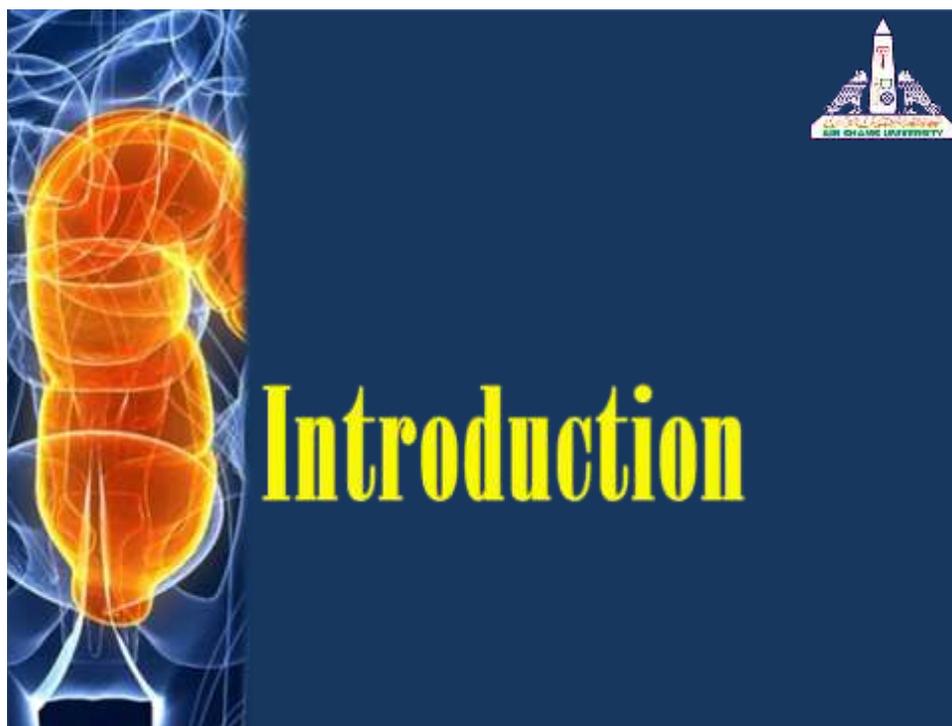


Ligation of Intersphincteric Fistula Tract Technique (LIFT) as a Management of Transsphincteric Anal Fistula

Mohammad Ahmad Abd-erRazik, MD, MRCS.
Faculty of Medicine, Ain-Shams University



Introduction

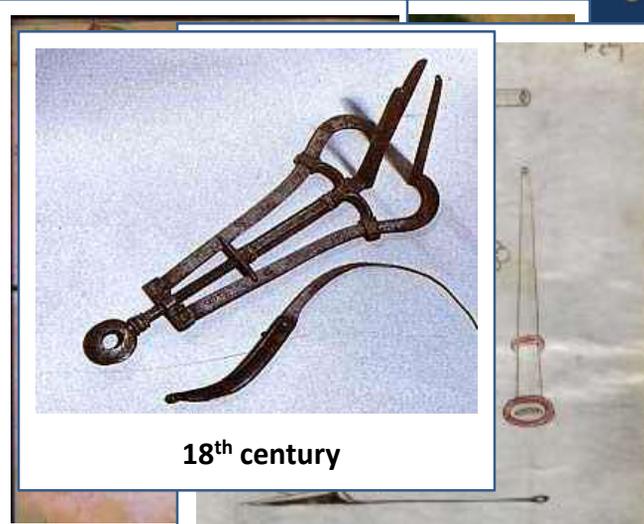


Fistula

- Anal fistula, fistula-in-ano or the sometimes called **perianal fistula**.
- Is a hollow tract lined with granulation tissue, connecting a 1^{ry} opening inside the anal canal to a secondary opening in the perianal skin.
- Secondary tracts may be multiple and can extend from the same 1^{ry} opening.



