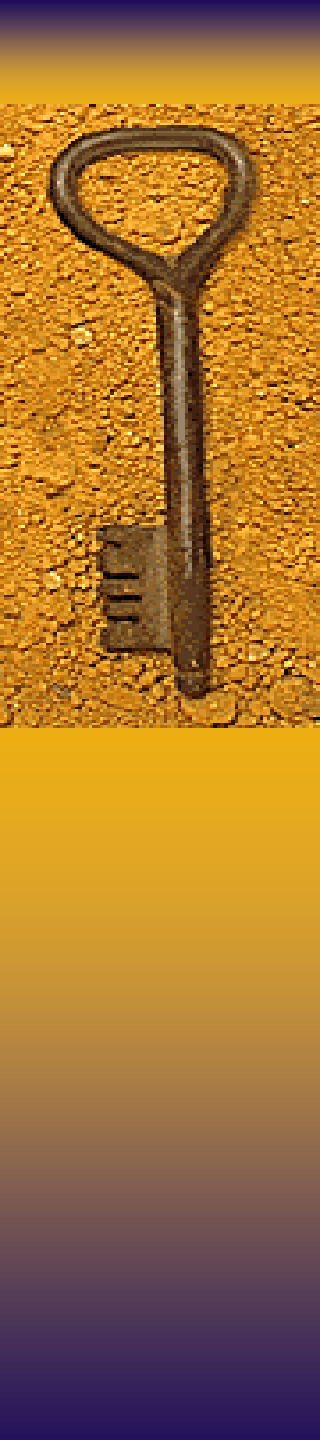


بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ



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

Dr Doaa Ali
**Assistant professor of Colorectal
Surgery**



Aim of the study

- ❑ *Evaluate the com degree of success as regards feacal*
- ❑ *Different factors the outcomes*






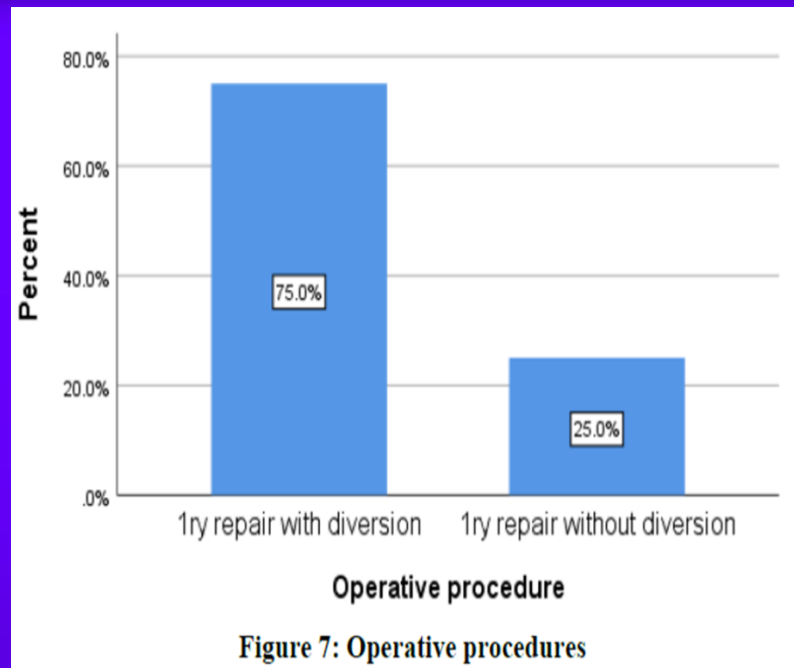
Perineal trauma outcomes in our emergency unit

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.



