

Patient Information Sheet

Anal Fistula



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A fistula is an abnormal connection between the anus and the skin. On the surface of the skin around the anus there may be one or more holes evident: these are the external openings of thin passages which tunnel down towards the anal canal.

A fistula is usually the result of a previous abscess in the area which has been drained but does not fully heal. This results in persistent or intermittent discharge of pus, blood or mucus. There is not usually much pain, although an abscess can sometimes recur.

- » This procedure is often performed as a day-case procedure under a brief general or regional anaesthetic. See below for further details about the different types of anaesthesia. If you have your surgery as an inpatient then you will be invited to attend a pre-admission clinic when you will be seen by one of the House Officers (junior doctors) or Specialist Nurses attached to the Colorectal Unit.
- » At this clinic, we shall ask you for details of your medical history and carry out any necessary clinical examinations and investigations. This is an opportunity for you to ask questions about your admission.
- » You will be asked if you are taking any tablets or other types of medication – these might be ones prescribed by a doctor or bought over the counter in a health food shop. It helps us if you bring details with you of anything you are taking (eg bring the packaging with you).

During the Procedure

Fistula surgery may be simple or complex according to the nature of the fistula.

Sometimes it is not possible to tell before surgery what is the full extent of the fistula and so decisions are made whilst you are anaesthetised. Simple fistulas can be 'laid open' by cutting a small amount of the anal skin and muscle to open up the track. Fistulas that are situated more deeply (complex fistulas) cannot be treated like this because it would involve cutting too much muscle and could result in incontinence.

Here a variety of other treatments are available and your surgeon will discuss the options with you individually. Complex fistulas are difficult to treat and the surgery may be planned in several stages over a period of weeks, months or even years.

Finding the fistula track – it is crucial to identify the course of the fistula(s) to enable correct treatment to be given. Usually this can be achieved by passing a probe through the external opening down to the internal opening within the anal canal. Occasionally the track is difficult to find if it is narrow or winding.

Laying open of the track – for superficial fistulas the best treatment is to open up the track by cutting through skin directly onto the probe placed in the track. Sometimes this involves cutting a small amount of the anal sphincter muscle but the risk of any significant alteration of continence is very low. This creates a small raw area that will heal without the need for any special dressings. A dissolvable suture (stitch) is often placed around the edge of the wound to aid healing.

Deeper fistulas – if the internal opening is deeper inside then it is often best not to cut the anal sphincter muscle so different strategies can be used. The part of the track away from the muscle can still be laid open,

however. Next we often place a seton. A seton is a piece of suture material or a rubber sling that can be passed from the skin opening along the line of the fistula, through the internal opening and out through the anus. It is then tied to form a loop that can stay in place for some weeks or months. Most people find a seton fairly comfortable - you can go to the toilet and wash normally quite safely. A loose seton is most commonly used. This acts as a wick to promote drainage of any infected material and allows the fistula track to heal gradually around the seton leaving mature scar tissue. This is often the first part of treatment requiring several stages.

Secondary surgery – once a seton is in place the fistula is usually controlled but this does not result in cure and some discharge will remain. Further surgery may be needed and there are a variety of options available. The choice depends greatly on the type of fistula, the underlying cause and patient/surgeon preferences.

Amongst the options are:

- (a) remove the seton and hope the fistula closes or discharges a minimal amount
- (b) try to close the fistula with fibrin glue – this is appealing but success is not guaranteed.
- (c) use a cutting seton which is slowly tightened over several weeks so that it gradually cuts through the muscle allowing healing but with a smaller risk of alteration of continence than a single surgical cut.
- (d) core out the fistula track and close the internal opening using a section of the lining of the rectum ('mucosal flap advancement').

After the Procedure

After this procedure you will wake up in the recovery room. You might wake up feeling sleepy and you might have an oxygen mask on your face to help you breathe. Most people will have a small, plastic tube in one of the veins of their arm. This might be attached to a bag of fluid (called a drip), which feeds your body with fluid until you are well enough to eat and drink by yourself.

You should expect to have your bowels open within 1 to 3 days and this may be uncomfortable at first. A small amount of bleeding is possible. Over the first few weeks you may notice some change in your ability to control wind; this should resolve.

Eating and drinking: You may eat and drink normally, and we recommend a high fibre diet and fluid intake of at least 6 to 10 glasses of water daily.

Getting around and about: Within 1 to 2 hours of your operation, you will be encouraged to get up and walk around.

When you can leave hospital: Discharge from hospital will be the same day (for planned day-case surgery) or the following day.

When you can resume normal activities including work: After a few days, provided you feel comfortable, there are no restrictions on activity and you may life, drive and go back to work.

Special measures you need to take AFTER the procedure

In order to minimise the pain associated with your operation, a number of measures will be taken:

- » At the time of surgery, local anaesthetic will be injected to provide pain relief.
- » After the surgery you will be given painkillers to take by mouth
- » You may have sitz baths (a 15 minute bath in water as warm as you can tolerate) several times daily or as often as you require them. These are very soothing and provide several hours of pain relief.

Who will perform my procedure?

A suitably qualified and experienced surgeon or a trainee surgeon under the direct supervision of a suitably qualified and experienced surgeon.

Intended benefits of the procedure

- » To identify the nature of the anal fistula.
- » To perform surgery (often in stages) that will control/cure the fistula with minimal side effects.

Alternative procedures that are available

It is extremely rare for a fistula to heal without surgery and at present there are no non-surgical alternatives to this recommended treatment.

Serious or frequently occurring risks

Surgery of anal fistula is generally a very safe operation with few risks, but as with any surgical procedure, complications can occur.

The maintenance of anal continence is of paramount importance in the decision-making concerning the nature of the surgery performed.

For the majority of patients, laying open of the fistula does not involve cutting a significant portion of the anal muscles and continence is not at risk. Nevertheless, any disturbance of the anal sphincter muscles can lead to some degree of change in ability to control wind, liquid and, very occasionally, solid stool from the back passage.

In the period following your operation you should contact your GP or the ward if you notice any of the following problems:

- » Increasing pain, redness, swelling or discharge.
- » Severe bleeding
- » Constipation for more than three days despite using a laxative
- » Difficulty in passing urine
- » High temperature over 38 degrees or chills.
- » Nausea or vomiting

Information and support

You might be given some additional patient information before or after the procedure eg leaflets that explain what to do after the procedure and what problems to look out for. If you have questions or anxieties, please feel free to ask a member of staff including the Doctor or Ward staff.

Your Anaesthesia

Several different kinds of anaesthesia can be used, and the method will be tailored to your particular needs and wishes