A Disease of Antiquity



18th century

John of Arderne

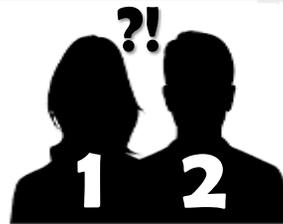
John of Arderne 1307-1390



Pathogenesis



Prevalence
≈ 9 / 100 000



Peak of incidence
around 40 years

26-37% after
perianal abscess



Diagnosis

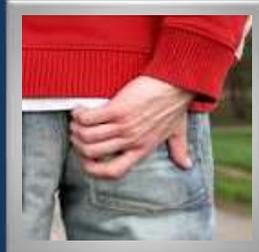


Clinical Picture

Previous episode of acute anorectal sepsis

One or more external openings

Fistula tract can often be felt between finger and thumb



Pus discharge

Internal opening may feel like a grain of rice

Assess anal continence

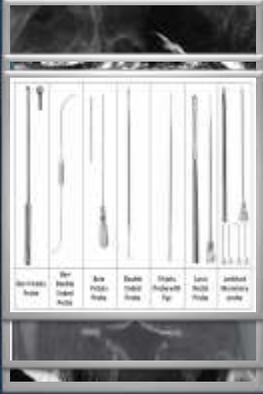
Investigations



Fistulography

Endo-anal ultrasound

Magnetic resonance imaging



Computed Tomography

Examination Under Anesthesia

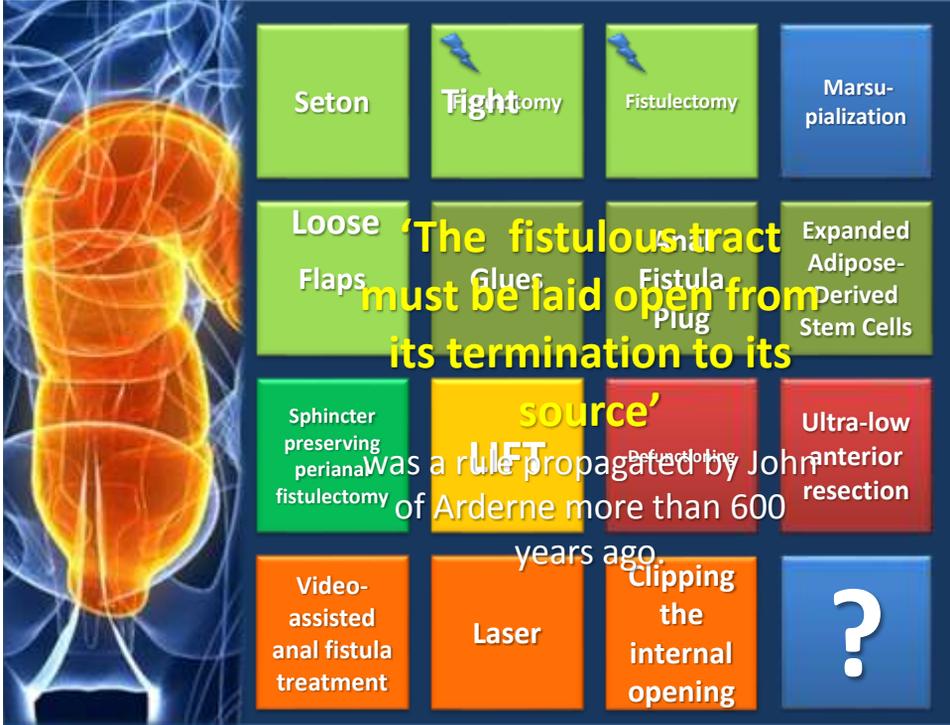
Others:
 Manometry
 Ba enema
 Sigmoidectomy
 Colonoscopy
 Histopathology





Management





Seton **Tight** anatomy **Fistulectomy** **Marsu- pialization**

Loose Flaps **Glues** **Fistula Plug** **Expanded Adipose- Derived Stem Cells**

Sphincter preserving perianal fistulectomy **LIFT** **Refunctioning** **Ultra-low anterior resection**

Video-assisted anal fistula treatment **Laser** **Clipping the internal opening** **?**

'The fistulous tract must be laid open from its termination to its source'

Was a rule propagated by John of Arderne more than 600 years ago.



LIFT





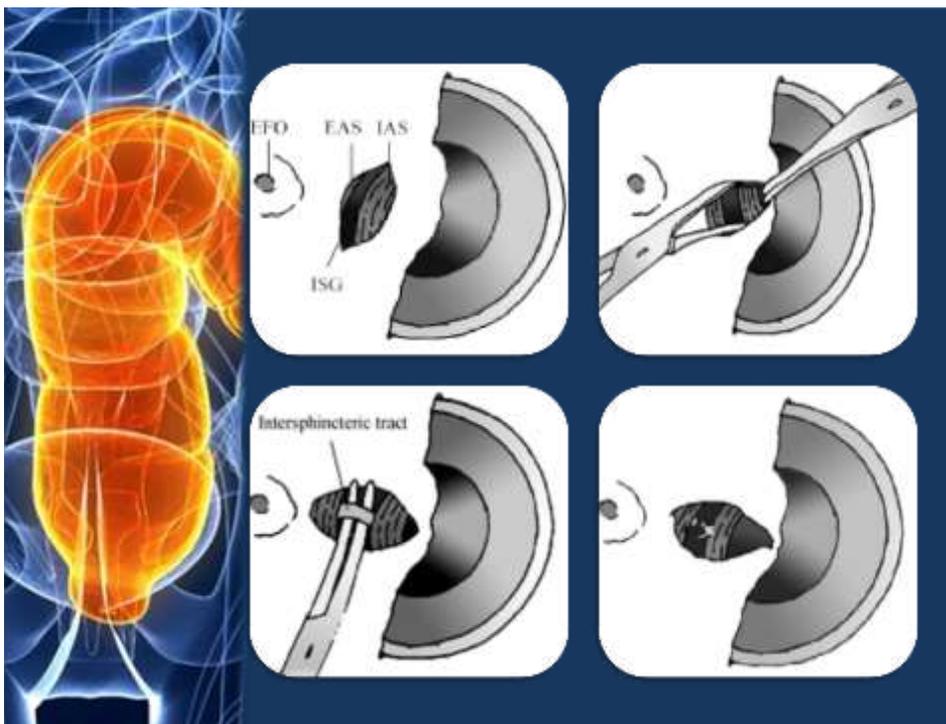
Rojanasakul and coworkers (2007) described a technique for treating fistula-in-ano aimed at total sphincter preservation. They called it The Ligation of Intersphincteric Fistula Tract (LIFT) technique

