Study of The Outcome of Staged Cutting Seton in Treatment of High Perianal Fistula

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Introduction

High perianal fistula involving the anal sphincter remain a surgical challenge because incontinence may result from the division of muscle of the sphincter

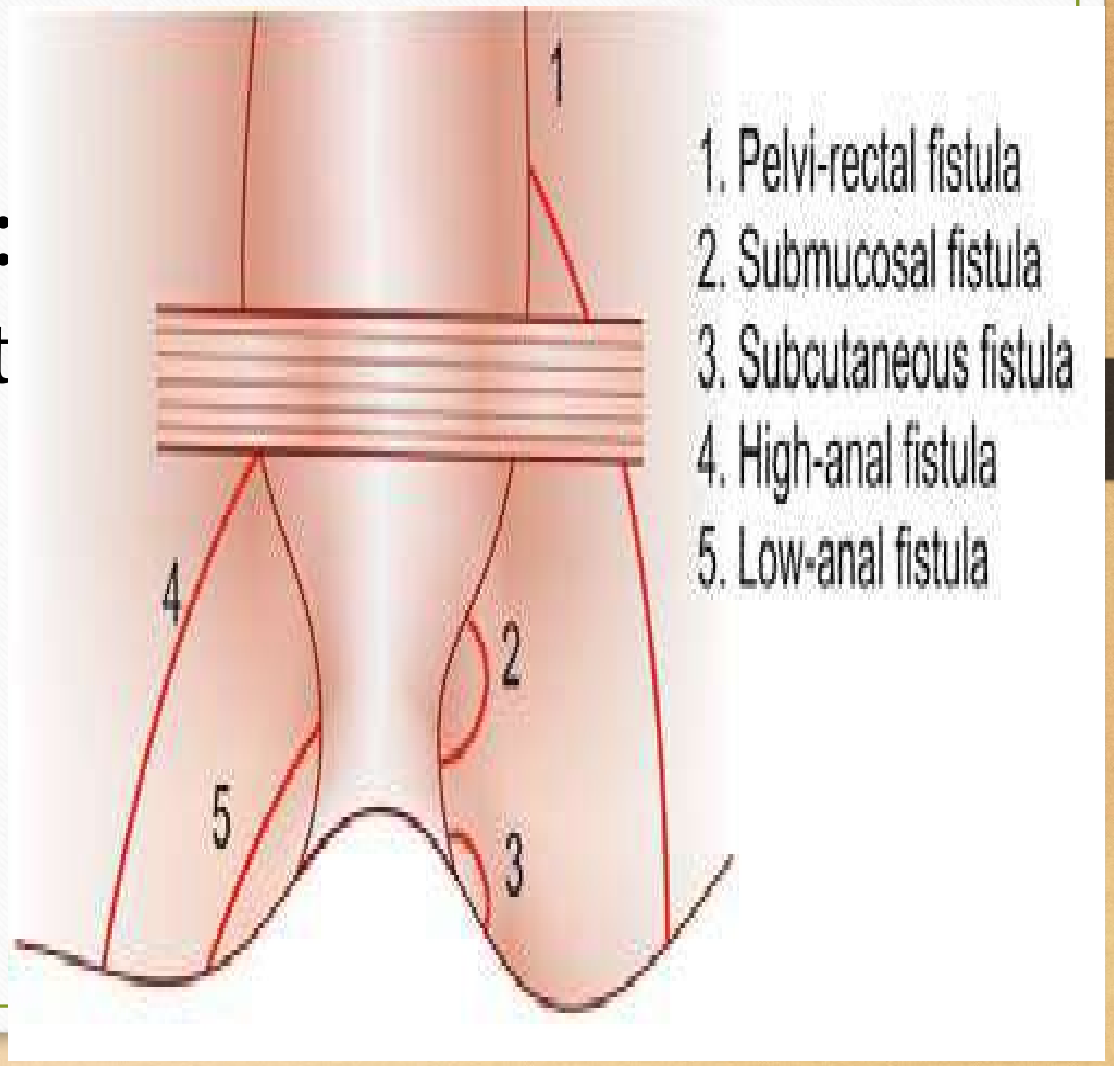
Introduction:

- Etiology:

