

Fundamental Principles of peri-anal fistula surgery

- Eradication of anorectal sepsis and removal of the fistula track
 - Adequate drainage
 - Identification of track anatomy
- Preservation of continence



Perianal fistula and abscess

1. What is important in patient **clinical history, and physical examination**?
2. When we consider **radiology and what type**?
3. What is the **role of antibiotics** in management of perianal abscess?
4. What is the **best treatment of a Simple Fistula-in-Ano** ?
5. It is better to perform **fistulotomy or fistulectomy**?
6. It is better to perform **concomitant fistulotomy with incision and drainage or not**?
7. What is the meaning of **complex perianal fistula**?
8. What are the **best treatment options for complex perianal fistula**?
9. What are the **other options to treat complex perianal fistula, and what about there results**?

What is important in patient **clinical history, and physical examination**?

- Disease-specific history and physical examination should be performed
 - Emphasizing on:
 - Symptoms
 - Risk factors
 - Location
 - Presence of secondary cellulitis
 - Presence of fistula-in-ano
 - It is important to distinguish anorectal abscess from other perianal suppurative processes
 - Anoscopy and sigmoidoscopy may be performed
 - In general, laboratory evaluation is not necessary
- ❖ **Grade of Recommendation:**
 ❖ **Strong recommendation based on low-quality evidence (1C)**

Perianal fistula and abscess EBP

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When we consider **radiology** and what type?

- Radiological studies may be considered in selected patients to help define the anatomy of an anorectal abscess or fistula-in-ano and to guide management.
 - ❖ **Grade of Recommendation:**
 - **Strong recommendation based on low quality evidence (1C)**
 - Abscess and fistula-in-ano are most commonly diagnosed and managed on the basis of clinical findings alone
 - Traditionally, **fistulography** was the method of choice accuracy rates as low as 16%
 - **Endoanal ultrasound** is very effective accuracy rates 80% to 89%
 - **MRI with or without endoanal coils** has reported accuracy rates of more than 90%

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What is the role of antibiotics in management of perianal abscess?

1. Patients with acute anorectal abscess should be treated in a timely fashion with incision and drainage
 - ❖ **Grade of Recommendation:**
 - **Strong recommendation based on low quality evidence (1C)**
2. Antibiotics have a limited role in the treatment of uncomplicated anorectal abscess:
 - ❖ **Grade of Recommendation:**
 - **Strong recommendation based on moderate quality evidence (1B)**
3. Antibiotics may be considered in patients with significant:
 - I. Cellulitis,
 - II. Underlying immunosuppression, or
 - III. Concomitant systemic illness
 - ❖ **Grade of Recommendation:**
 - **Weak recommendation based on low-quality evidence (2C)**

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What is the best treatment of a Simple Fistula-in-Ano ?

1. Simple anal fistulas may be treated by fistulotomy, the addition of marsupialization may improve the rate of wound healing
 - ❖ **Grade of Recommendation:**
 - **Strong recommendation based on moderate-quality evidence (1B)**
 - How much muscle can be safely divided?
 - success rates of 92% to 97%
 - Postoperative alterations in continence in 0%to 73% of patients
 - Risk factors for incontinence include:
 - Recurrent disease
 - Female sex
 - Complex fistulas
 - Prior fistula surgery

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It is better to perform fistulotomy or fistulectomy?

- **Fistulectomy is associated with:**
 - Longer healing times
 - Larger defects
 - And a higher risk of incontinence
 - Although recurrence rates are similar when compared with fistulotomy

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It is better to perform concomitant fistulotomy with incision and drainage or not

Concomitant fistulotomy with incision and drainage may be considered in select patients with anorectal abscess and fistula

❖ **Grade of Recommendation:**

- **Weak recommendation based on moderate-quality evidence (2B)**
- The utility of fistulotomy in conjunction with incision and drainage of an anorectal abscess remains controversial
- Recurrence rate is lower but;
- The surgeon should weigh
 - the possible decreased recurrence rate in light of the potential
 - increased risk of continence disturbances

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What is the meaning of **complex perianal fistula**?

Fistulas are complex if

- the primary track includes **high trans-sphincteric** fistulas with or without a high blind tract
- **Suprasphincteric**
- **Extrasphincteric fistulas**
- **Horseshoe fistulas**
- **Multiple tracks**
- **Anteriorly lying track in a female patient**
- Those **associated with** inflammatory bowel disease, radiation, malignancy, preexisting incontinence, or chronic diarrhea

What is the meaning of **complex perianal fistula**?