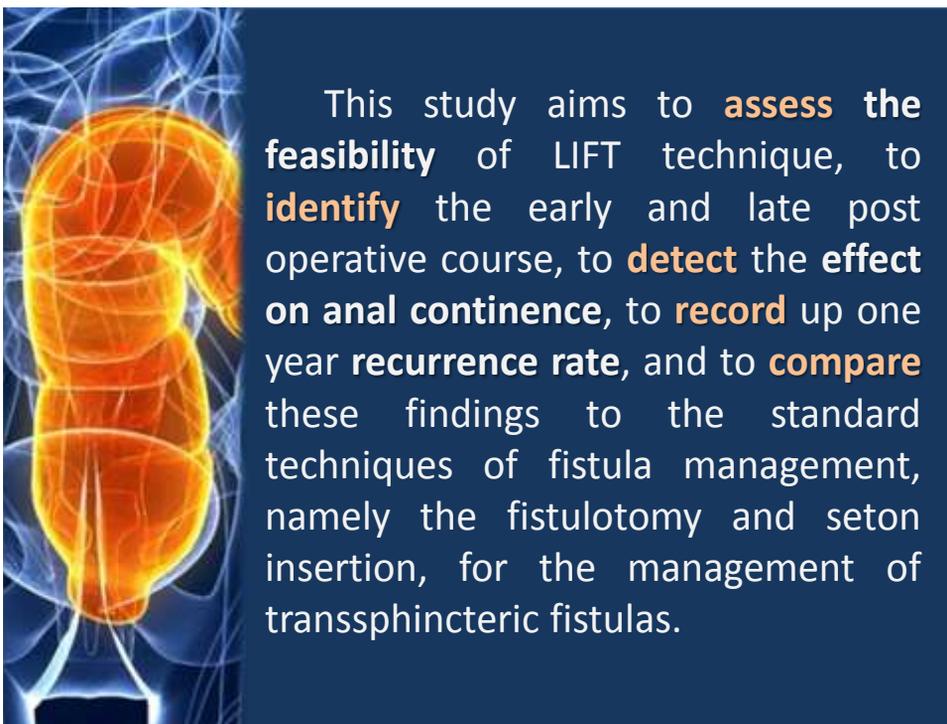
Case Report

**Total Anal Sphincter Saving Technique for Fistula-in-Ano;
The Ligation of Intersphincteric Fistula Tract**

Arun Rojanasakul MD*, Jirawat Pannanarun MD*,
Chuchep Sahakitrungrong MD*, Kasitaya Tantiphachitva MD*

