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1. Expose the IUS (we dissect the IUS clear from the anterior vaginal wall).
2. Mend the torn posterior wall of the IUS by several (6-8) simple interrupted sutures using number 0 polyglycan thread, sutures (figure 15).
3. Strengthen the anterior vaginal wall by overlapping the two vaginal flaps, using a novel dragging sutures, dragging the right vaginal flap underneath the left vaginal flap. Then we suture the free edge of the left vaginal flap as far lateral on the right side of the vagina. This strengthens the anterior vaginal wall and decreases its width, also adding extra support to the mended IUS, and preserving the body collagen.

Posterior section (figures: 17, 18 & 19).
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A Novel Concept on the Patho-Physiology of Defecation and Fecal Incontinence (FI) in women; Moreover, its Reconstructive Surgery

Figure 18. Surgical steps of posterior repair. We dissect the IAS from the posterior vaginal wall (A). We mend the sphincter (B&C), in addition, we approximate the two levator ani muscles by two stitches, but we do not tie them till we finish overlapping the posterior vaginal wall (D).

Figure 19. Images that show the steps taken to expose the torn IAS and mend it (A&B). We then overlapped the redundant posterior vaginal wall as is seen in (C). Next, we approximated the two levator ani muscles; and finally repaired the perineum as is seen in (D).
We hydro dissect between the posterior vaginal wall, the anal canal and the rectum; and in the perineum as described for the anterior section.

We make a V-shape incision at the line between the posterior vaginal wall and the perineal skin down to the perineum. Then we try to create a space between the posterior vaginal wall and the anal canal by sharp and blunt dissection. Next with a pair of dissecting scissors, we separate the posterior vaginal wall from the rectum and anal canal. Then we cut the posterior vaginal wall longitudinally in the midline to beyond the apex of the prolapse protrusion. We hold each vaginal flap with three pairs of Kocher’s forceps. Two different edges can clearly be seen on each side, one is the vaginal edge, and the other is the anterior wall of the torn IAS.

1. We dissect the torn IAS clear from the posterior vaginal wall.
2. Mend the torn wall of the sphincter by serial interrupted simple sutures with number 0 poliglycan thread.
3. Approximate the two levator ani muscles.
4. Strengthen the posterior vaginal wall by overlapping the two vaginal flaps; thus, we also add extra support to the mended IAS and keeping the natural body collagen.
5. Repair the perineum.

We put a Foley’s catheter and vagina pack for 24 hours.

**List of abbreviations**

3DUS: Three-Dimension Ultra Sound.
CNS: Central Nervous System.
EAS: External Anal Sphincter.
EAS: External Anal Sphincter.
EUS: External Urethral Sphincter.
FI: Fecal Incontinence.
GI: Gastro-Intestinal.
IAS: Internal Anal Sphincter.
IUS: Internal Urethral Sphincter.
MRI: Magnetic Resonance Imaging.
NS: Nervous System.
QOL: Quality Of Life.
SUI: Stress Urinary Incontinence.
T10-L2: Thoracic 10 to Lumbar two.
Ul: Urinary Incontinence.

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