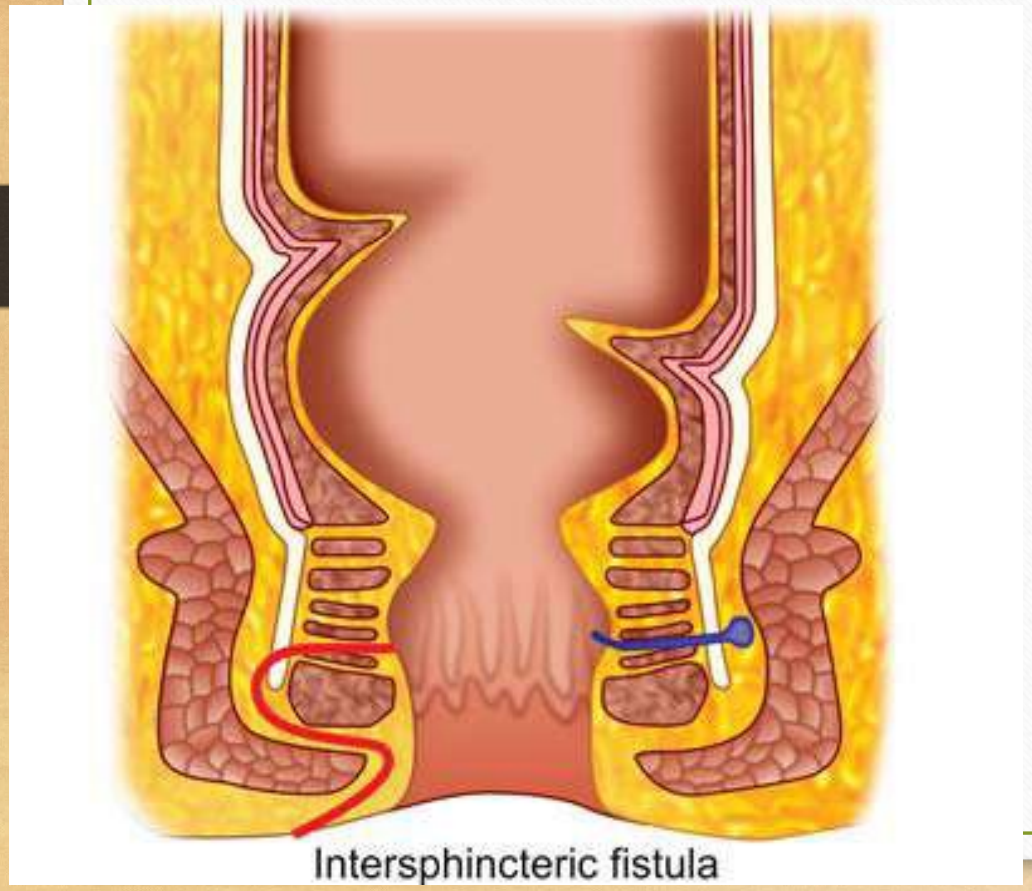
1. Cryptoglandular(90%)
2. Non cryptoglandular: Tuberculosis, Carcinoma, Crohn's disease, Ulcerative colitis , Hydradenitis suppurativa, Traumatic.

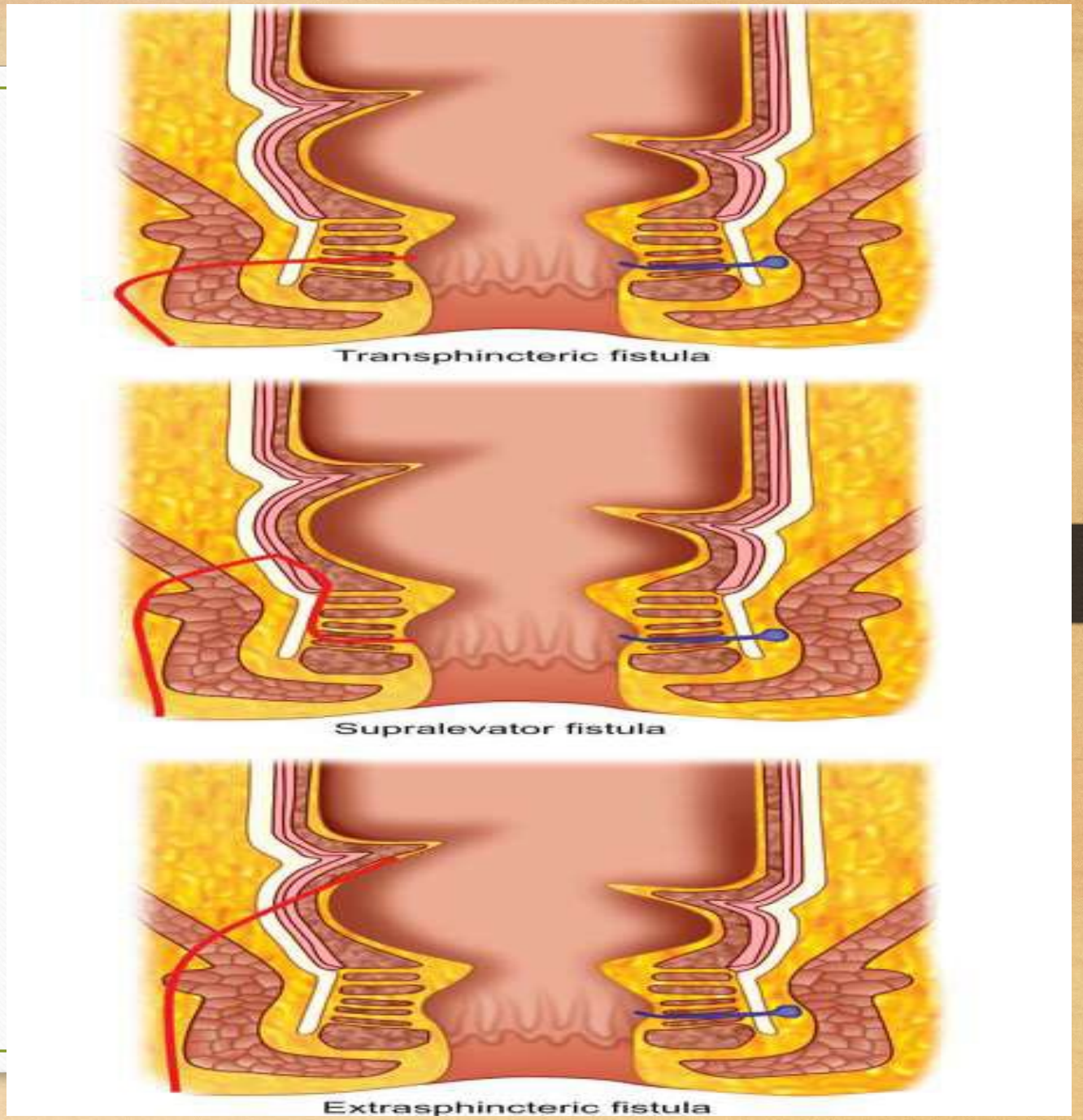
Classifications:

- Standard classification:
- Subcutaneous commonest
- Low anal—common •
- Submucous •
- High anal •
- Pelvi-rectal.



