

Patient Information

Surgery to Treat an Anal Fistula

What is a fistula?

A fistula is an abnormal connection or tract between the anus (back passage) and the skin. An anal fistula appears as one or more holes surrounding the anus. This is often the external opening of a thin passage that travels down toward the anal canal.

Why do I have a fistula?

A fistula is often the result of a previous abscess that does not fully drain or heal. This results in persistent or intermittent discharge of pus, blood or mucus. Alternatively the glands within the anus can become blocked and become infected leading to formation of abscesses and a fistula.

Types of fistula

Fistulas can be complex or simple depending on whether there is a single or interlinking connection.

Depending on its position fistulas can be challenging to treat particularly if there is a connection to the sphincter muscle. The internal and external sphincter muscles are two rings of muscle that open and close the anus and enable a person to empty their bowels and remain continent.

The most common types of anal fistula are:

- An Intersphincteric fistula - a tract that crosses through the internal sphincter muscle and opens on the surface of the skin surrounding the anus.
- A Transsphincteric fistula - a tract that passes through both the internal and external sphincter muscles and opens on the surface of the skin surrounding the anus.

Fistulas can form in a different direction and open on the surface of the buttock rather than around the anus. Additionally they can also develop and form in a horseshoe shape with two openings surrounding the anus.

How is an anal Fistula diagnosed?

Physical examination is required to examine the anus, surrounding skin and the rectum where a finger or a small telescope (proctoscope) is placed into your back passage. Commonly an examination under anaesthetic (EUA) of the rectum is required where you are put to sleep. During the procedure the surgeon can use techniques such as anal endosonography (ultrasound) that creates an image and helps locate the internal opening of the fistula. To help identify the course of the fistula, a probe is sometimes passed through the external opening down to the internal opening.

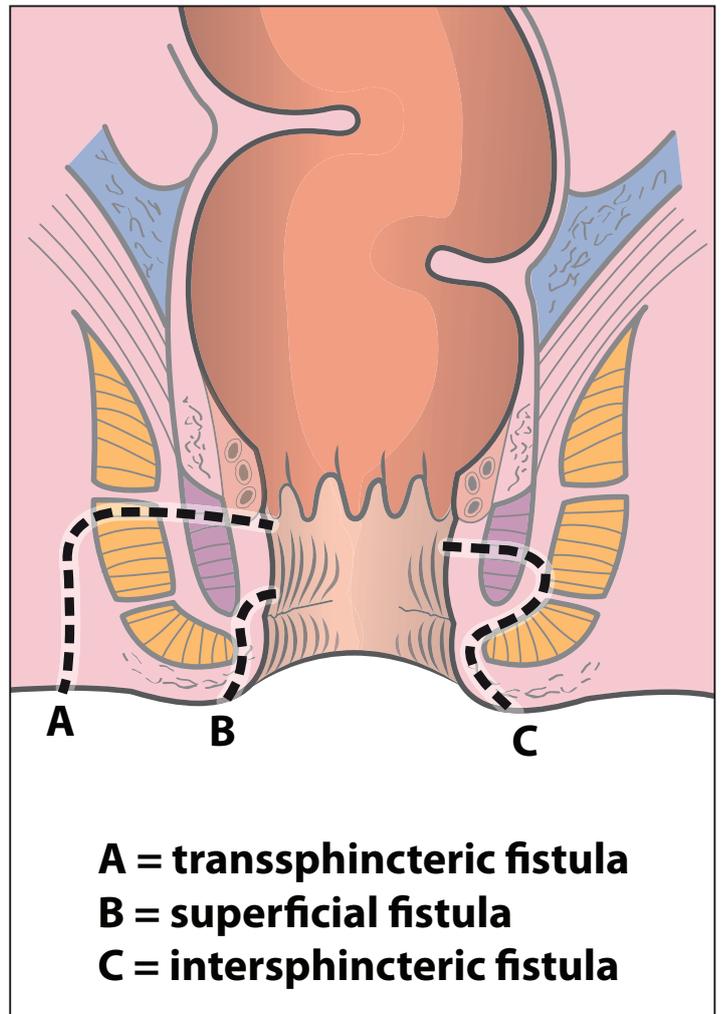
If a fistula recurs or appears complex a scan of magnetic resonance imaging (MRI) that provides much more detailed images of the fistula may be required.

What is the treatment for anal fistula?

Surgery is often necessary as very few anal fistulas heal by themselves. The type of surgery you require depends on the position of your fistula. The aim of surgery is to assist healing of the fistula whilst avoiding damage to the sphincter muscle. Any damage to the muscle could lead to bowel incontinence. The procedure is performed whilst you are under a general anaesthetic.

Laying open of fistula

This procedure is most suitable for superficial fistulas and involves cutting open the whole length of the fistula whilst a probe is placed within the tract. The surgeon will flush out the contents of the fistula and flatten it out leaving a flat wound that may need regular packing/dressing with support from your community nursing team. The wound will eventually heal but can take several weeks or months.



Insertion of Seton suture

This technique consists of inserting a thin silicone material into the fistula tract. This is known as a seton. This allows the fistula to drain and heal from the inside out. After the seton has been placed in the fistula tract, the wound will be covered with a dressing and as long as there are no complications, you will go home the same day.

Fistula surgery is often done in stages to adjust, tighten or replace the seton. Further surgery (or operations) for your fistula may take place within weeks or months of the first procedure.

What should I expect when I am discharged?

You may find that the fistula will continue to drain as before. This is a normal process that can last for several weeks or months after insertion of the seton.

You may experience some generalised discomfort that will be relieved by taking simple painkillers.

An increase in dietary fibre such as fruit and vegetables and drinking more fluids is encouraged to help avoid constipation and prevent excessive straining that can lead to dislodging of the suture. In addition you will be supplied with some laxative medication that will help loosen your bowel motion whilst the seton is in place.

What daily activities can I do?

Strenuous activity such as heavy lifting, long distance running is best avoided for up to two weeks post surgery. It is advisable to abstain from sexual intercourse for up to two weeks after surgery as there is a risk of dislodging the suture or causing further injury to the area. After this period sexual intercourse can be resumed but care should still be taken.

Who can I contact if I am concerned after discharge?

If you have any concerns or experience any of the following symptoms, please contact the Surgical Assessment Unit (SAU) on 01274 383253 to speak with a member of the medical team who will offer advice. The SAU is open 24 hours a day.

- excessive pain that isn't relieved by over the counter painkillers
- continuous bleeding
- the seton falling out
- constipation for more than three days, despite using a laxative
- symptoms of infection such as high temperature (over 38°C), or vomiting

Next Generation Text

We use Next Generation Text for people with hearing difficulties. To contact us ring 18001 01274 followed by the telephone number you require.

Smoking

Bradford Teaching Hospitals NHS Foundation Trust is a smoke-free organisation. You are not permitted to smoke in any of the hospital buildings or grounds, with the exception of the smoking shelters which are provided for visitors and patients only.

Wristbands

When you are in hospital it is essential to wear a wristband at all times to ensure your safety during your stay. The wristband will contain accurate details about you on it including all of the essential information that staff need to identify you correctly and give you the right care. All hospital patients including babies, children and older people should wear the wristband at all times.

If you do not have a wristband whilst in hospital, then please ask a member of staff for one. If it comes off or is uncomfortable, ask a member of staff to replace it.

If you need this information in another format or language, please ask a member of staff to arrange this for you.