WE1.5 Management of Anorectal trauma - A UK trauma centre based experience

Karekin Keshishian¹, Rebecca Bradley², Katrina Forsyth¹, Charles Knowles³, Kate Hancorn⁴
Introduction and Aim: The evidence base supporting the management of traumatic anorectal injuries is poor. Previous case series provide some general observations on management decisions. The aim of the current study was to describe the largest UK experience of anorectal trauma management from a national major trauma centre.

Methods: Retrospective review of prospective data, collected systematically as part of routine trauma practice locally, was performed. Data were extracted on mechanism of trauma, immediate hospital care, diagnostics and operative management. Outcome data were extracted, where available, from follow up. Data are presented descriptively in a case series format.

Results: 37 patients (35 male vs 2 female) presented with traumatic anorectal injury between March 2012 and December 2021. The median age was 34 (6–93), 20 (54%) were penetrating injuries (11 stabs, 5 GSW, 5 other) vs 17 (46%) blunt (13 RTA, 4 other). Median Injury severity score was 16. Of the 37 cases treated, there were 18 intra peritoneal (8 both intra and extra) vs 16 extra peritoneal injuries. 30 patients had defunctioning stoma (DS), 8 cases had primary repair (PR) (with or without DS). Mean length of stay was 27 days. 15 out of 37 have had GI continuity restored, out of which 13 had a water-soluble contrast study and 5 anorectal physiology preoperatively.

Conclusions: Traumatic anorectal injuries are uncommon within UK practice, affect predominantly young men and have high morbidity. In the majority of cases defunctioning stomas are still the mainstay of treatment. Primary repair of extraperitoneal injuries is a viable procedure.