- **Parks classification:**





Goodsall's Rule

SS

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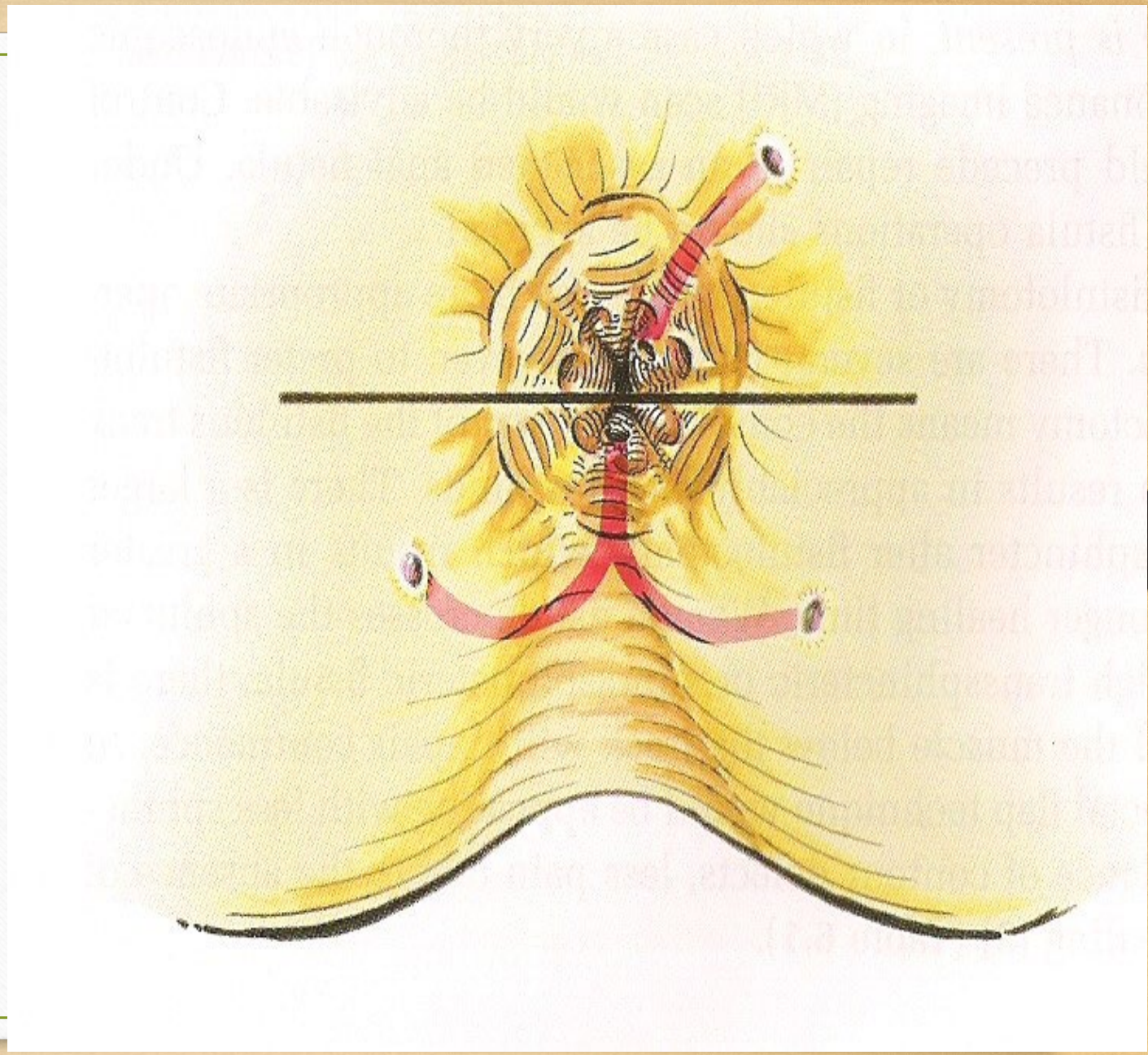


Investigations:

- DRE.
- Fistulogram
- MRI/MRI fistulogram.
- Endoanal ultrasonography
- Colonoscopy when IBD is suspected.

Treatment:

- Goal:
- Control of sepsis.
- Eradicate the tract.
- Minimizing the risk of fecal incontinence, and recurrence

