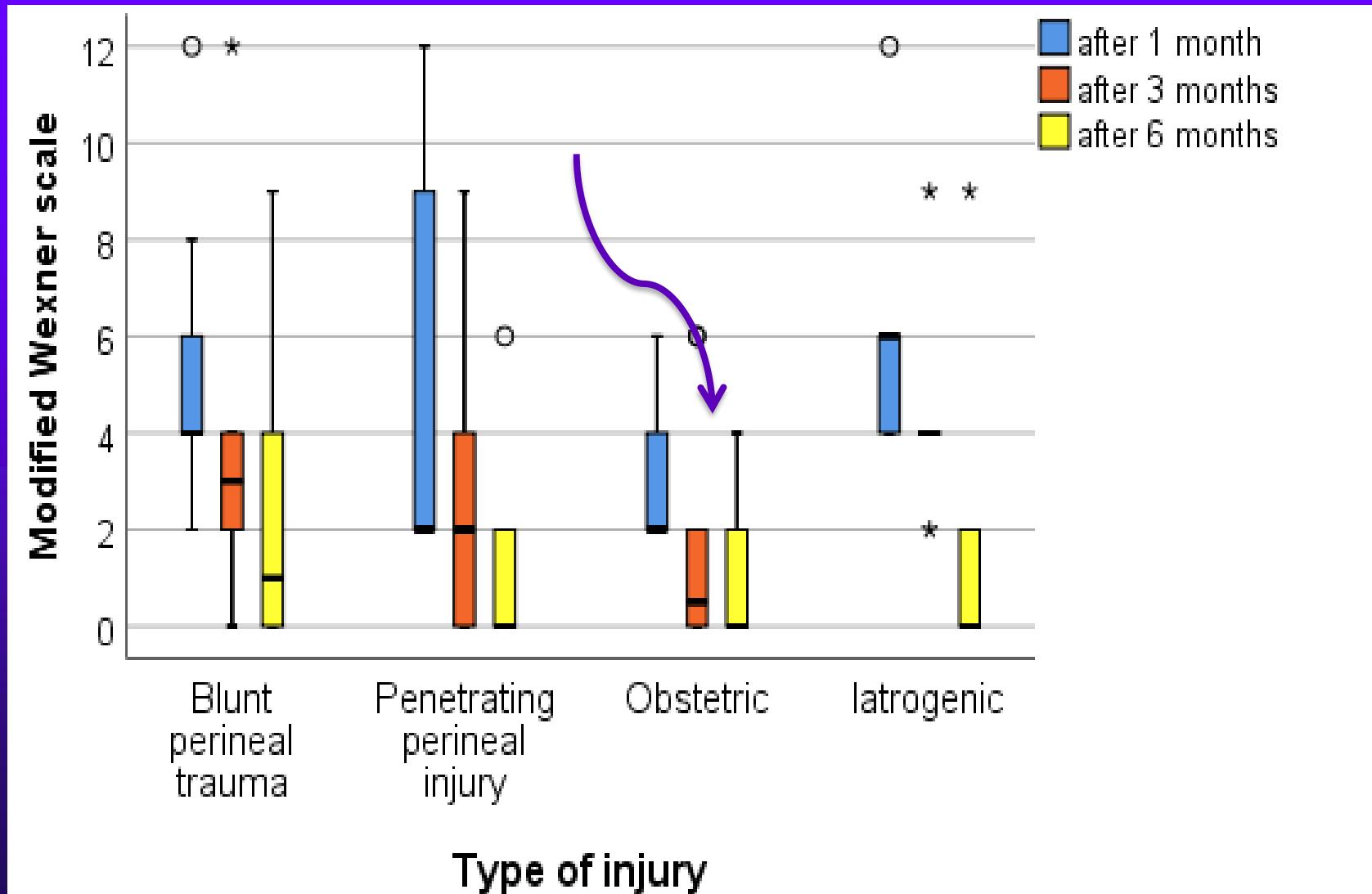
Time



site of sphincter injury

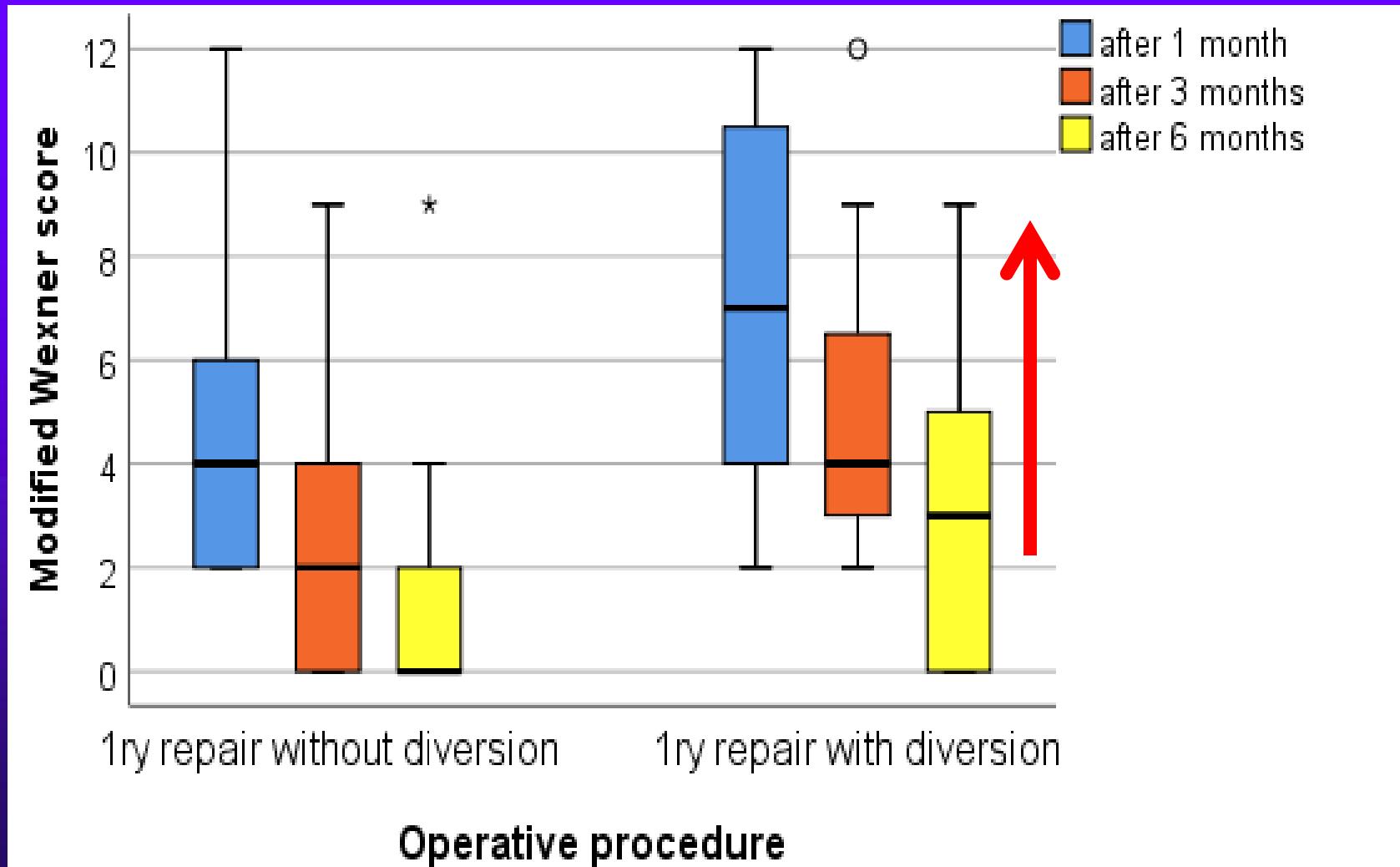


type of injury





operative procedure





Conclusion

- ❑ *primary repair of traumatic anal sphincter injury can be done in the emergency settings, unless there is severe and extensive destruction of the perineal soft tissue.*
- ❑ *Fecal diversion is done selectively*
- ❑ *There are many factors that influence the treatment outcomes regarding anal continence. These factors include the mode of trauma, type and site of injury and the operative procedure.*



Thank you