If you experience any problems related to your surgery or admission once you have been discharged home. Please feel free to contact 4A, 4B or 4C ward for advice from the nurse in charge. They will assist you via the telephone, advise you return to your GP or ask you to make your way to the ED department at Whiston Hospital depending upon the nature of your concern.

4A Ward – 0151 430 1420

4B Ward – 0151 430 1637

4B Ward – 0151 430 1643

Whiston Hospital
Warrington Road,
Prescot, Merseyside, L35 5DR
Telephone: 0151 426 1600

/sthknhs @sthk.nhs

www.sthk.nhs.uk

NHS
St Helens and Knowsley Teaching Hospitals
NHS Trust

Anal Fistula Information

This leaflet can be made available
in alternative languages / formats on request.

如有需要，本传单可提供其他语言/版式

此單張的其他語言/格式版本可按要求提供

Na żądanie ta ulotka może zostać udostępniona
w innych językach/formatach.

Author: Surgical care team
Department: General Surgery
Document Number: STHK1018
Version: 3
Review date: 07/06/2021

About surgery for anal fistula

Your surgeon has recommended that you undergo an operation for anal fistula. Since few fistulas heal spontaneously, surgery is required for almost all patients with this condition.

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

Intended benefits of surgery

(1) To identify the nature of the anal fistula.

(2) To control and/or cure the fistula with minimal side effects. This can often be in stages and require several small procedures.

Who will perform my procedure?

This procedure will be performed by a suitably qualified and experienced surgeon, or a trainee surgeon under the direct supervision of a suitably qualified and experienced surgeon.

Before your procedure

This procedure is often performed as a day-case procedure under a brief general or spinal anaesthetic (a needle injection into the back).

Special measures after the procedure

Bowel function:

Avoid constipating painkillers such as Codeine. Please feel free to use a laxative to help your bowels open comfortably after surgery if you wish, but avoid getting your stools too loose. This can be worse than constipation and can make you very sore.

Pain relief:

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 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.

Check-ups and results

Before you leave hospital, we will give you an appointment for an outpatient clinic or for the results of your surgery. At this time, we can check your progress and discuss any further treatment.

Students

There may be students present during your consultation as part of their on-going training. Please let the staff know if you wish to be seen by a doctor only.

After the procedure

Once your surgery is completed you will usually be transferred to the recovery ward where you will be looked after by specially trained nurses, under the direction of your anaesthetist. The nurses will monitor you closely until the effects of any general anaesthetic have adequately worn off and you are conscious. They will monitor your heart rate, blood pressure and oxygen levels too. You will be given oxygen via a facemask, fluids via your drip and appropriate pain relief until you are comfortable enough to return to your ward.

Eating and drinking

You may eat and drink normally, and we recommend a high fibre diet and fluid intake of six to ten glasses of water daily.

Getting about after the procedure

We will help you to become mobile as soon as possible after the procedure. This helps improve your recovery and reduces the risk of certain complications. Within one to two hours of your operation, you will be encouraged to get up and walk around.

Leaving hospital

Discharge from hospital will be the same day (for planned day -case surgery) or the following day.

Resuming normal activities including work

After a few days, provided you feel comfortable, there are no restrictions on activity and you may lift, drive and go back to work.

During the procedure

Fistula surgery may be simple or complex according to the nature of the fistula. Sometimes it is not possible to see the full extent of the fistula before surgery 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.

Laying open of the track

For superficial fistulas the best treatment is to open up the track by cutting through the 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 placed around the edge of the wound to aid healing.

Deeper fistulas

If the internal opening is deeper inside it is often best not to cut the anal sphincter muscle and instead explore the use of alternative strategies. The part of the track away from the muscle can still be laid open; however, the surgeon may decide to insert **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 shower 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 a cure and some discharge will remain. Further surgery may be needed and there are a variety of options available. The choice is dependent on the type of fistula, the underlying cause and patient and surgeon preferences. Combinations of treatments are often used.

Amongst the options are:

Remove the seton and hope the fistula closes or discharges a minimal amount.

Try to close the fistula with fibrin glue – this is appealing but success is not guaranteed.

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 occurs with a single surgical cut

Core out the fistula track and close the internal opening using a section of the lining of the rectum (‘mucosal flap advancement’). Close the fistula track with a biological plug, called an anal fistula plug.

LIFT procedure

(ligation of the intersphincteric fistula tract). LIFT is a fairly new technique used for fistulas that cross both the internal and external anal sphincter muscles. The space between these circular muscles is opened up to reveal the cord-like fistula tract. This tract is then cut and the fistula stitched (ligated) either side.

VAAFT- Video Assisted Anal Fistula Treatment –

A tiny camera is used to explore the track and allow direct visualisation of cautery and cleaning.

None of these methods are guaranteed to succeed at the first attempt, and sometimes multiple operations may be required to eventually achieve healing of the fistula. The advantage of these methods is that there is a very low risk of becoming incontinent because the anal muscle is not cut open, however control of ‘wet wind’ can be problematic in 10% of cases.