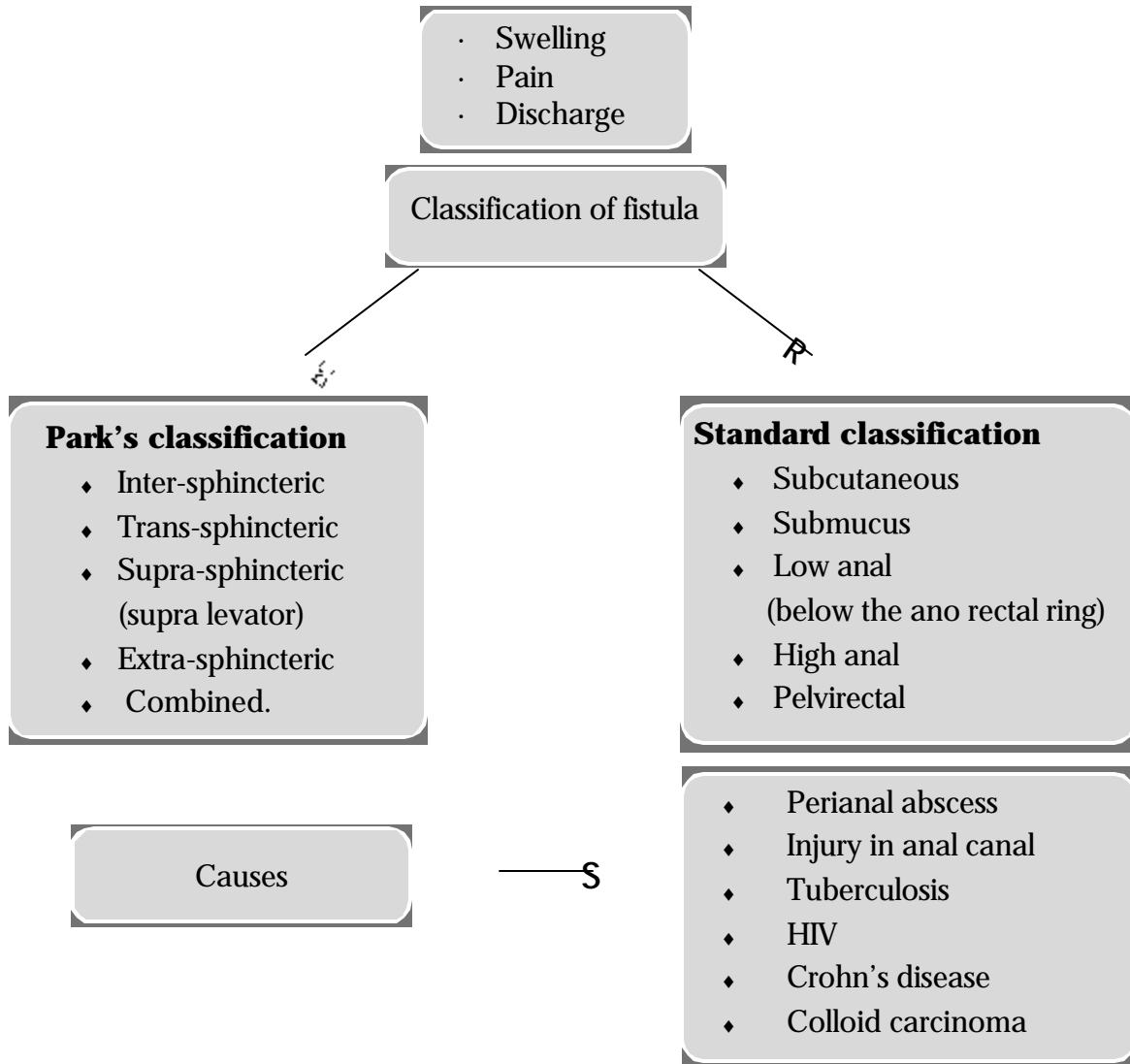


8. FISTULA IN ANO

A fistula in ano is a tract lined by granulation tissue which connects the anal canal mucosa with the skin around the anus. The fistula continues to discharge and the constant reinfection from the anal canal prevents healing of the fistula. Surgical treatment alone offers permanent cure.

The most frequent presenting complaints of patients with anal fistula are



IDENTIFICATION OF FISTULOUS TRACT

- | | |
|----------------------|---|
| Physical examination | - Digital Rectal Examination.
Proctoscopy
Probe test |
| Injection technique | - Dye injection (methylene blue or Indigo carmine)
Hydrogen peroxide |
| Fistulography | |

Other investigation

1. Colonoscopy
 2. Sigmoidoscopy
 3. Barium enema
 4. Anorectal manometry
- } when abdominal pathology is suspected

Treatment

Surgical procedure

Principles of operative treatment

- ❖ Identify the tract
- ❖ Incise / excise the tract
- ❖ Send for biopsy
- ❖ Widen the external wound
- ❖ Suture the cut edge of the anal canal

Fistulotomy

If the fistulous tract is superficial and both internal and external opening are made out, then opening of the tract with a probe in the tract is ideal. The wound then heals by secondary intention.

Fistulectomy

This procedure involves identification of fistulous tract and removing the entire tract up to the internal opening. Wound healing will be much faster when compared to the fistulotomy.

Supra-Sphincteric fistula

Fistulotomy can be accomplished distal to the internal opening by dividing the lower portion of the internal and external sphincters. The cephalad component including the internal opening is treated by means of seton division.

Seton

Seton means, “bristle” a seton (non-absorbable suture material) is introduced through the fistulous tract and the two ends brought through the internal and external opening and tied together. Controlled tightening of the seton will result in division of the fistulous tract over days to weeks. This is used mainly in extra-sphincteric fistula where incontinence is expected if fistulotomy is done.

Other Procedures

- ◆ Endorectal advancement flap
- ◆ Transposition of fistulous tract
- ◆ Use of fibrin glue
- ◆ Diversion colostomy