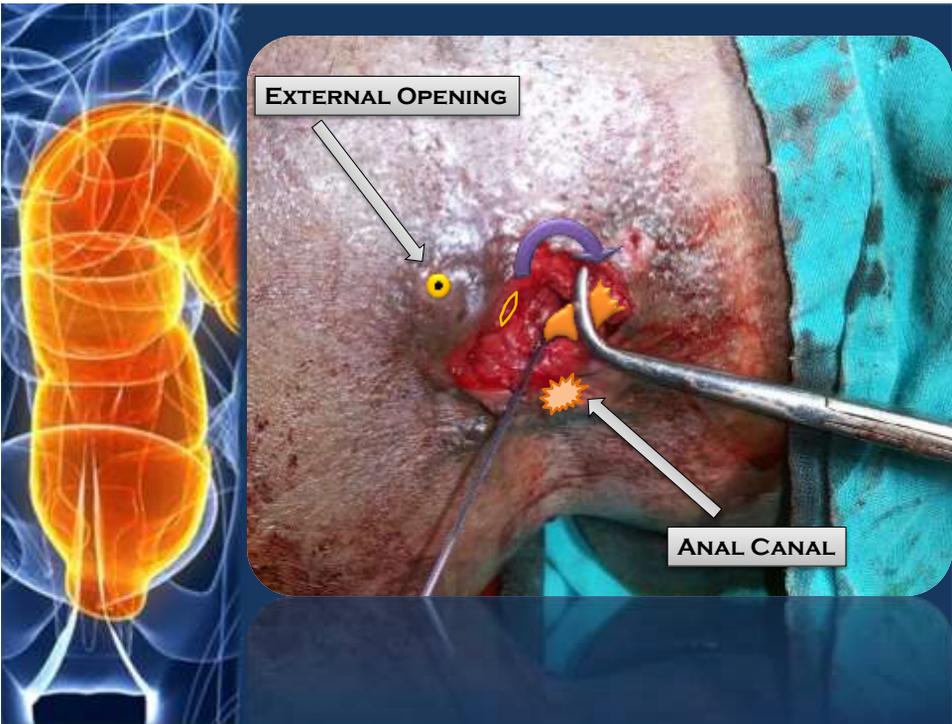
** Division of Colorectal Surgery, Chulalongkorn University*