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What are the best treatment options for complex perianal fistula?

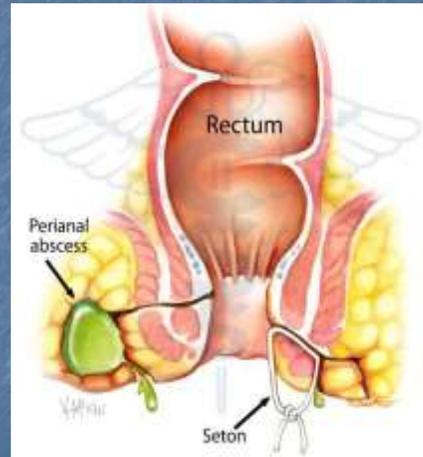
- Complex anal fistulas may be treated by the use of a **seton and/or staged fistulotomy**
 - ❖ Grade of Recommendation:
 - Strong recommendation based on moderate quality evidence (1B)
- **Endoanal advancement flaps** may be used for treatment of complex anal fistula disease
 - ❖ Grade of Recommendation:
 - Strong recommendation based on moderate-quality evidence (1C)

What are the best treatment options for complex perianal fistula?

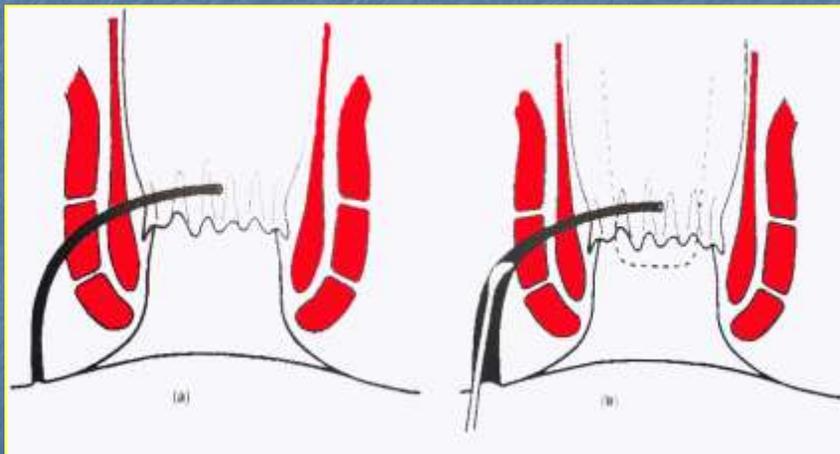
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Setons

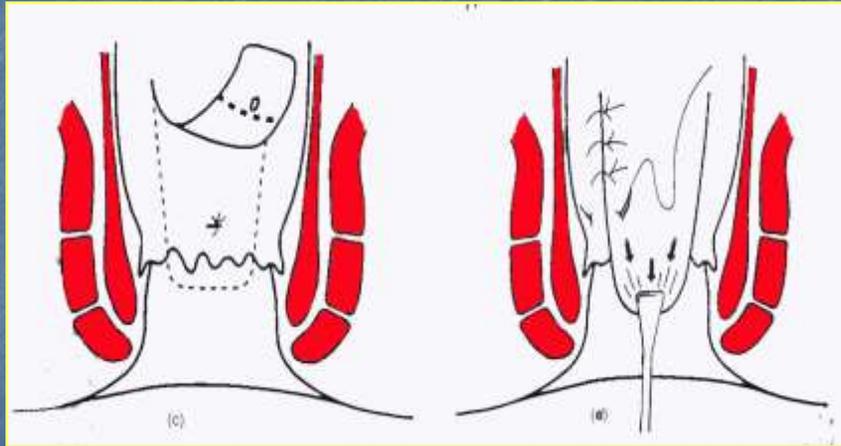
- Drain for primary track
- Marker for primary track
- Stimulator of fibrosis
- Cutting (fistulotomy)