25%



Operative procedure



☐ **Pr**
dire

☐ **Fec**
need
or e
inju

☐ **All**
exp

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 .



injury by

y) will be
ncter complex
obilitating

ed at initial
watched for





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;

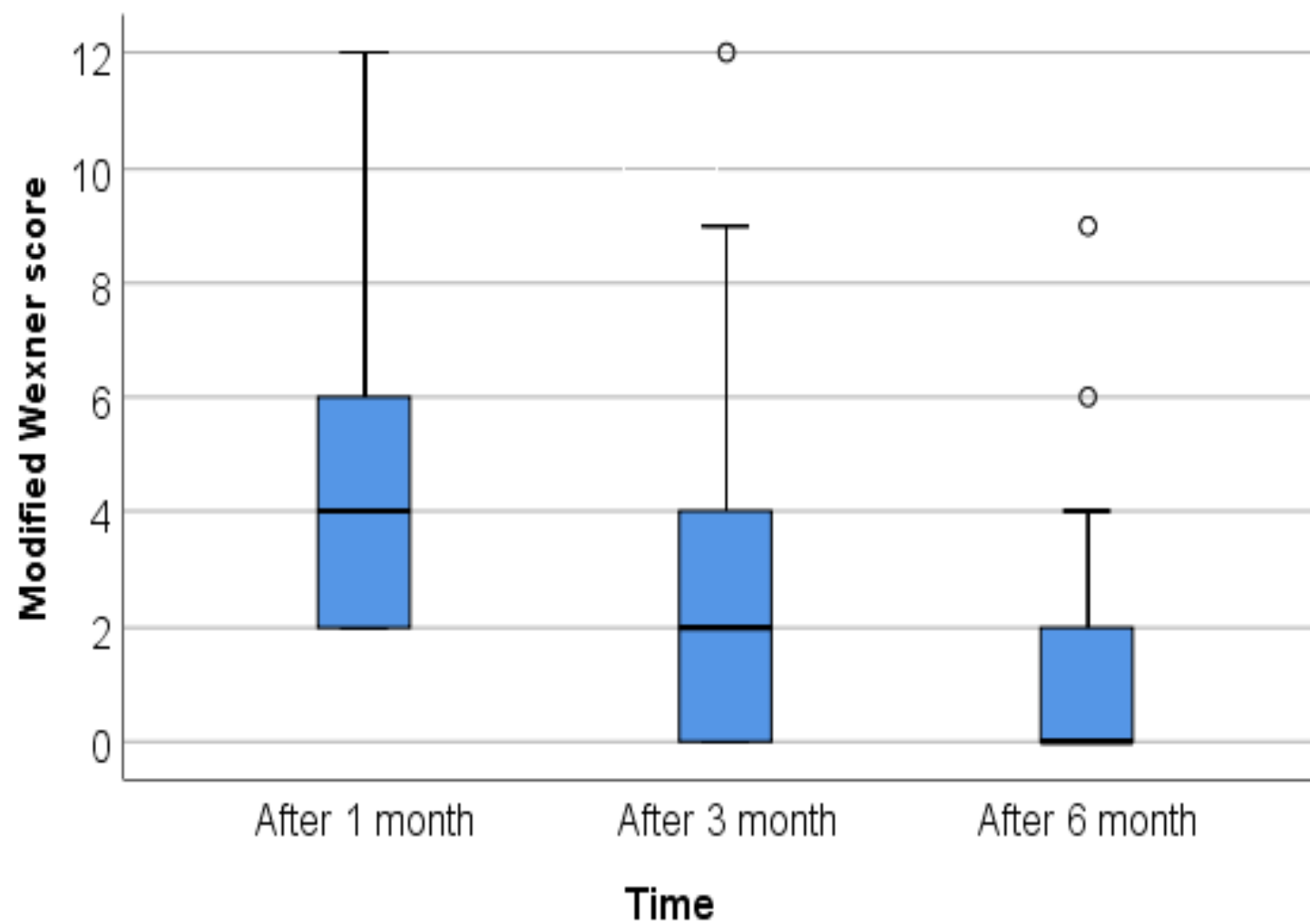
Minimum score=0=perfect continence;

Maximum score=24=total incontinence.