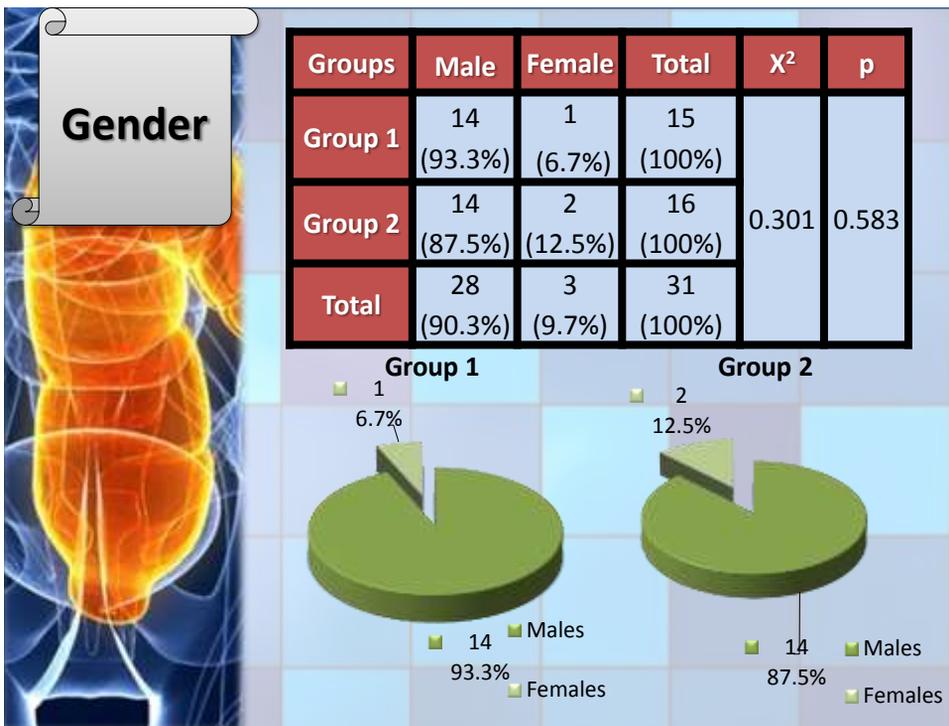


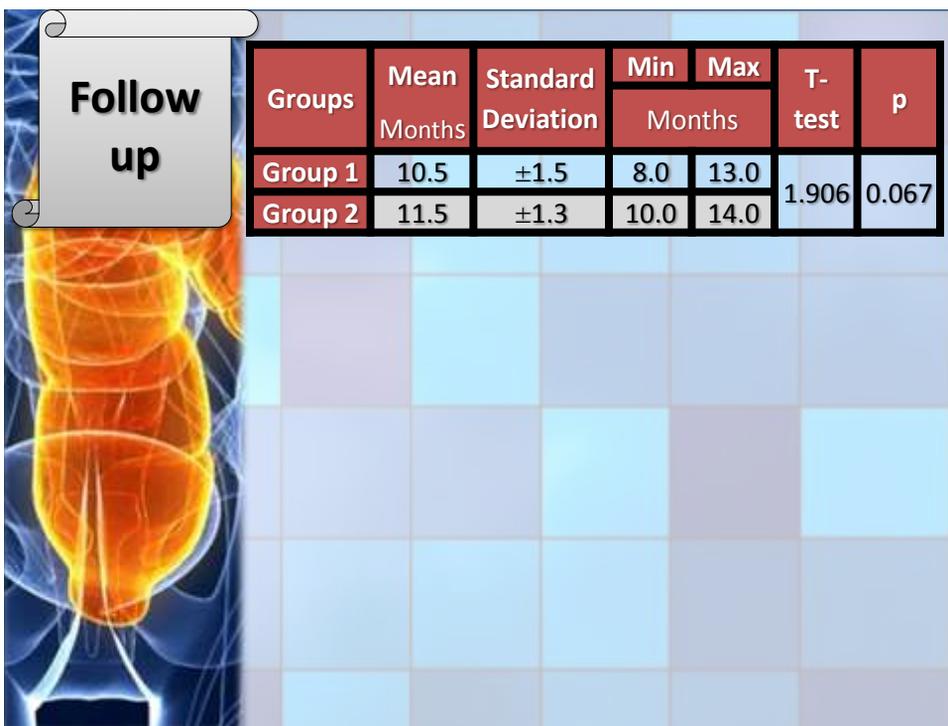
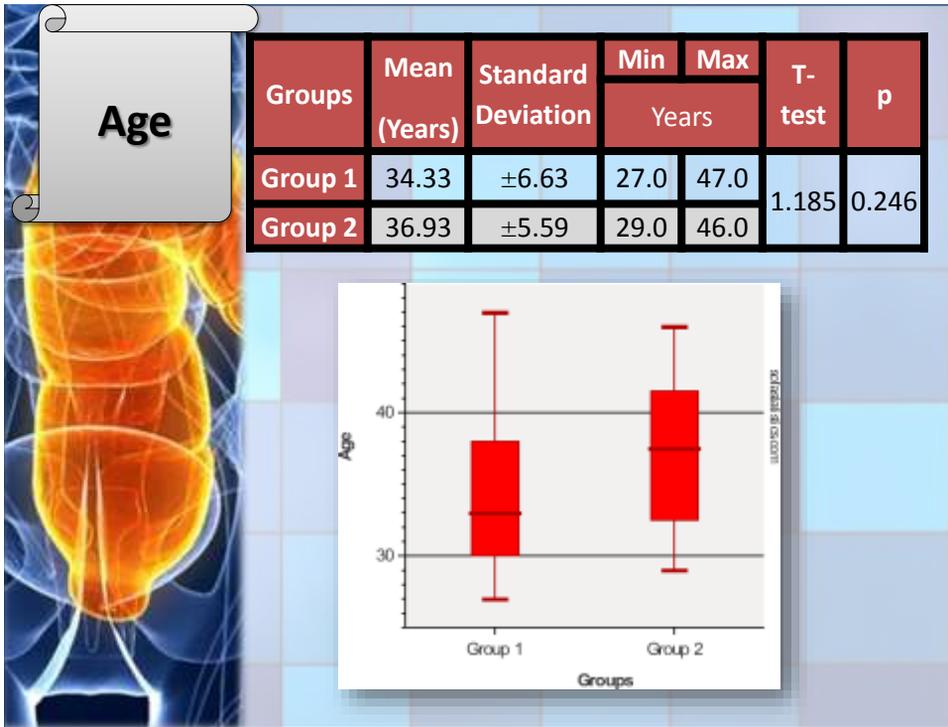