Endoanal advancement flaps



Endoanal advancement flaps



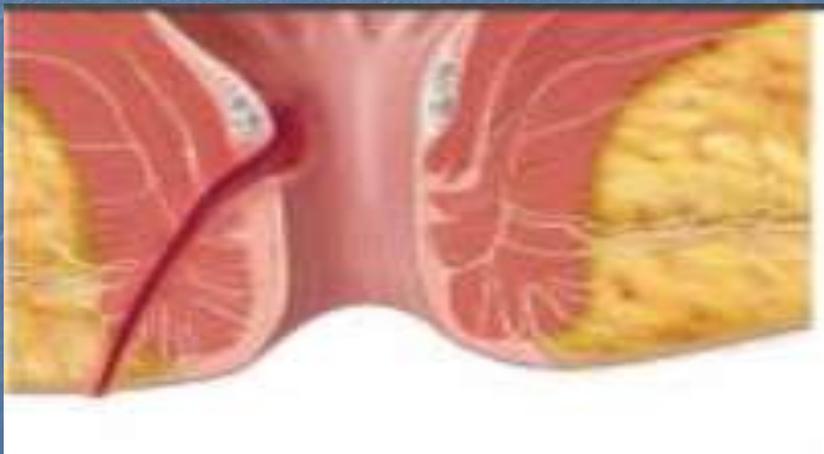
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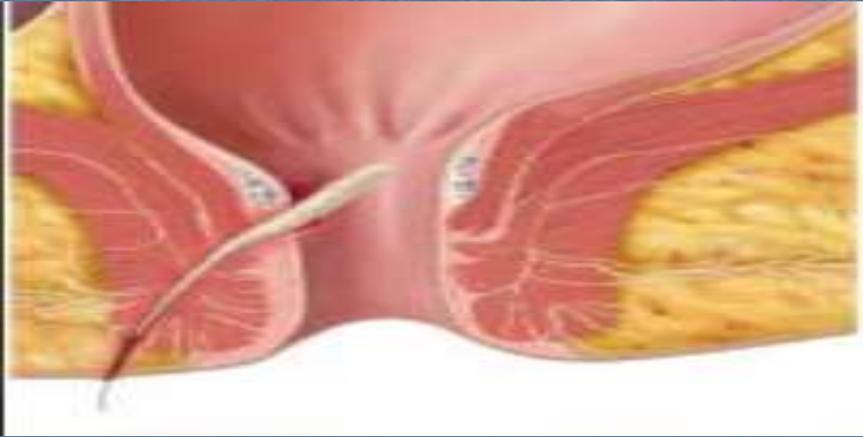
What are the other options to treat complex perianal fistula, and what about there results?

1. Complex anal fistulas may be treated with **debridement and fibrin glue injection**
 - ❖ **Grade of Recommendation:**
 - **Weak recommendation based on low-quality evidence (2C)**
2. **Anal fistula plug** may be used for treatment of complex anal fistula disease
 - ❖ **Grade of Recommendation:**
 - **Weak recommendation based on moderate-quality evidence (2C)**

Anal Fistula Plugs



Anal Fistula Plugs



Anal Fistula Plugs

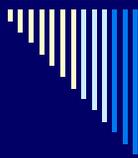


Fibrin glue



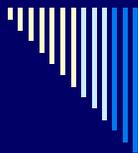
Treatment of Perianal Chron's





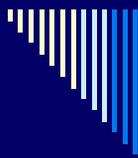
Treatment of Perianal Fistula Associated With Crohn's Disease

1. Asymptomatic fistulas in patients with Crohn's disease do not require surgical treatment
 - ❖ **Grade of Recommendation:**
 - ▣ **Strong recommendation based on low quality evidence (1C)**
2. Symptomatic simple low Crohn's fistulas may be treated by fistulotomy
 - ❖ **Grade of Recommendation:**
 - ▣ **Strong recommendation based on low quality evidence (1C)**



Treatment of Perianal Fistula Associated With Crohn's Disease

3. Complex Crohn's fistulas may be well palliated with long-term draining setons
 - ❖ **Grade of Recommendation:**
 - ▣ **Strong recommendation based on low quality evidence (1C)**
4. Complex Crohn's fistulas may be treated with advancement flap closure if the rectal mucosa is grossly normal
 - ❖ **Grade of Recommendation:**
 - ▣ **Weak recommendation based on low-quality evidence (2C)**



Treatment of Perianal Fistula Associated With Crohn's Disease

5. Complex Crohn's fistulas may require permanent diversion or proctectomy for uncontrollable symptoms
 - ❖ **Grade of Recommendation:**
 - *Strong recommendation based on low quality evidence (1C)*

