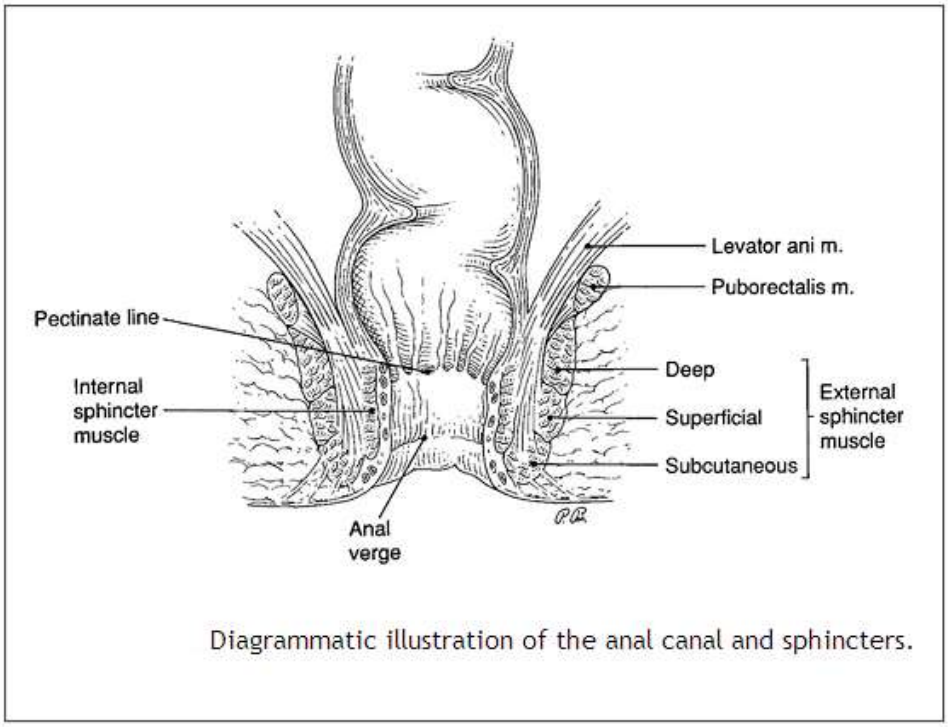
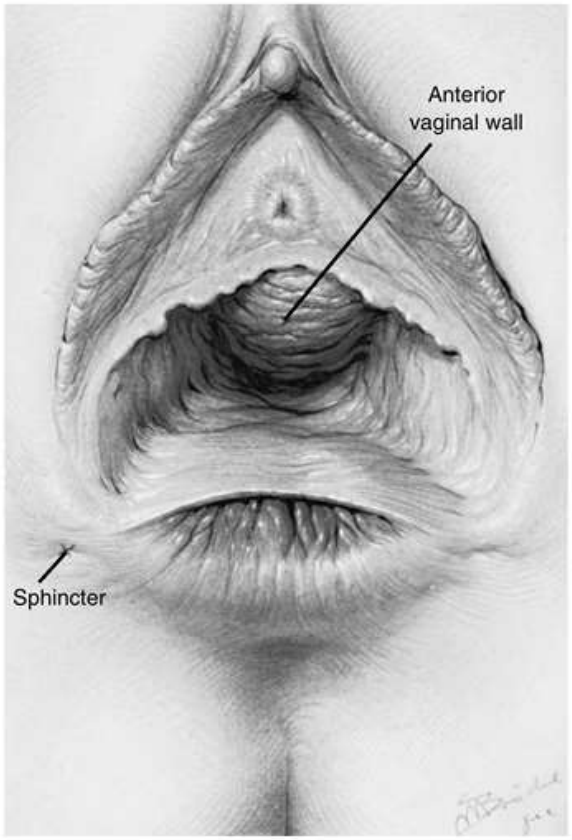
روش ترمیم پارگی درجه چهار رکتوم

