Surgery for anal fistula

Procedure Information Guide

Discovery has made every effort to ensure that we obtained the information in this brochure from a reputable source. We have adapted the content to reflect the South African market or healthcare environment.

You should not only depend on the information we have provided when you make any decisions about your treatment. The information is meant to act only as a guide to the treatment you are considering having. Please discuss any questions you may have about your treatment with your treating healthcare professional.
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 (see figure 1).
Your surgeon has recommended an operation to treat the fistula and improve your symptoms. However, it is your decision to go ahead with the operation or not.
We understand this can be a stressful time as you deal with different emotions and sometimes have questions after seeing your surgeon. This document will give you a basic understanding about your operation. We tell you about the things you can do to help make the operation a success. It is also important to remember to tell your surgeon about any medicine you are on so he or she can manage this, if necessary. It will also tell you about what to expect after the operation – while in hospital and in the long term. Your surgeon remains the best person to speak to about any questions or concerns you may have about the operation.

How does an anal fistula happen?
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.
Pus collects in the fistula, causing infection and pain. The pus may build up and drain every now and then, or it may leak all the time.
Some anal fistulas are caused by certain diseases that cause inflammation of your bowel, such as Crohn’s disease. The fistula can sometimes be caused by a cancer or childbirth. Your surgeon may recommend the following tests to find out the cause of the fistula and how widespread the problem is.
• Examination under anaesthesia (EUA) – A small operation to help your surgeon decide the best way to improve your symptoms with the fewest possible side effects.
• MRI scan – This helps your surgeon to find out how complicated the fistula is.

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 will happen if I decide not to have the operation?
Your symptoms are likely to continue. The fistula may get more complicated and painful with time.
What does the operation involve?
The healthcare team will carry out a number of checks to make sure you have the operation you came in for. You can help by confirming to your surgeon and the healthcare team your name and the operation you are having.
The operation is usually performed under a general anaesthetic but various anaesthetic techniques are possible. Your anaesthetist will discuss the options with you and recommend the best form of anaesthesia for you. You may also have injections of local anaesthetic to help with the pain after the operation. You may be given antibiotics during the operation to reduce the risk of infection. 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 that work to control 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. They may place a dressing in your wound to keep it open and allow it to heal properly.
• If the fistula has branches that pass through the upper part of the sphincter muscles, your surgeon may not cut open the fistula. In this case, they may place a special stitch (called a seton stitch) in the fistula to allow pus to drain easily. You may need further treatment if you have a seton stitch and your surgeon will discuss this with you.
• The fistula may be suitable for treatment with a plug made from pig-bowel tissue. Your surgeon will not need to make a cut in the sphincter muscle.
• If the fistula reaches above your sphincter muscles, you may need to have a temporary colostomy (your large intestine opening onto your skin). However, this is not common. If you need a colostomy, your surgeon will discuss this with you.

What should I do about my medicine?
Let your doctor know about all the medicine you take and follow their advice. This includes all blood-thinning medicine as well as herbal and complementary remedies, dietary supplements, and medicine you can buy over the counter.

What can I do to help make the operation a success?
If you smoke, stopping smoking several weeks or more before the operation 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.

What complications can happen?
The healthcare team will try to make the operation as safe as possible but complications can happen. Some of these can be serious and can even cause death. You should ask your doctor if there is anything you do not understand. Your doctor may be able to tell you what the risk of a complication for you is.

1 Complications of anaesthesia
Your anaesthetist will be able to discuss with you the possible complications of having an anaesthetic.

2 General complications of any operation
• Pain. The healthcare team will give you medicine to control the pain and it is important that you take it as you are told so you can make a good recovery. You may need medicine to keep your bowel movements soft so that having any bowel movements after the operation is as comfortable as possible.
• Bleeding during or after the operation. You may need a blood transfusion or another operation.
• Unsightly scarring of your skin.

3 Specific complications of this operation
• Difficulty passing urine. You may need a catheter (tube) in your bladder for one to two days.
• Involuntarily passing wind or loose faeces (poo) (risk: up to 8 in 10). This may be temporary and settle with time. The risk is higher when more of the sphincter muscle is divided, if you are female, and if the fistula is in font of your anal canal.
• Bowel incontinence. This is uncommon.
How soon will I recover?

• In hospital
After the operation you will be transferred to the recovery area and then to the ward. You should be able to go home the same day or the day after. However, your doctor may recommend that you stay a little longer. If you do go home the same day, a responsible adult should take you home in a car or taxi and stay with you for at least 24 hours. Be near a telephone in case of an emergency. If you are worried about anything, in hospital or at home, contact the healthcare team. They should be able to reassure you or identify and treat any complications.

• Returning to normal activities
Do not drive, operate machinery or do any potentially dangerous activities (this includes cooking) for at least 24 hours and not until you have fully recovered feeling, movement and co-ordination. If you had a general anaesthetic or sedation, you should also not sign legal documents or drink alcohol for at least 24 hours. Rest for a few days, walking as little as possible, to help your wound to heal. Do not sit on your wound. You should be able to return to work as soon as you can move about and sit freely. If you have a dressing, the healthcare team will need to change it regularly. They will check that your wound is healing without leaving any pockets or holes where infection might develop. If you do not have a dressing, wash your wound every day and check that your wound is healing from the base upwards. The wound often takes several weeks to heal completely and you may need to wear a pad until then. It is common to get a little bleeding or discharge until your wound is fully healed. 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. Do not drive until your doctor tells you that you can.

• The future
Most people make a full recovery and can return to normal activities. For a small number of people the fistula can come back. You may need to have it investigated further and may need another operation.

Summary
An anal fistula can cause continued infection and pain. Symptoms usually get worse without surgery. Surgery is usually safe and effective but complications can happen. You need to know about them to help you to make an informed decision about surgery. Knowing about them will also help to detect and treat any problems early.

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

Acknowledgements
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You can access references online at www.aboutmyhealth.org. Use reference CR11.