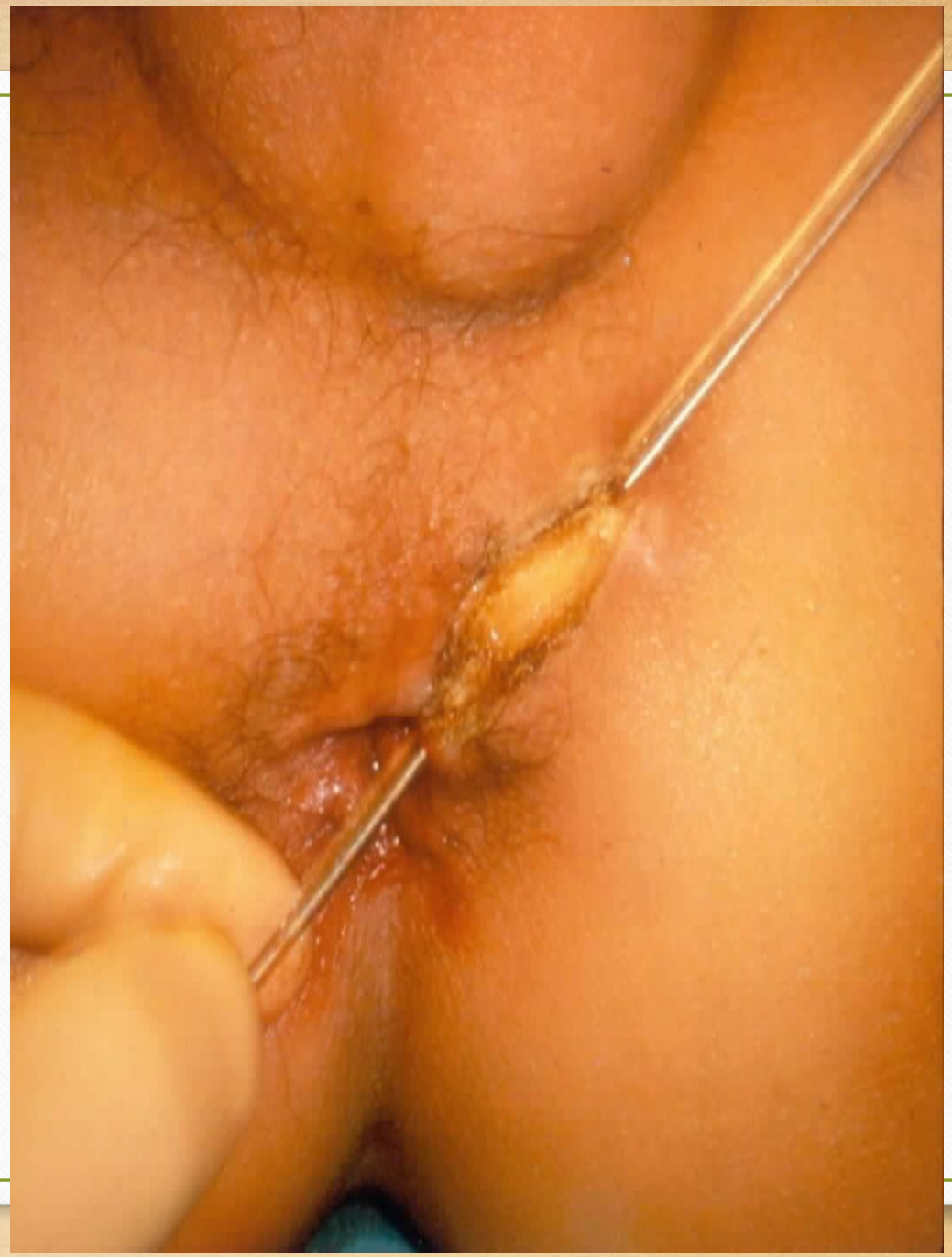
Minimizing the risk of fecal incontinence

- **Divide minimal sphincter**
  - **Internal**
  - **External**

- **Divide NO sphincter in certain situations**
  - **Anteriorly in female**
  - **Sphincter defect already present**
  - **Incontinence already present**
  - **Crohn's disease**

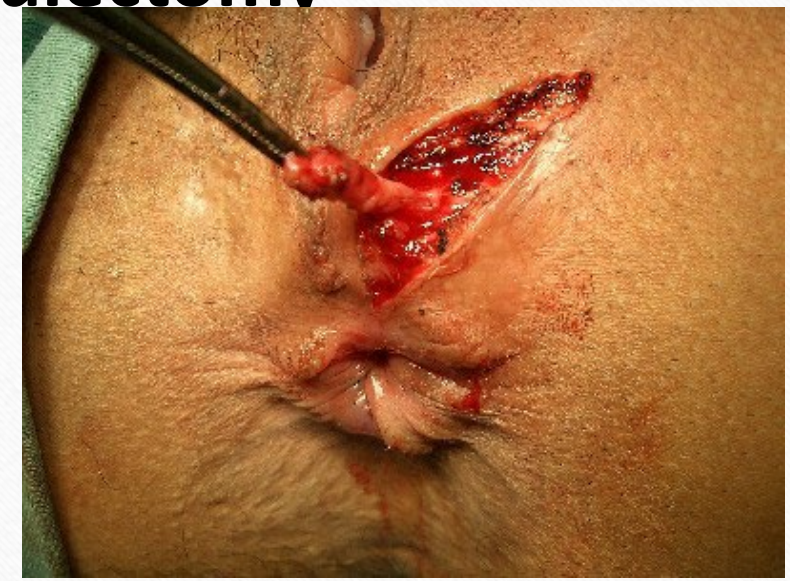
Surgical Options – Fistulotomy

- Fistula tract identified with probe
- Extent of external sphincter involvement assessed
- Tract and muscle divided
- Secondary tracts laid open
- +/- marsupialisation wound



Surgical Options – Fistulectomy

- Draining seton
- Core out tract
- Direct visualisation of secondary tracts
- Sphincter repair +/- advancement flap



