

Meeting abstract

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## Surgical management of anal stenosis

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### Background

Benign anal stenosis is an uncommon, disabling and incapacitating disease, occurring mainly after anorectal surgery. To date, ideal management of this problem has not been well defined. Different surgical options have been described in literature to treat anal stricture and every flap anoplasty presents advantages and limitations. We retrospectively analyzed the results of the surgical treatment of this disease in the Coloproctology Unit of our Department.

### Methods

A retrospective study was undertaken over a 17-year period (1987–2003) for consecutive patients operated on for anal stenosis. Duration of operation, success rate; post-operative complications, recurrence and time to recurrence were assessed in all patients.

### Results

We treated 75 patients with anal stenosis and moderate to severe symptoms; hemorrhoidectomy was the most common cause of anal stenosis (75%); 52 patients underwent Y-V anoplasty (69.3%), 20 bilateral and 32 unilateral; 23 patient underwent house flap anoplasty (30.7%) for posterior stenosis. Good to successful results were obtained in 94% in Y-V patients and in 97% in house flap patients. Overall, in the 75 patients, a 3% rate of flap necrosis was observed and 4% of patients experienced minor complications.

### Conclusion

Scaring stenosis of the anal canal represents a disabling condition of anal surgery or disease, extremely difficult to

manage. Many different surgical techniques have been described. Effective handling of the anal stenosis changes according to centres, countries and surgeon experience. Symptomatic mild functional stenosis may be treated conservatively with diet, fiber supplements, and stool softeners. In patients with moderate to severe symptoms or when the conservative treatment failed, sphincterotomy and various anoplasty techniques have been suggested. The technique to choose depends on surgeon experience, level, extension and severity of the stenosis.