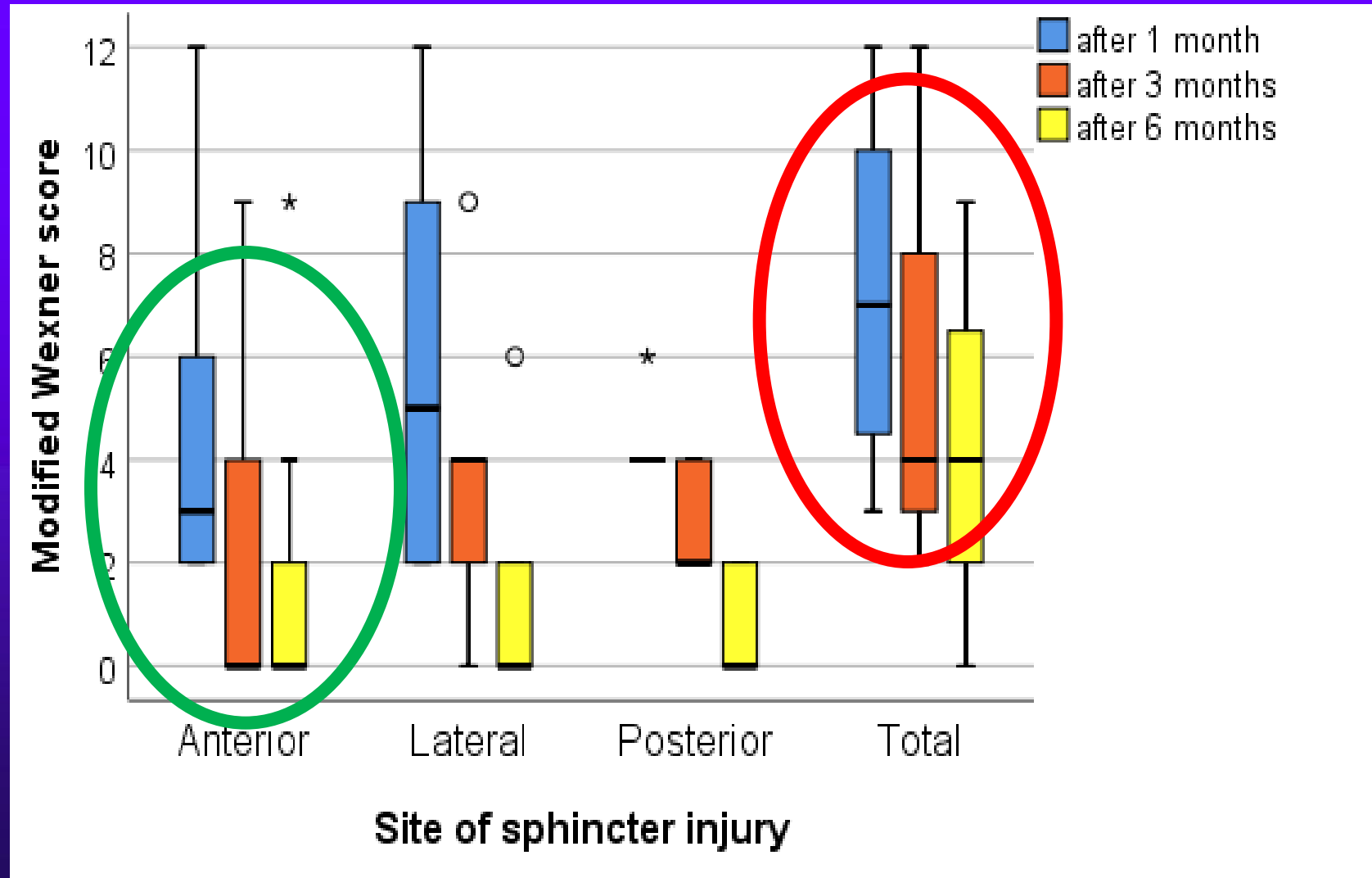
SCORE:/24.