Advancement Flaps

Endorectal

- Flap raised at Mucosa + Int. Sphincter

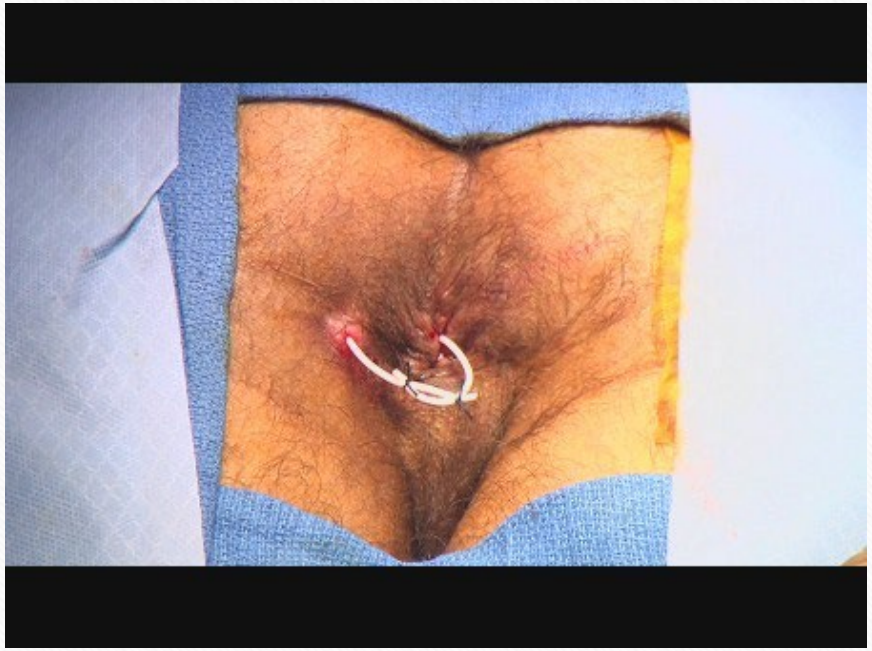
Anodermal

- Flap raised at Anodermal

LIFT Procedure (**L**igation of **I**ntersphincteric **F**istula **T**ract)

Surgical Options – Cutting Seton

- Lay open external tract
- Draining seton replaced with cutting seton
- 1/0 Prolene suture
- Tied tight around sphincter complex
- Simultaneous slow cutting and repair of sphincter
- May require re-tightening



Seton : variation

- Drainage seton
- Cutting seton
- Two stage seton fistulotomy
- Chemical seton (Ayurvedic)

Variation in Seton Materials

- Stainless steel wires,
- depezzar catheters,
- self-locking cables,
- Silicone,
- Thread, and Rubber bands

Variation in Seton Insertion Technique

- Insertion of a seton is not always easy.
- Grooved probes in low simple tracks
- Inclusion of an eye near the tip of the probe
- A railroad technique

Maintenance of Tension

To ensure that the seton adequately cuts the tissue it is encircling, there should be a constant tension.

leg strap and tourniquet techinque

hangman's tie using a polypropylene or nylon suture

Variations Based on the Mechanism of Action of Seton

Seton can be used as a marker or a divider

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a marker of the fistula tract for sphincter-sparing procedures such as fistula plug, fibrin glue and ligation of the intersphincteric fistula tract

Two-stage seton fistulotomy

Two-seton placement method - A loose elastic seton

Combined seton-double flap procedure for complex high anal fistulas

Aim of the study

To evaluate the rate of recurrence and incontinence after the treatment of fistulae by using the staged seton method

Materials and Methods

53 patients who underwent treatment for an anal fistula with seton suture.

Inclusion criteria:

All patient with high perianal fistula and palpable internal opening

Exclusion criteria:

