

Fistula Surgery

This information is for patients undergoing fistula surgery, and aims to summarise what a fistula is, how they are treated and what the recovery period looks like following surgical treatment.

What is a Fistula?

An anal fistula is a small tract or tunnel near the anal canal that connects the inside (rectum) to the outside (perianal skin). The condition often begins as an infected oil gland in the anal canal which ruptures at the skin resulting in a connection (or tunnel) between the anal canal and the skin. A fistula can result in discharge, pain, or recurrent infections.

What are the treatment options?

Dr Urquhart has been specially trained in complex and recurrent fistulae. The treatment is highly specialised and will depend on several factors. Surgery is typically necessary for a fistula and often requires a series of procedures to completely treat the condition.

- **Seton drain** – A seton drain is a thin silicone string (like a rubber band) that is often placed when the fistula is diagnosed, allowing the fistula to drain and heal. This helps to control the infection that can occur when people have fistulas. They work by preventing infection build up in a fistula. Usually, they are placed in the first instance as a bridge to definitive surgery.
- **Fistulotomy** – This is the most common treatment for fistulas. A fistulotomy involves cutting along the length of the fistula to open it up and let it heal as a flat scar. Whilst it is one of the most effective treatments, a fistulotomy is only suitable for fistulas that do not pass through a large component of the sphincter muscles as the risk of incontinence is low. In cases where the incontinence risk is high, this procedure will likely not be recommended.
- **LIFT Procedure** – The Ligation of the Intersphincteric Fistula Tract (LIFT) procedure is recommended for fistulas that pass through the sphincter muscles, where a fistulotomy would be too risky. This treatment involves making an incision in the skin above the

fistula and the sphincter muscles are moved apart. The fistula is sealed at both ends and cut open so that it lies and heals flat.

- **Advancement Flap Procedure** – An advancement flap is a treatment considered when the fistula passes through the sphincter muscles. This procedure involves cutting or scrapping out the fistula and covering the opening where it entered the bowel with a flap of tissue taken from inside the rectum. While this has a lower success rate, it lowers the risk of incontinence as it does not cut the sphincter muscles.
- **Fibrin Plug** – A fibrin plug is a complex repair in which the fistula tract is sealed using a dissolving fibrin plug. This technique aims to utilise natural tissue to fill in the tunnel while preserving the sphincter.

What does recovery typically look like following fistula surgery?

Recovery is dependent on the type of fistula procedure you have and looks different from person to person. Following fistula surgery, it is quite common for patients to experience pain, discharge, a change in bowel habit and some spotting/bleeding. These are some general guidelines in your recovery.

- Patients are typically able to resume normal activities, including returning to work and driving, 1-2 weeks following the procedure. Sometimes pain can persist for 2-3 weeks as the inflammation settles, and it may take several weeks to months for the fistula to fully heal.
- Patients often find sitz baths (salt baths) help. Sitting for about 10 minutes in about 3 inches of warm heavily salted water at least 3 times a day and after every bowel movement helps to sooth the region.
- You may experience some bleeding, discharge, or itching during your recovery. This is normal.
- Avoid constipation by using a laxative or a fibre supplement and eat more high fibre foods. Drink about 8 glasses of water a day, unless directed otherwise.
- Avoid straining with bowel movements as this can increase pressure and irritation which can cause pain and swelling or other complications. Do not spend too long sitting on the toilet.
- It is important to not overdo bathing or wiping after toileting as it will increase the soreness. Keep the area clean and dry. You may find feminine sanitary products such as pads or liners useful.
- You should avoid strenuous activity, heavy lifting, and sexual intercourse for at least 2 weeks.
- You should take pain relief tablets if you are experiencing any pain. Your recovery will be aided if you are comfortable, so take pain relief as required.