Layered Method of Repair of Chronic Perineal Laceration

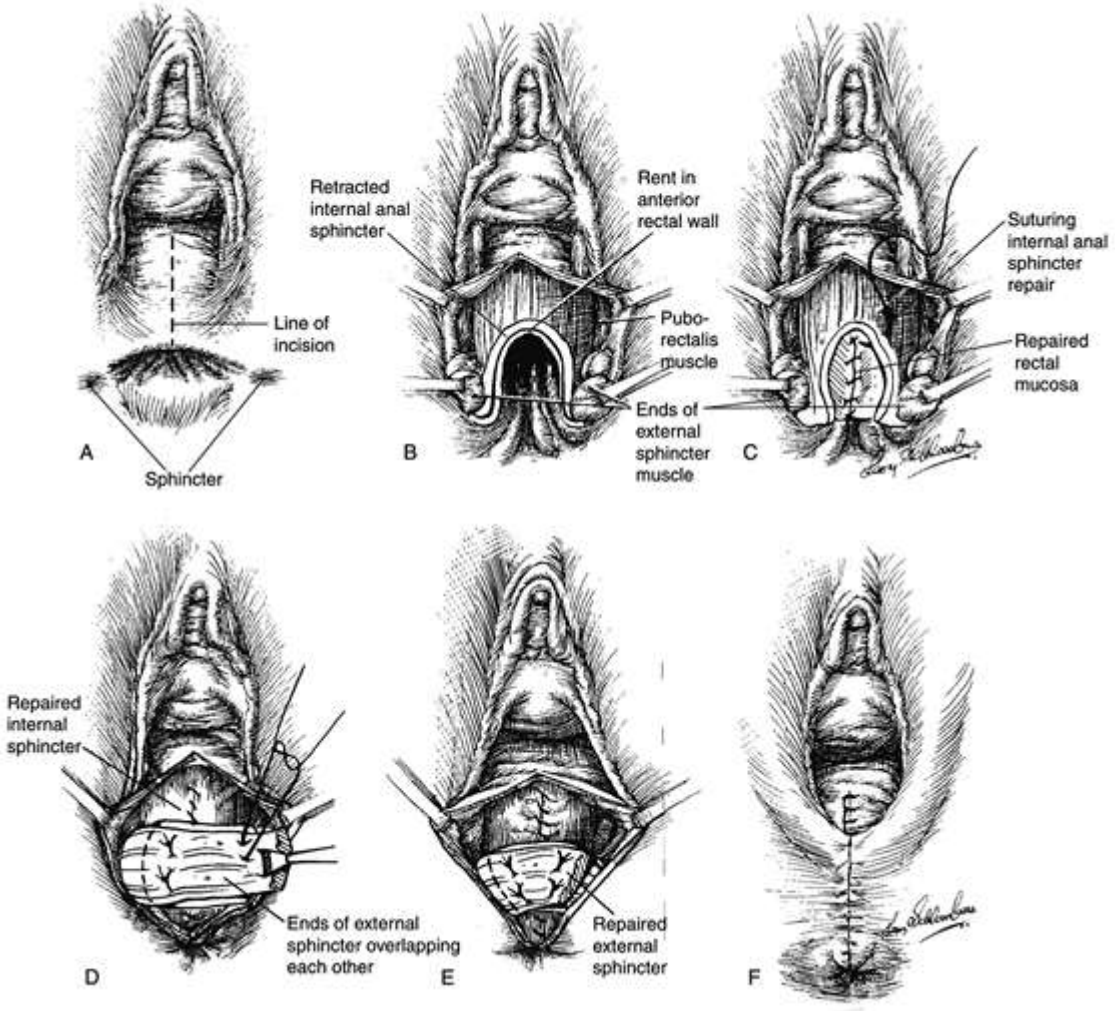


Diagrammatic illustration of the anal canal and sphincters.



Chronic perineal laceration.

Layered closure of a chronic complete perineal laceration with overlapping sphincteroplasty.



A: A transverse incision is made at the junction of the vaginal and rectal mucosa and extended up the midline of the posterior vaginal wall.
B: The rectal wall has been separated from the posterior vaginal wall with careful sharp dissection. The ends of the external sphincter have been identified and grasped with Allis clamps. The internal anal sphincter can be seen between the external anal sphincter and the anorectal mucosa as an area of white fibrous tissue.
C: The defect in the anal mucosa has been closed with a continuous 3-0 delayed-absorbable suture. The internal anal sphincter then is reapproximated over a length of 3 to 5 cm. This layer also serves to imbricate and isolate the mucosal layer and take tension off of it to help it heal and seal against infection.
D: The ends of the external anal sphincter are widely mobilized with the scar tissue left on. Care should be taken not to dissect beyond the 3- and 9-o'clock position as that is where the pudendal enervation to the sphincter enters laterally. The external sphincter then is brought together over the repaired

internal sphincter with two rows of two horizontal mattress sutures of delayed-absorbable or permanent suture material.
An interrupted 0 or 2-0 delayed-absorbable sutures such as **polydioxanone** is choice. 4 or 5 sutures are used to approximate the sphincter muscle. These can be placed 1 cm apart, full thickness, with the nondominant index finger in the anal canal.
E: After the external sphincter has been repaired, the genital hiatus is narrowed by bringing the puborectalis muscles closer together with interrupted delayed-absorbable sutures placed in the fascia overlying them.
Each suture should be held tightly and the vagina tested before tying to assure that posterior banding is not created.
F: The bulbocavernosus and superficial transverse perinei muscles have been reattached to the perineal body, and the vaginal mucosa was closed with a continuous locking stitch of 3-0 delayed-absorbable suture that was continued subcuticularly to approximate the perineal skin.

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