Recurrent perianal type

Pelvi-rectal type

secondary type to specific disease

Technique

Explanation and consent taken from the patient

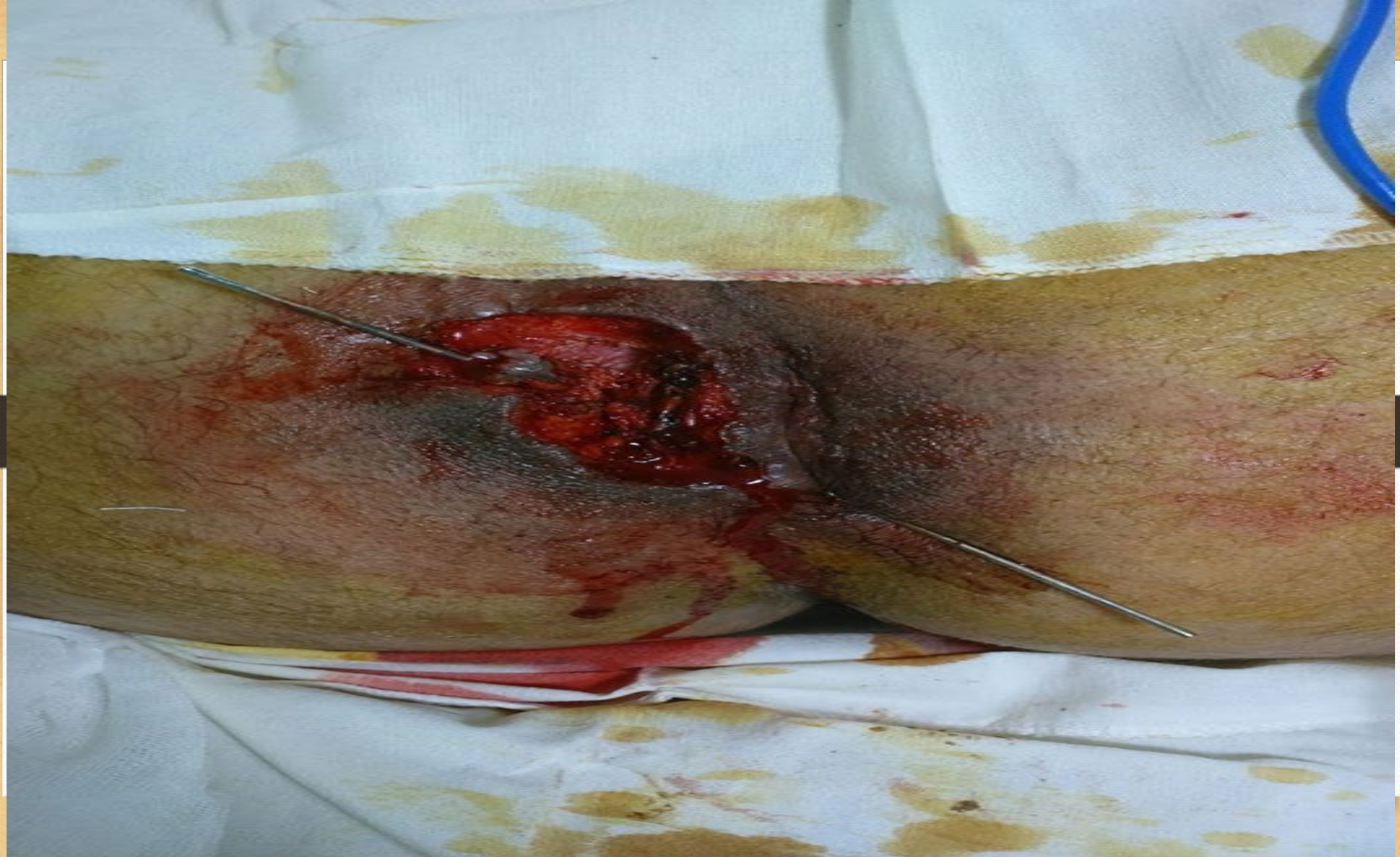
