

# SURGICAL TREATMENT

## FECAL INCONTINENCE

### *A BRIEF OVERVIEW FOR PATIENT REFERENCE*

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#### WHAT IS FECAL INCONTINENCE?

Fecal incontinence is the inability to control and hold stool (feces). Anal incontinence can involve the leakage of gas or liquid and solid stool. The embarrassment associated with fecal or anal incontinence is as serious as the condition itself. Many women are reluctant to volunteer this information to even their physician or assume it is a normal part of aging. This should not be

assumed, and all patients in our practice are screened for fecal or anal incontinence.

Please see the [Conditions](#) section for more information on [Fecal Incontinence](#).

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#### SURGICAL TREATMENT OF FECAL INCONTINENCE AND EXTERNAL ANAL SPHINCTER REPAIR

After an initial history, physical exam, and endoanal ultrasound has confirmed the diagnosis, the next step is the surgical repair, which is called an external anal sphincter plication. During vaginal surgery, the muscle is isolated from within the scar tissue that generally results from childbirth injury. If the muscle is like the face of a clock, most often the defect occurs between 10 o'clock to 2 o'clock. This is the defect where the muscle is brought back together to encircle the anal opening.

In our practice, we also repair the other posterior vaginal wall and perineal defects. The external anal sphincter is integrated with the muscles of the perineum to help provide support to maintain continence. Therefore, the surgical reconstruction of the perineum is part of the comprehensive approach Dr. Veronikis and Dr. Wood utilize when repairing external anal sphincter muscle injuries.

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#### POST-OPERATIVE CARE AFTER EXTERNAL ANAL SPHINCTER PLICATION

Following the reapproximation of the external anal sphincter muscle, it is critical to maintain soft stools and to avoid straining. The day after surgery prior to discharge, our patients meet with a nutritionist who will review a special low-fiber diet. Although many people understand fiber to help prevent constipation, it can actually enlarge and bulk the stool, thereby creating larger harder stools. The diet contains many foods that are “regular” food, including white rice, white pasta, and white bread. For patients who are chronically constipated prior to surgery, surgery may be delayed until an adequate stool

regimen is established to allow for regular bowel movements. Performing the surgery when the stool habits are not maximized will likely only lead to a compromised repair because the patient will still strain with constipation after surgery.

Please see the [Downloads](#) section for more information on the Low-Fiber Diet.

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*NOTE: This education content is for informational purposes only and not a substitute for professional medical advice, diagnosis, or treatment.*

*Always seek the advice of your physician or other qualified health provider if you have questions or concerns. If you are interested in a consultation with Dr. Veronikis or Dr. Wood, please call for an appointment to address your specific needs.*

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