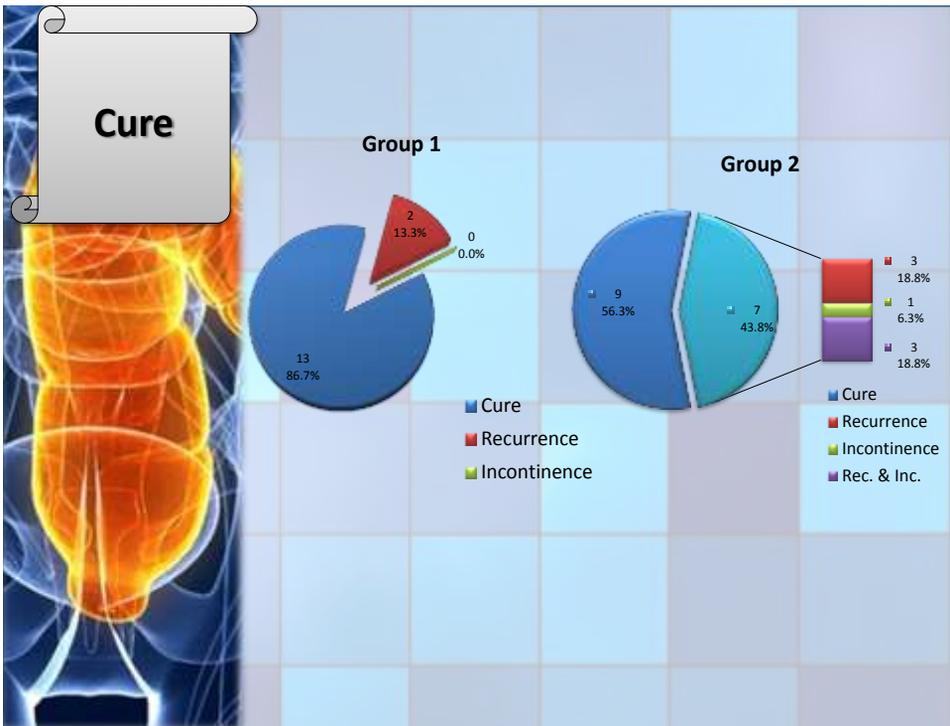
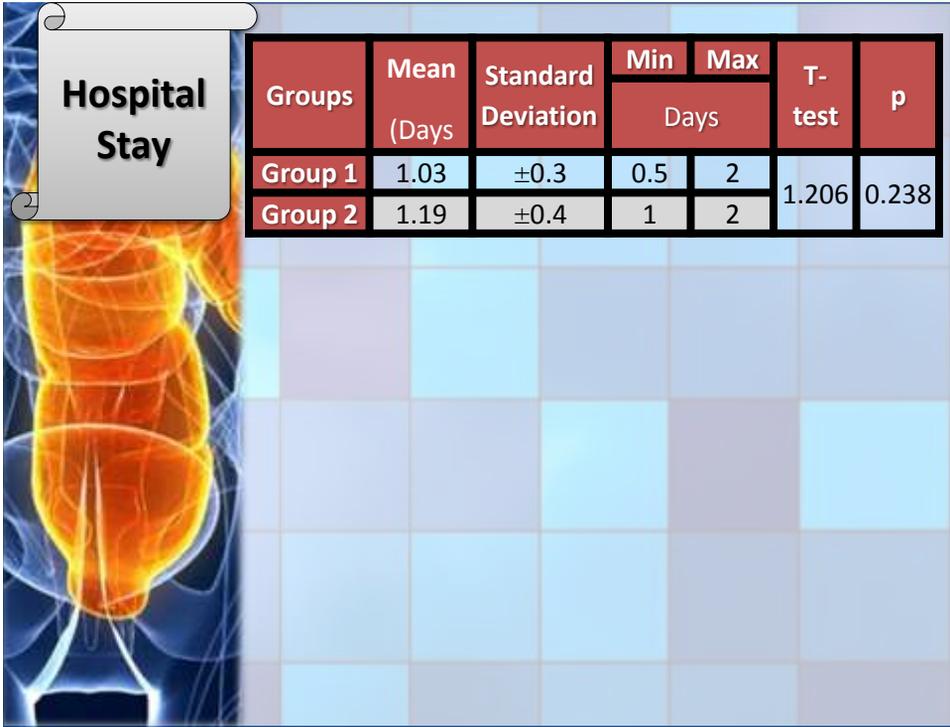


