

THE PERINEAL WOUND AFTER EXCISION OF THE RECTUM

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To obtain early healing of the perineal wound after excision of the rectum has always been one of the problems of the operation. Few surgeons now use oiled silk and packing, with frequent irrigations, until the wound is healed. Healing of the perineal wound was very slow when this method was used. Complete primary closure without drainage is not a satisfactory method of treatment. Most surgeons, probably, close the wound, leaving a drain in its centre, and after the drain is removed irrigate the wound routinely or as required.

Some years ago, while visiting the Radcliffe Infirmary at Oxford, we learnt from Mr. A. Elliot-Smith that he was using continuous suction to the perineal wound, a technique similar to that used by many surgeons after radical mastectomy and other operations. We were well pleased with this method, but still had some difficulty with the wound in some cases. The wide-bore drainage tube inserted in the centre of the sutured perineal incision became easily loose. Since closing the wound completely and establishing continuous suction, both day and night, through a small stab placed anteriorly the results have been even more satisfactory.

Method

The peritoneal floor is closed with a continuous

catgut suture, which is oversewn on the abdominal side by fine interrupted thread stitches.

The perineal wound is completely closed with interrupted silkworm gut mattress sutures, the ends of which are left long and tied together for the comfort of the patient.

Drainage is established using a No. 32 angled Winsbury-White catheter through a small stab incision placed anteriorly. The tube fits the small stab wound tightly and is stitched in position so as to make an air-tight seal. Continuous suction is applied to the tube and maintained day and night for about 10 days, or as long as the air-tight seal is effective. By placing the stab wound well anteriorly in the perineum the patient is able to lie and to sit in comfort. When he is out of bed continuous suction may still be used, or it may be discontinued, a spigot being placed in the tube. We maintain a negative pressure in the cavity at all times until the tube is removed. The wound remains dry because there is no irrigation, and healing is therefore better.

Studies of the size of the perineal cavity, using lipiodol, show how very quickly the cavity is obliterated when this technique is used.

The figure shows the residual cavity filled with lipiodol injected through the tube before it was removed on the tenth day. The cavity is virtually non-existent.