Time

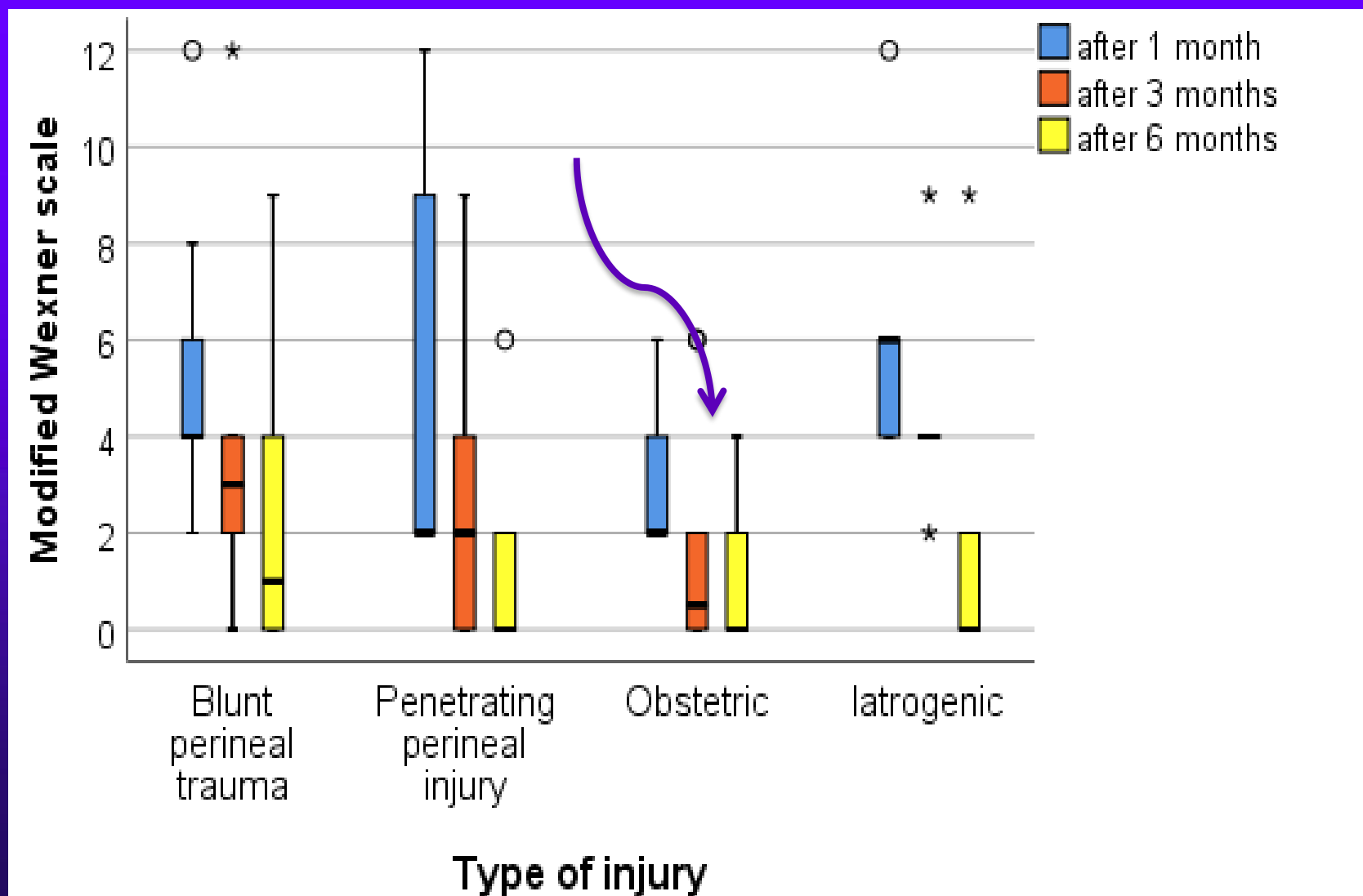


site of sphincter injury

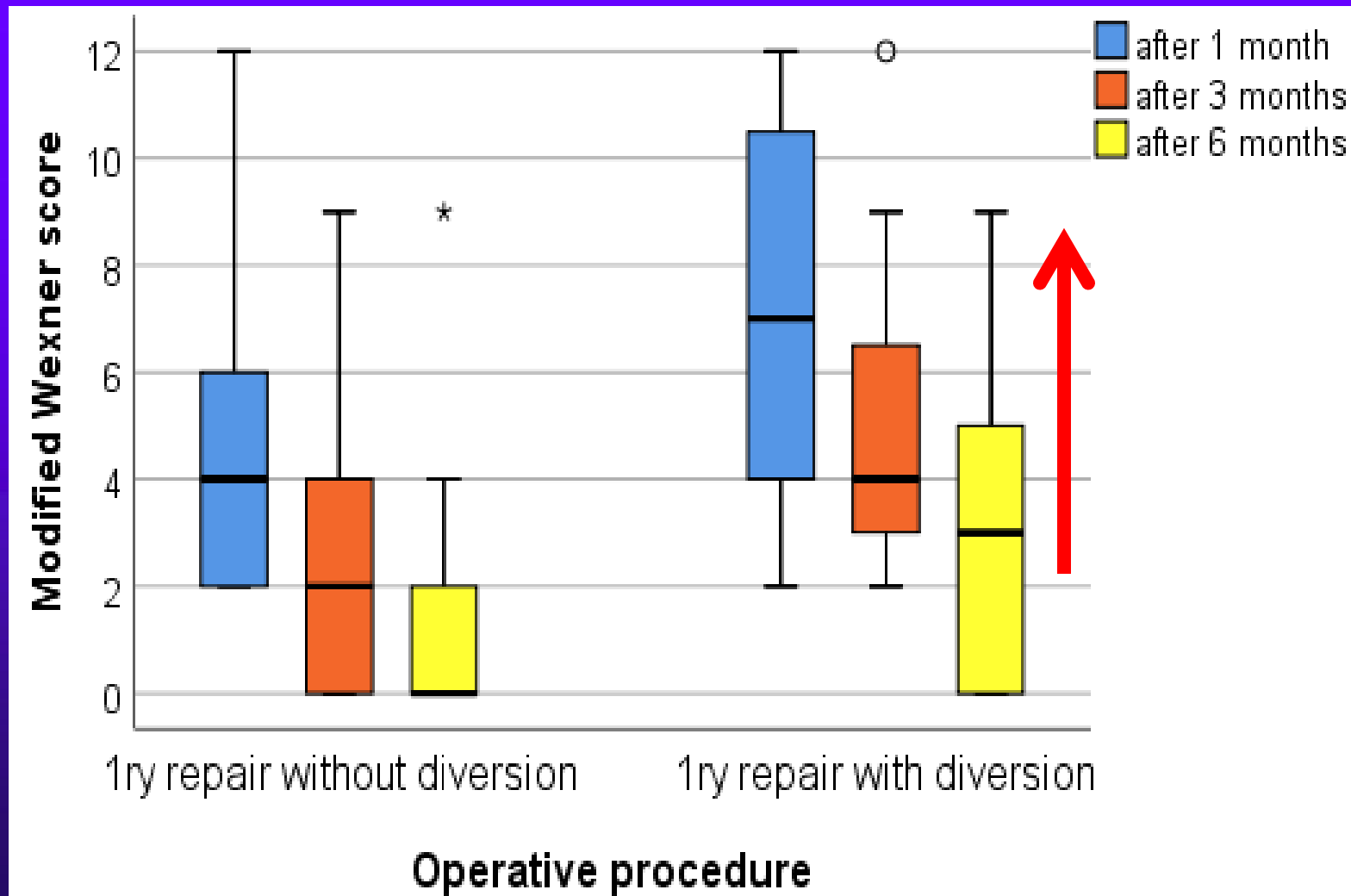




type of injury



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