

## A Simple Treatment For a Patulous Anus

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## 1. Abstract

### 1.1. Introduction and objectives:

To present a simple technique for the correction of a Patulous anus

### 1.2. Methods:

4 small VY paraanal incisions

### 1.3. Discussion and Results:

A simple "plastic surgery" repair, leading to a normal appearance of the anus and a satisfactory functional result

### 1.3. Introduction and Objectives:

After correction of imperforate anus, sometimes a patulous anus remains. We have used a simple technique for its correction, namely through four small VY plasties. The main purpose is to present a simple technique for the correction of a patulous anus, remaining after repair of an imperforate anus Figure 1.

### 1.4. Surgical Technique:

Four small VY perianal incisions are made surrounding the patulous anus, so closing the anal orifice. The wounds are closed with absorbable sutures, both at the subcutaneous and skin levels Figure 2.

Figure 3 It is obvious that this technique does not correct an eventual important anal incontinence due to sphincter insufficiency. Nevertheless, it allows for closing the anal orifice and eventually can correct minor degrees of incontinence that have followed Neo-Natal surgical repair of imperforate anus because, to a certain extent the incisions tend to approximate the terminal portion of the

sphincteric muscles, as they go partly behind the skin and subcutaneous tissues [1-10]. It is a simple and straightforward operation.



Figure 1: appearance of a patulous anus after repair of an imperforate anus in the neonatal period.



Figure 2: The four peripheral V incisions.



**Figure 3:** Sutures completed.

## 2. Discussion

A Patulous anus may sometimes appear after correction of an imperforate anus or after a trans-anal pull-through for Hirschsprung's Disease. Its origin is most frequently the result of sphincter post-operative weakness or fragility. If there remains significant damage of the sphincter, only the surgical repair of the external anal sphincters may allow for a good recovery. Nevertheless, in cases when, after proper examination, apparently only a relaxed external sphincter remains, we believe a simple "external" procedure, as the one we suggest, may solve the problem.

**3. Conclusions:** We believe this to be a simple and easy to perform solution for some cases of Patulous anus, obviously not excluding the eventual need for sphincter repair, if required for that patient.

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