PLASTIC OPERATION FOR ANAL INCONTINENCE

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DISCUSSION.—Dr. Samuel McLanahan, Baltimore, Md.: Doctor Pickrell has kindly asked me to say a word about his paper. I know he regrets, and I regret, that Dr. Harvey Stone could not be here to discuss it. In the study of the patients who have had the operation that Doctor Stone developed, and in the remarks about that operation, it has always been observed that there were two groups of patients in whom it was not expected to be successful; those were patients who were mentally inadequate, and those who had paralyses of the type Doctor Pickrell has discussed. I think this operation, so exquisitely conceived and worked out, brings the principles of plastic surgery to this group of unfortunate children—a small group to be sure, but a group who so sorely need it. I think this is a splendid contribution that Doctor Pickrell has brought to us.

Dr. Richard W. Te Linde, Baltimore, Md.: I don’t know how seriously Doctor Gage meant his remark that we keep our comments confined to the rectal sphincter, but I want to talk about another sphincter for a minute. As Doctor Pickrell has suggested, these children present a dual problem. They are practically all incontinent of urine as well as feces. My interest in the subject was stirred by Doctor Stone somewhat over 15 years ago, when he did one of his early operations for rectal incontinence and obtained a very excellent result so far as the rectal sphincter was concerned, but the child was still incontinent of urine. He asked me to see what I could do with it. At that time the Goebell-Stoeckel type of operation had been described, using a piece of fascia from the linea alba in the midline. I did the Norman Miller modification of that, bringing the fascia over the symphysis pubis because Miller had suggested in his writings that he was afraid of injuring the bladder or getting into hemorrhage in bringing the fascia down retropubically. That child was then about 15 years old and I happened to run into her just recently. She had almost a perfect result.

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Since then, this procedure has been extended in various modifications to cases of severe stress incontinence in women who do not have any nerve injury, and the procedure we have had most experience with and our greatest success, has been the Aldrich modification; that is, using pieces of abdominal fascia bilaterally, bringing them down retropubically, and bringing them as a U beneath the urethra. The results on the whole have been very satisfactory. We have done 30 or 35 such cases. The reason we have not done more is that we have selected only severe cases of stress urinary incontinence. When one sees reports of a large series, it usually means that the operation is being performed under rather light indications on cases that could be cured by simple plication of the vesicle sphincter. Doctor Pickrell suggested that possibly he would try his operation of the vesicle sphincter. I do not wish to discourage him, but there are two things which I think should be mentioned. One is that if this operation is done on the vesical sphincter, it should not be done until the child reaches puberty. If you attempt operation, as I have to my sorrow, on a young child with a very tiny urethra, with very delicate mucous membranes in the vagina, it is extremely difficult. If you wait until after the child has reached puberty, the structures are so much larger that the operation can be done much more easily. There is another precaution that should be taken; these people should be worked up completely from the urologic standpoint; they should have a cystogram. Many times they have no tone at the ureteral-vesicle juncture and have a reflux of urine up to the kidney. If you give them a sphincter you may give them recurrent pyelitis. In fact, we have had to break down two that we made, simply because the patient kept on having recurrent pyelitis due to putting a dam across the bladder. We finally had to give up and let the child be permanently incontinent, rather than destroy her kidney function by persistent kidney infection.

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