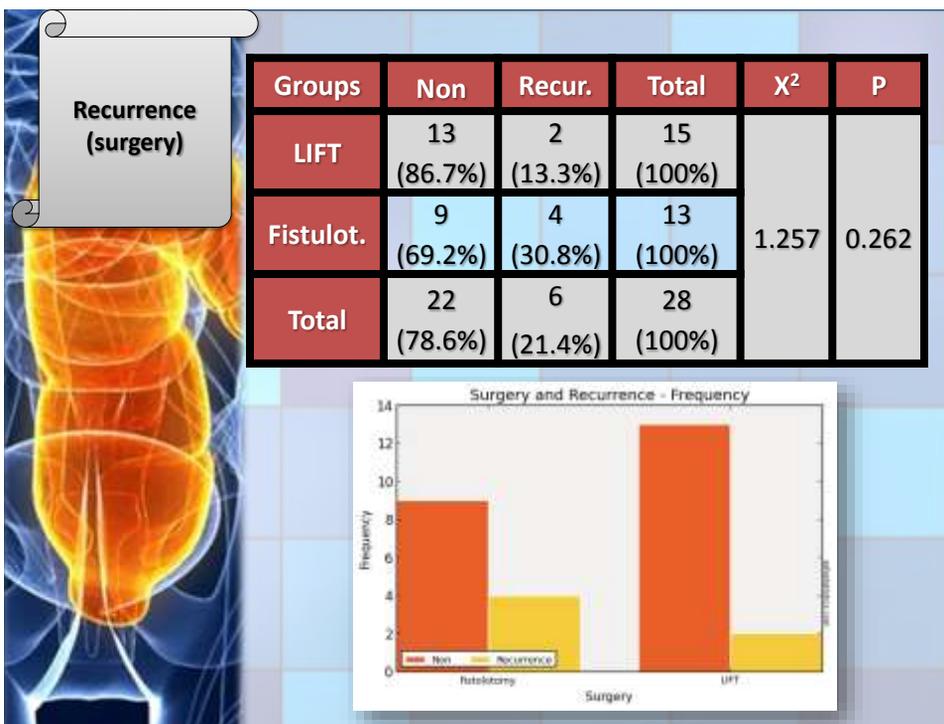
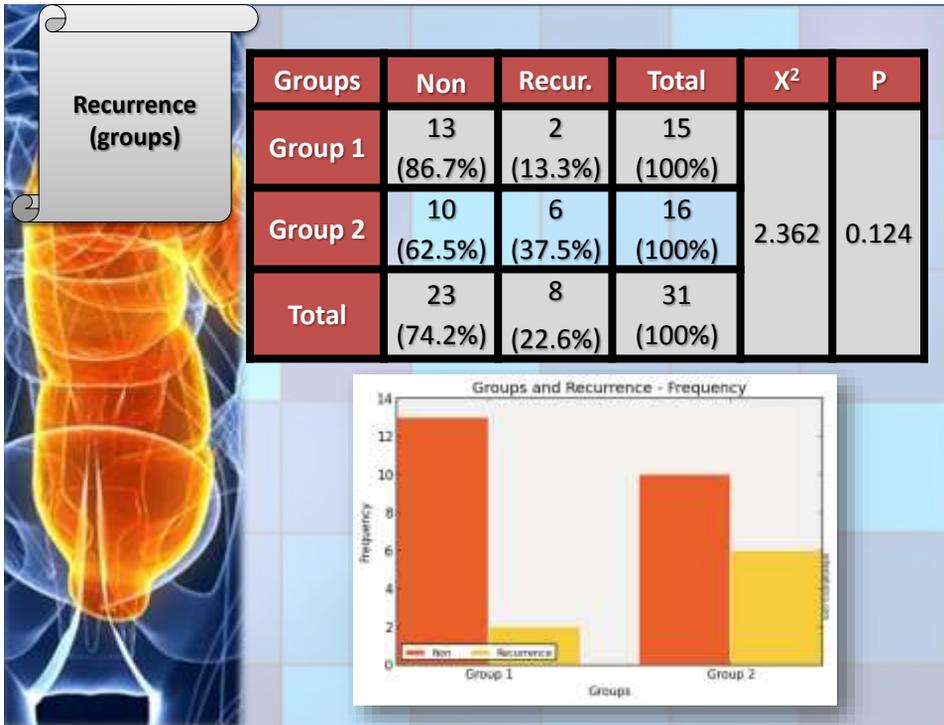


