

Surgery for Anal Fistula

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This fact sheet is for general information about this procedure only. It is not intended to be used as medical advice or to replace advice that your relevant healthcare professional would give you. If you have a particular medical problem, please consult a healthcare professional.

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What is an anal fistula?

An anal fistula is an abnormal connection between the lining on the inside of your anal canal (back passage) and the skin near your anus.

Most anal fistulas are caused by an abscess (a collection of pus) that has developed in your anal canal. The pus can drain away onto your skin on its own or by an operation. A fistula happens when the track made by the pus on the way to the surface of your skin stays open.

What are the benefits of surgery?

You should no longer have any infection or pain.

Are there any alternatives to surgery?

Most anal fistulas do not heal without surgery.

What does the operation involve?

The operation is usually performed under a general anaesthetic but various anaesthetic techniques are possible. The operation usually takes 15 to 30 minutes.

To lessen the risk of bowel incontinence (when you pass a bowel movement without wanting to) your treatment may involve several operations over a number of months.

The type of surgery you need will depend on where the fistula is.

- If the fistula is below or crosses the lower part of the sphincter muscles (the muscles around your anal canal that control when you open your bowels), your surgeon will cut the fistula open to your skin and leave your wound open so that it can heal with healthy tissue.
- If the fistula has branches that pass through the upper part of the sphincter muscles, your surgeon may instead place a special stitch (called a seton stitch) in the fistula to allow pus to drain easily. The fistula may be suitable for treatment with special glue, clips or a plug made from pig-bowel tissue.
- If the fistula reaches above your sphincter muscles, you may need to have a temporary colostomy (your large bowel opening onto your skin). However, this is not common.

How can I prepare myself for the operation?

If you smoke, stopping smoking now may reduce your risk of developing complications and will improve your long-term health.

Try to maintain a healthy weight. You have a higher risk of developing complications if you are overweight.

Regular exercise should help to prepare you for the operation, help you to recover and improve your long-term health. Before you start exercising, ask the healthcare team or your GP for advice.

Speak to the healthcare team about any vaccinations you might need to reduce your risk of serious illness while you recover. When you come into hospital, practise social distancing and hand washing and wear a face covering when asked.

What complications can happen?

Some complications can be serious and can even cause death.

General complications of any operation

- Bleeding
- Infection of the surgical site (wound)
- Allergic reaction to the equipment, materials or medication
- Chest infection

Specific complications of this operation

- Difficulty passing urine
- Involuntarily passing wind or loose faeces
- Bowel incontinence

Consequences of this procedure

- Pain
- Unsightly scarring of your skin

How soon will I recover?

You should be able to go home the same day or the day after.

Rest for a few days, walking as little as possible, to help your wound to heal.

You should be able to return to work as soon as you can move about and sit freely.

The wound often takes several weeks to heal completely and you may need to wear a pad until then.

Regular exercise should help you to return to normal activities as soon as possible. Before you start exercising, ask the healthcare team or your GP for advice.

Most people make a full recovery and can return to normal activities. For a small number of people the fistula can come back.

Summary

An anal fistula can cause continued infection and pain. Symptoms usually get worse without surgery.

Keep this information document. Use it to help you if you need to talk to the healthcare team.

Some information, such as risk and complication statistics, is taken from global studies and/or databases. Please ask your surgeon or doctor for more information about the risks that are specific to you, and they may be able to tell you about any other suitable treatments options.

This document is intended for information purposes only and should not replace advice that your relevant healthcare team would give you.

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