Causes of Anal Sphincter Damage
Information for patients
There are many different causes of anal sphincter damage. This leaflet will explain some of the most common causes.

**Childbirth**

Childbirth is the most common cause in women of damage to one or both anal sphincter muscles. 1 in 3 women sustain some anal sphincter damage during the birth of their first baby, if it is born naturally through the vagina, but not all of these women will experience symptoms. This is even more likely if the baby is very large, if there is an ‘instrumental’ delivery (e.g. using forceps) or if the baby is facing the wrong way (breech). The damage occurs because the anus and vagina are so close together. This means it is easy for the anal sphincters to become stretched or suffer internal tears.

Some women with sphincter damage notice problems immediately after the birth. These usually get better on their own, without the need for treatment. Others may develop symptoms at a later date. This can often happen much later, around the menopause, when the pelvic floor muscles tend to weaken. However, not all women who have had a difficult childbirth will experience any symptoms.

**Injury**

Another possible cause of sphincter damage is any type of injury to the anus. This may be from accidental damage during an anal or rectal operation, such as haemorrhoidectomy (removal of piles), or following an operation for anal fissure or fistula.

**Constipation or straining**

Severe constipation or difficulties with emptying your bowel can also lead to faecal incontinence. This is due to the bowel becoming so overloaded with stool that small lumps break off
and come away, usually without you noticing. Another reason can be that the wall of the bowel is irritated by the hard stools and so produces more fluids and mucus, which leak out. As the fluid is stained brown, this can be mistaken for diarrhoea. Repeated straining over many years can eventually lead to muscle weakness around the anus, and this may lead to rectal prolapse or anal sphincter weakness.

A rectal prolapse can occur when the normal support for the rectum becomes weak and the rectal lining (or even some of the rectum itself) starts to ‘fall’ down through the anus. This is more likely to happen when straining to have a bowel movement. The prolapse may return back into place on its own or, in more severe cases, might remain outside the anus.

**Nerve damage**

As bowel control involves the complex co-ordination of nerves and muscles, any damage or disease of these nerves can cause problems. This nerve damage may mean that your brain does not get the right messages when your rectum is full, or your rectum may empty automatically without feeling or control as soon as it fills.

The pelvic floor retraining programme will support you with finding ways to manage your symptoms, helping you to feel more confident.

**How to contact us**

If you have any questions or need advice please contact the Advanced Nurse Practitioners, either by telephone or email.

Tel: **01865 235 881**

Email: [pelvicfloor.advice@ouh.nhs.uk](mailto:pelvicfloor.advice@ouh.nhs.uk)
If you have a specific requirement, need an interpreter, a document in Easy Read, another language, large print, Braille or audio version, please call **01865 221 473** or email **PALSJR@ouh.nhs.uk**