

Sphincteroplasty

What is sphincteroplasty?

Sphincteroplasty is a procedure in which the muscle between the rectum and vagina is closed in multiple tissue layers. An incision is made between the vagina and anus.

When is this surgery used?

- Leaking of stool.

How do I prepare for surgery?

- Before surgery, a pre-op appointment will be scheduled with your doctor at their office or with a nurse practitioner or physician assistant at Domino Farms.
- Depending on your health, we may ask you to see your primary doctor, a specialist, and/or an anesthesiologist to make sure you are healthy for surgery.
- The lab work for your surgery **must be done at least 3 days before surgery.**
- Some medications need to be stopped before the surgery. A list of medications will be provided at your pre-operative appointment.
- Smoking can affect your surgery and recovery. Smokers may have difficulty breathing during the surgery and tend to heal more slowly after surgery. If you are a smoker, it is best to quit 6-8 weeks before surgery. If you are unable to stop smoking before surgery, your doctor can order a nicotine patch while you are in the hospital.

- You will need a bowel prep. At the pre-op visit before your surgery, you will be told what type of bowel prep you will use. The prep to clean your bowel will have to be completed the night before your surgery.
- You will need to shower at home before surgery. Instructions will be provided at your pre-operative appointment.
- Do not wear makeup, nail polish, lotion, deodorant, or antiperspirant on the day of surgery.
- Remove all body piercings and acrylic nails.
- If you have a “Living Will” or an “Advance Directive”, bring a copy with you to the hospital on the day of surgery.
- Most women recover and are back to most activities in 6 weeks. You may need a family member or a friend to help with your day-to-day activities for a few days after surgery.

What can I expect during the surgery?

- In the operating room, you will receive general anesthesia.
- After you are asleep and before the surgery starts:
 - A tube to help you breathe will be placed in your throat.
 - A catheter will be inserted into your bladder to drain urine and to monitor the amount of urine coming out during surgery. The catheter will be removed shortly after surgery.
- Compression stockings will be placed on your legs to prevent blood clots in your legs and lungs during surgery.

What are possible risks from this surgery?

Although there can be problems from surgery, we work very hard to make sure the procedure is as safe as possible. However, problems can occur, even when things go as planned. You should be aware of these possible problems, how often they happen, and what will be done to correct them.

Possible risks during surgery include:

- **Bleeding:** If there is excessive bleeding, you will receive a blood transfusion. If you have personal or religious reasons for not wanting a transfusion, you must discuss this with your doctor **prior to surgery**.
- **Death:** All surgeries have a risk of death. Some surgeries have a higher risk than others. There is a less than a 1 in 1000 chance of dying from this kind of surgery.

Possible risks that can occur days to weeks after surgery:

- **Blood clot in the legs or lung:** Swelling or pain, shortness of breath, or chest pain are signs of blood clots.
- **Bowel obstruction:** A blockage in the bowel that causes abdominal pain, bloating, nausea and/or vomiting
- **Incision opens:**
- **Infection:** Surgical site infection. This may cause fever, redness, swelling or pain.
- **Scar tissue:** Tissue thicker than normal skin forms at the site of surgery

What happens after the surgery?

- If you stay overnight, you will be taken to the recovery room and monitored for one hour before going to the observation unit. If you go home the same day, you will be monitored for about two hours before going home.
- Depending on the length of your surgery, you may not be able to eat or drink anything until the next morning or you will be started on a liquid diet. When you are feeling better you may return to a regular diet.
- You may have cramping, or feel bloated.
- You will:
 - Be given medications for pain and nausea if needed.

- Have the compression stockings on your legs to improve circulation. The stockings will stay on until you are actively walking.
- If you are at a high risk for blood clots, a blood thinning medication (Heparin) may be given to you during your hospital stay.
- Be restarted on your routine medications.
- Be instructed to use a small plastic device at your bedside to help expand your lungs after surgery.
- Start walking as soon as possible after the surgery to help healing and recovery.

When will I go home after surgery?

Most women are able to go home the same day the surgery is done. However, depending on your medical history and the specific surgery being done, you may need to spend one night in the hospital. Check with your doctor to see what is expected.

If you go home the same day:

- You must arrange for someone to come with you, stay while you are having surgery and drive you home afterwards.
- If you do not know someone who can do this, please call the Guest Assistance Program at: (734)764-6893 or (800)888-9825.

You will not be able to have your surgery if there is no-one with you.

If you stay one night in the hospital:

- Most women are ready to go home around noon-time the day after surgery. You should plan for someone to be at the hospital by noon to drive you home.

At home after surgery:

Because you used a bowel prep before surgery, it is common not to have a bowel movement for several days.

Call your doctor right away if you:

- develop a fever over 100.4°F (38°C)
- start bleeding like a menstrual period or (and) are changing a pad every hour
- have severe pain in your abdomen or pelvis that the pain medication is not helping
- have heavy vaginal discharge with a bad odor
- have nausea and vomiting
- have chest pain or difficulty breathing
- leak fluid or blood from the incision or if the incision opens
- develop swelling, redness, or pain in your legs
- develop a rash
- have pain with urination

Caring for your incision:

- To cleanse and prevent infection, you should gently bathe the area between the anus and vagina with water (no soap) after bowel movements.
- Use sanitary pads instead of tampons during menstrual periods until the area is completely healed.
- Do Sitz baths or spray clean water on the incision twice a day until pain is gone. Pat dry completely or use a blow dryer. This will help prevent yeast infection.

Bleeding:

- Spotting is normal.

- Discharge will change to a brownish color followed by yellow cream color that will continue for up to four to eight weeks.
- It is common for the brownish discharge to have a slight odor because it is old blood.

Diet: You will return to your regular diet after discharge, unless advised differently by your doctor.

Medications:

- **Pain:** Medication for pain will be prescribed for you after surgery. Do not take it more frequently than instructed.
- **Stool softener:** Narcotic pain medications may cause constipation. A stool softener may be needed while taking these medications.
- **Nausea:** Anti-nausea medication is not typically prescribed. Tell your doctor if you have a history of severe nausea with general anesthesia.

Activities:

- **Energy level:** It is normal to have a decreased energy level after surgery. Once you settle into a normal routine at home, you will slowly begin to feel better. Walking around the house and taking short walks outside can help you get back to your normal energy level more quickly.
- **Showers:** Showers are allowed within 24 hours after your surgery. Tub baths are encouraged 24 hours after surgery. Do not stay in the bath tub longer than 10-15 minutes. Use a blow dryer to keep the area dry.
- **Climbing:** Climbing stairs is permitted, but you may require some assistance when you first return home.
- **Lifting:** For 6 weeks after your surgery you should not lift anything heavier than a gallon of milk. This includes pushing objects such as a vacuum cleaner and vigorous exercise.

- **Driving:** The reason you are asked not to drive after surgery is because you may be given pain medications. Even after you stop taking pain medications; driving is restricted because you may not be able to make sudden movements due to discomforts from surgery.
- **Exercise:** Exercise is important for a healthy lifestyle. You may begin normal physical activity within hours of surgery. Start with short walks and gradually increase the distance and length of time that you walk. To allow your body time to heal, you should not return to a more difficult exercise routine for 6 weeks after your surgery. Please talk to your doctor about when you can start exercising again.
- **Intercourse:** No sexual activity for 6 weeks after surgery.
- **Work:** Most patients can return to work in 2-6 weeks after surgery. You may continue to feel tired for a couple of weeks.

Follow-up with your doctor:

You should have a post-operative appointment in 6 weeks after surgery made with your doctor before you leave the hospital

If you have any further questions or concerns about your surgery, please talk with your doctor.

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