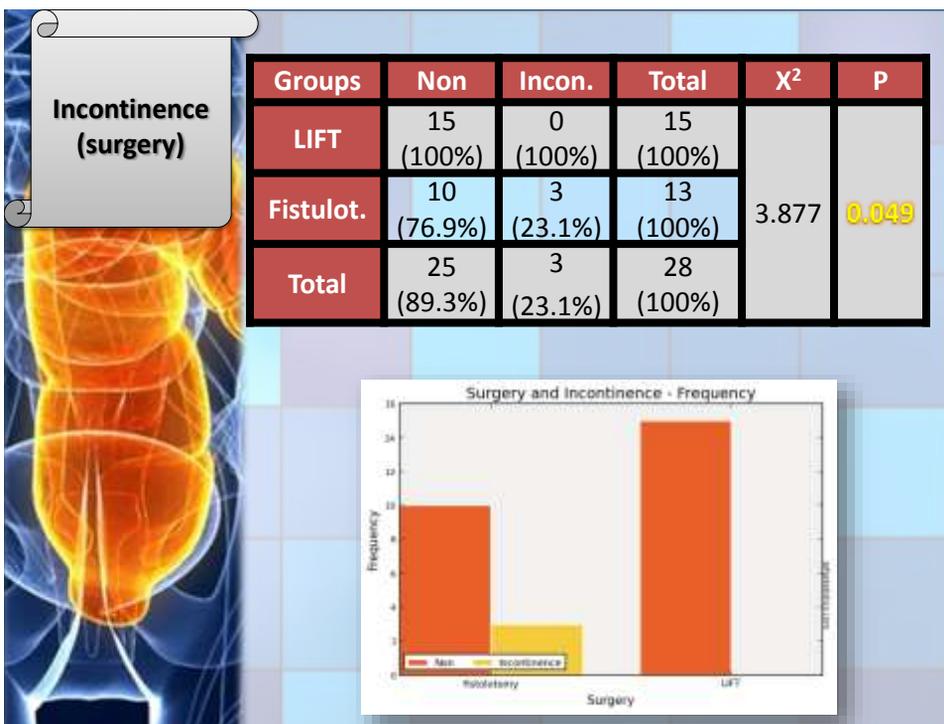
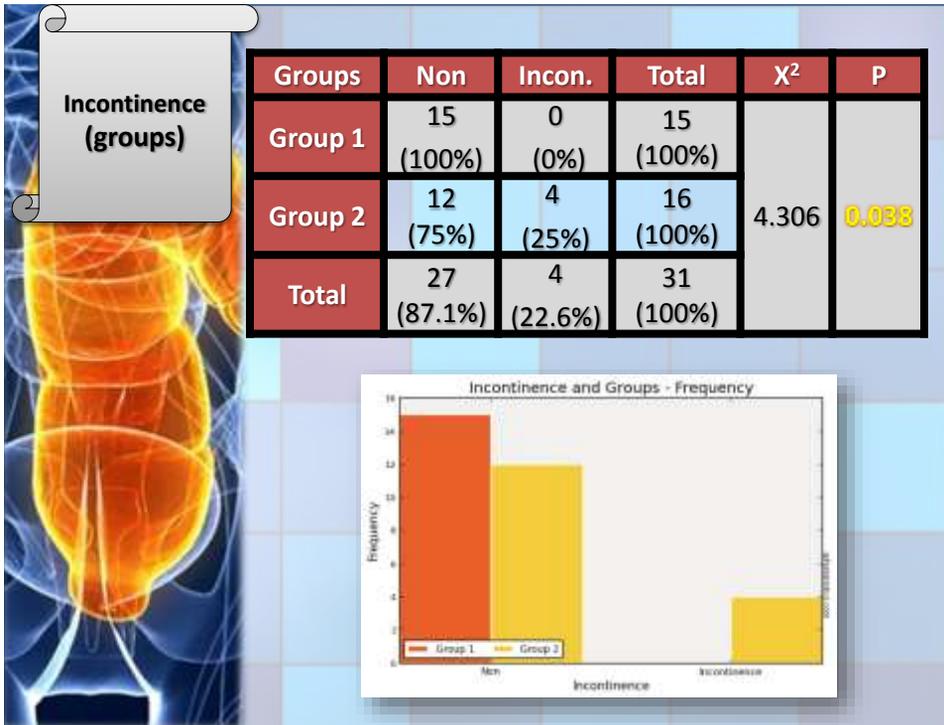


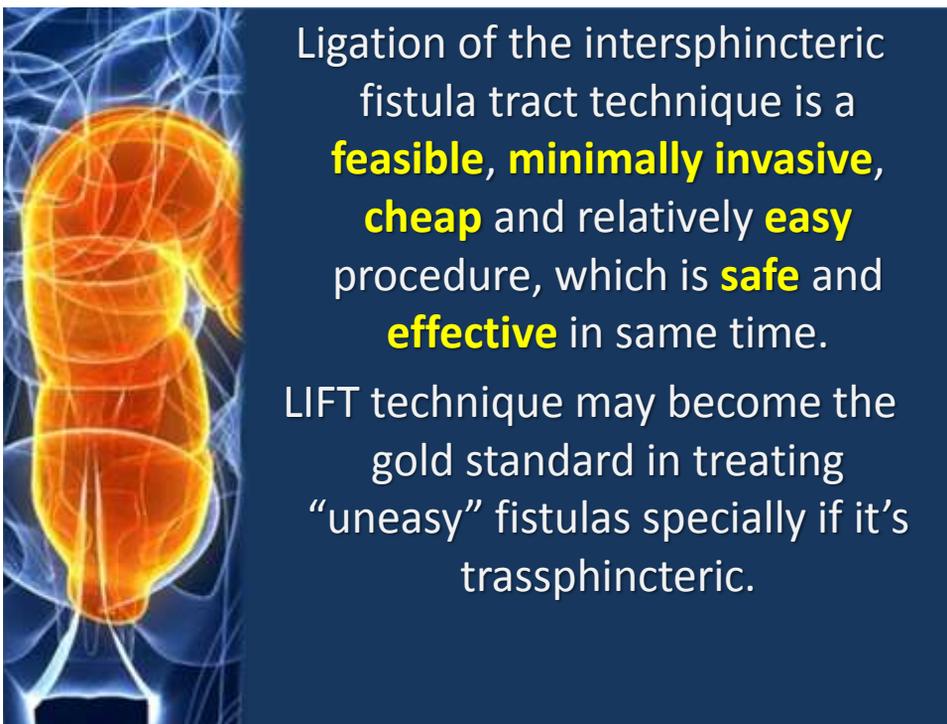














Surgeons should **master** this technique, as it can be done in most centers or hospitals even if it's poorly equipped, with minimal requirements, and satisfactory results.

More **randomized controlled** trials are required, to prove that assumption or to dispute it.

