

ANO-RECTAL FISTULA OR FISTULA-IN-ANO

Fistula-in-ano is a relatively common condition usually occurring between the ages of 30-60 years. Males tend to be more susceptible than females.

WHAT IS AN ANO-RECTAL FISTULA?

- An ano-rectal fistula is a track between the rectum and perineum with an opening at each end, is usually caused by a previous ischio-rectal abscess.
- An ischio-rectal abscess presents as a painful red swollen lump, like a boil next to the anus.

CAUSES OF ANO-RECTAL FISTULA

- The most common cause of ano-rectal fistula is the penetration of pus from an infected anal gland. It may form a small abscess which heals spontaneously, or a chronic abscess cavity which spreads into the buttock.
- Perineal injuries such as those received during a fall or from road traffic injuries may also result in the formation of an ano-rectal fistula.

OPERATIVE MANAGEMENT OF THE FISTULOUS TRACK

- **Insertion of a Seton Tube** – This is a narrow silicone ligature which is passed along the fistulous track. The Seton then acts as a marker for the track and as a drain controlling sepsis and therefore helping to achieve spontaneous healing. When successful this method avoids the need for surgical intervention. Unfortunately the recurrence rate with this method is about 43%.
- **Laying open of the fistulous track** – The track is excised and the lining is scraped away leaving new healthy tissue to promote the healing process.
- **The formation of a rectal mucosal flap** – The fistula is excised and a flap of healthy rectal mucosa is stitched to the anal mucosa. This method occasional requires the formation of a temporary colostomy to rest the bowel while healing takes place.

PTO:

Post Surgery Advice

This is a guide to assist you over the next seven days.

DIET

- For the first 24 hours after surgery, take food and fluids as tolerated. If you feel sick, sip water only until you feel able to tolerate normal food again.
- Contact your surgeon if nausea persists.
- Drink at least 6-8 glasses of water each day. A high-fibre diet is recommended – including plenty of fresh fruit and vegetables.

BOWEL FUNCTION

Constipation can be particularly unpleasant and painful, so it is important to keep the bowel motions soft and regular. See dietary advice above. On discharge from hospital you may be given laxatives to assist you through the next few days, until normal bowel function returns. There may be minor bleeding after initial bowel motions, but this should cease within a week as healing progresses.

HYGIENE

It is important to keep area clean and dry. Avoid using dry toilet paper – instead use a warm wet 'chux' cloth (these may be cut into suitable sizes, washed and reused). Saline baths (1/2 cup salt water per bath) at least twice daily, especially after bowel movements. These are not only hygienic, but also very soothing too. If a bath is not available, use a suitable basin to sit in (1 teaspoon of salt per basin of water).

PAIN

You will be given pain relief medication on discharge from hospital. Please take this regularly. If you have what you consider to be excessive pain, despite taking pain relief, or if there is excessive swelling at the operation site, please contact your surgeon.

WOUND CARE

You can shower or bath normally within 24 hours of your operation unless advised otherwise by your surgeon. It is also important in the postoperative period to shower or bath after any bowel movement to keep the area clean and dry.

You may require daily dressings if your wound is to be kept open until healing takes place. Wound care will be arranged for you before you leave hospital with district nurse visits if required.

Please phone for advice if any of the following occurs:

- Excessive bleeding. Initially apply firm pressure to the area for 15-20 minutes.
- Excessive swelling in the anal region. A small amount of swelling is normal.
- Red, inflamed or excessive discharge from the anal region.
- If you feel you are becoming constipated.

FOLLOW-UP

A follow-up appointment may have been made for you already. If not, please phone the Rooms on discharge from hospital to make a follow-up appointment.

RETURNING TO WORK

This is very dependent on the type of surgery you have had, and the type of work you do. Generally, you should expect to be off work for up to a week, before returning to light duties and then full-time work. Your surgeon will advise you on the anticipated length of time you will need to recover from your surgery.

Last reviewed April 2015

The Endoscopy Clinic

Level 1, 9 Caledonian Road, Christchurch 8013

P: (03) 961 6666

E: info@endoscopyclinic.co.nz