Most of cases take general anasthesia

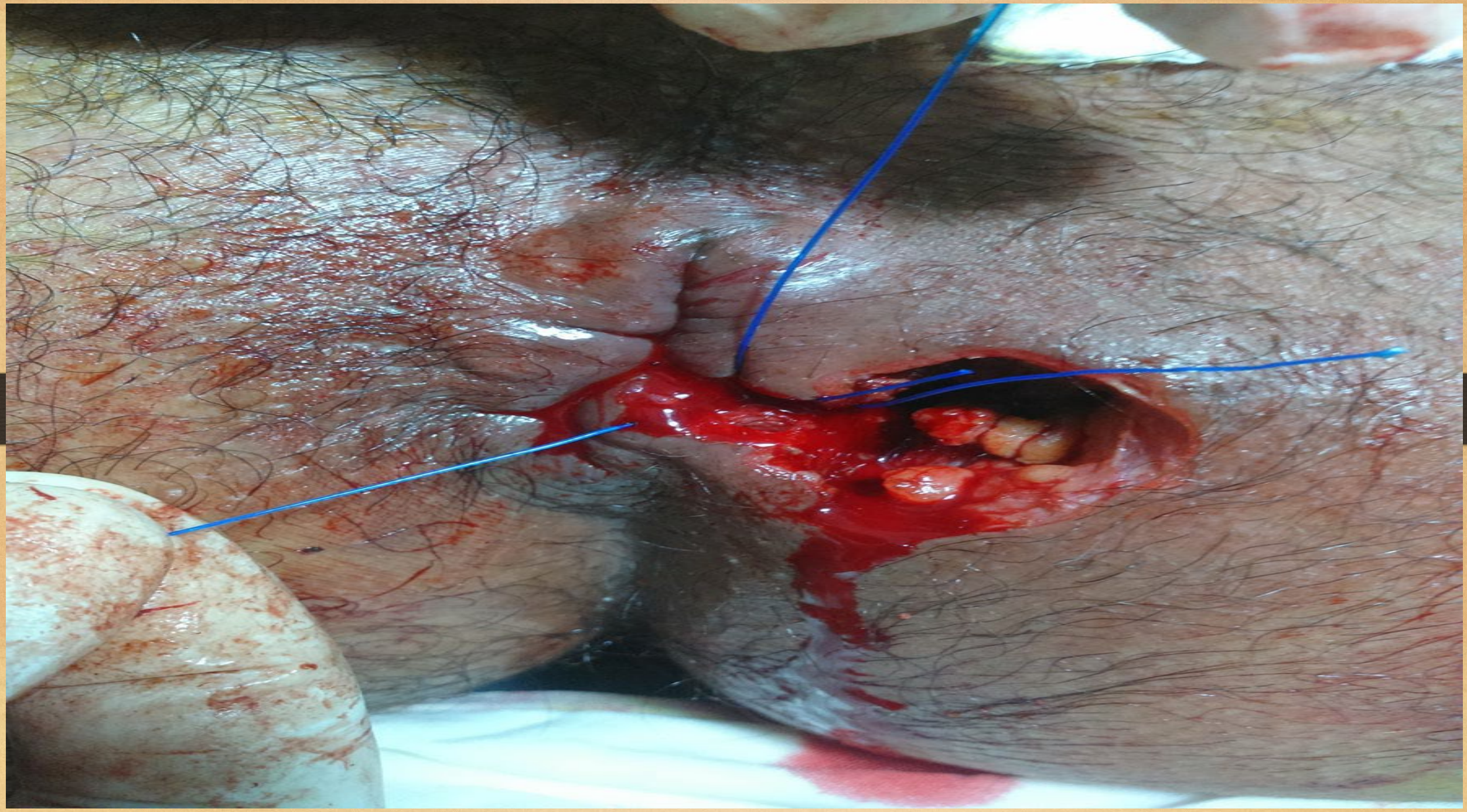
Use prolene 1 in setone

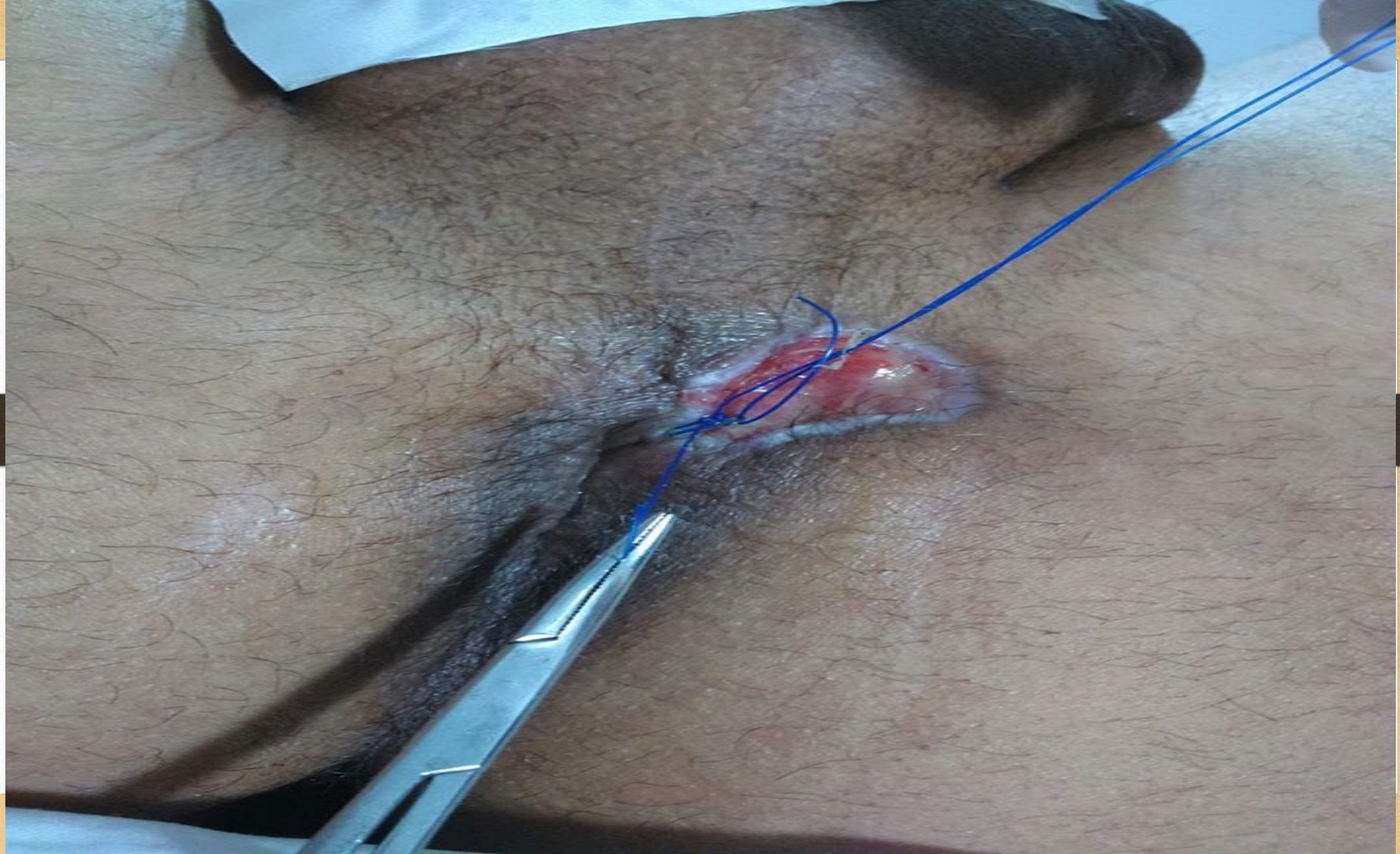
Double suture was used

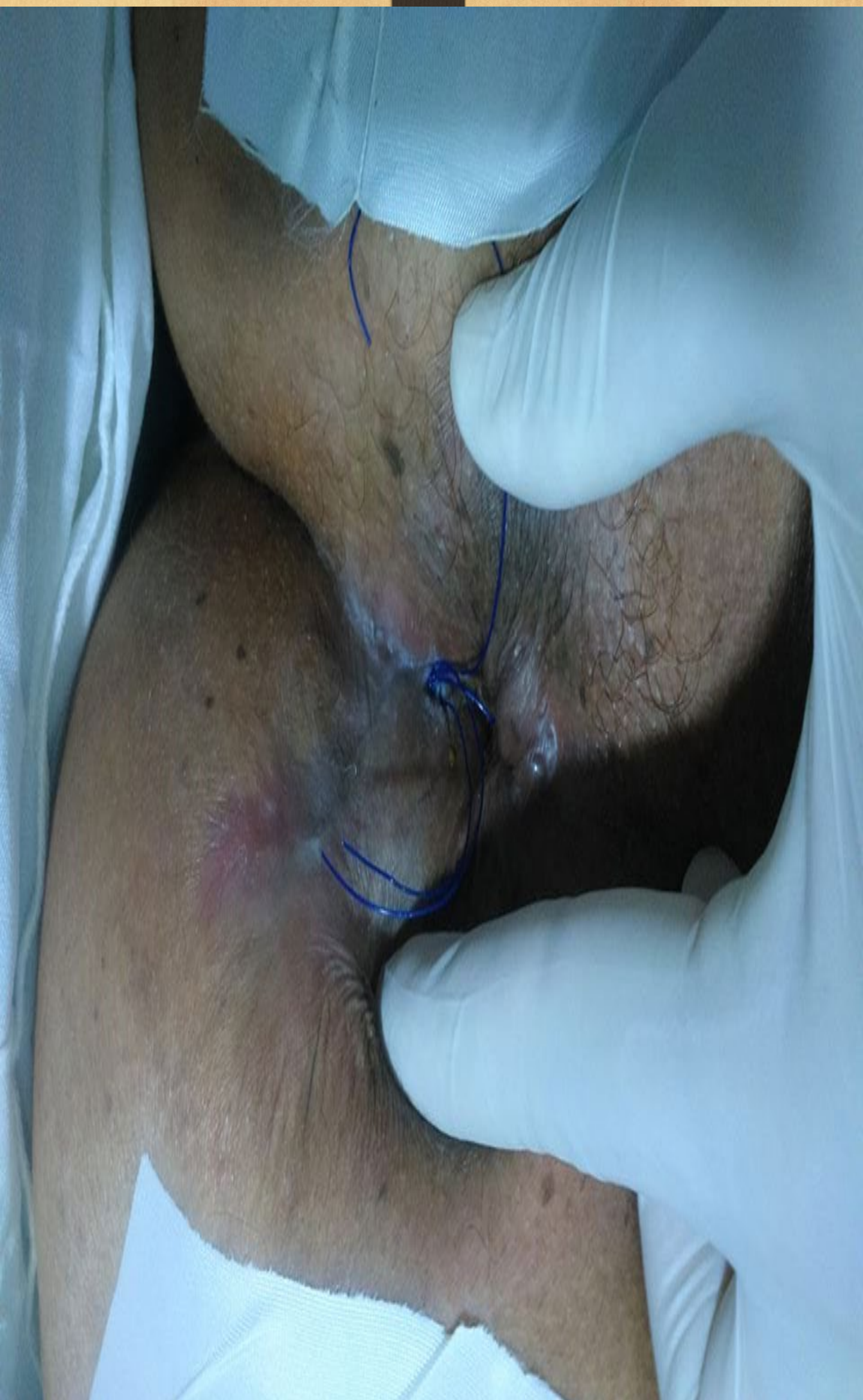
Extracorporeal knotting

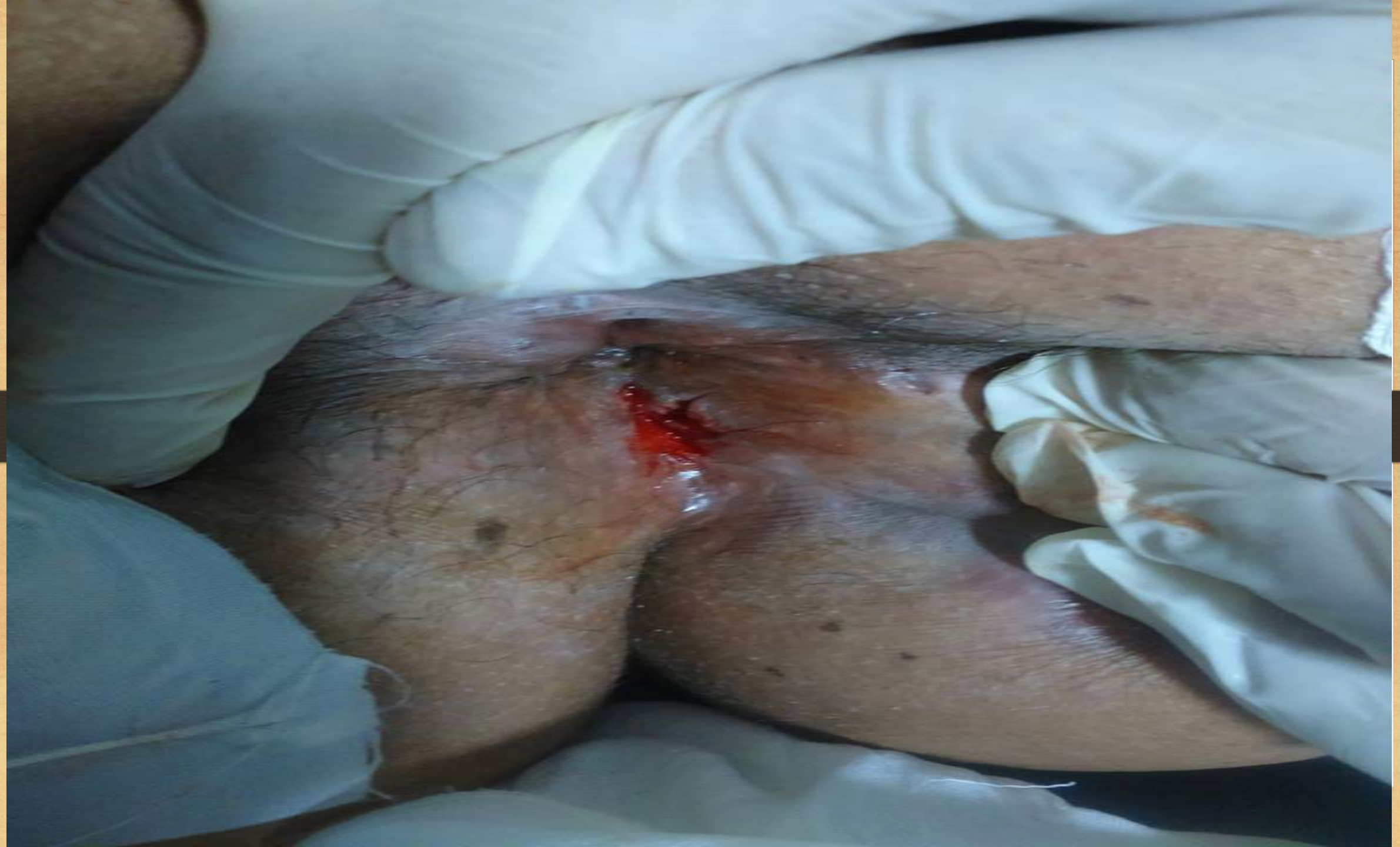
Tight of suture every 3 to 4 weeks

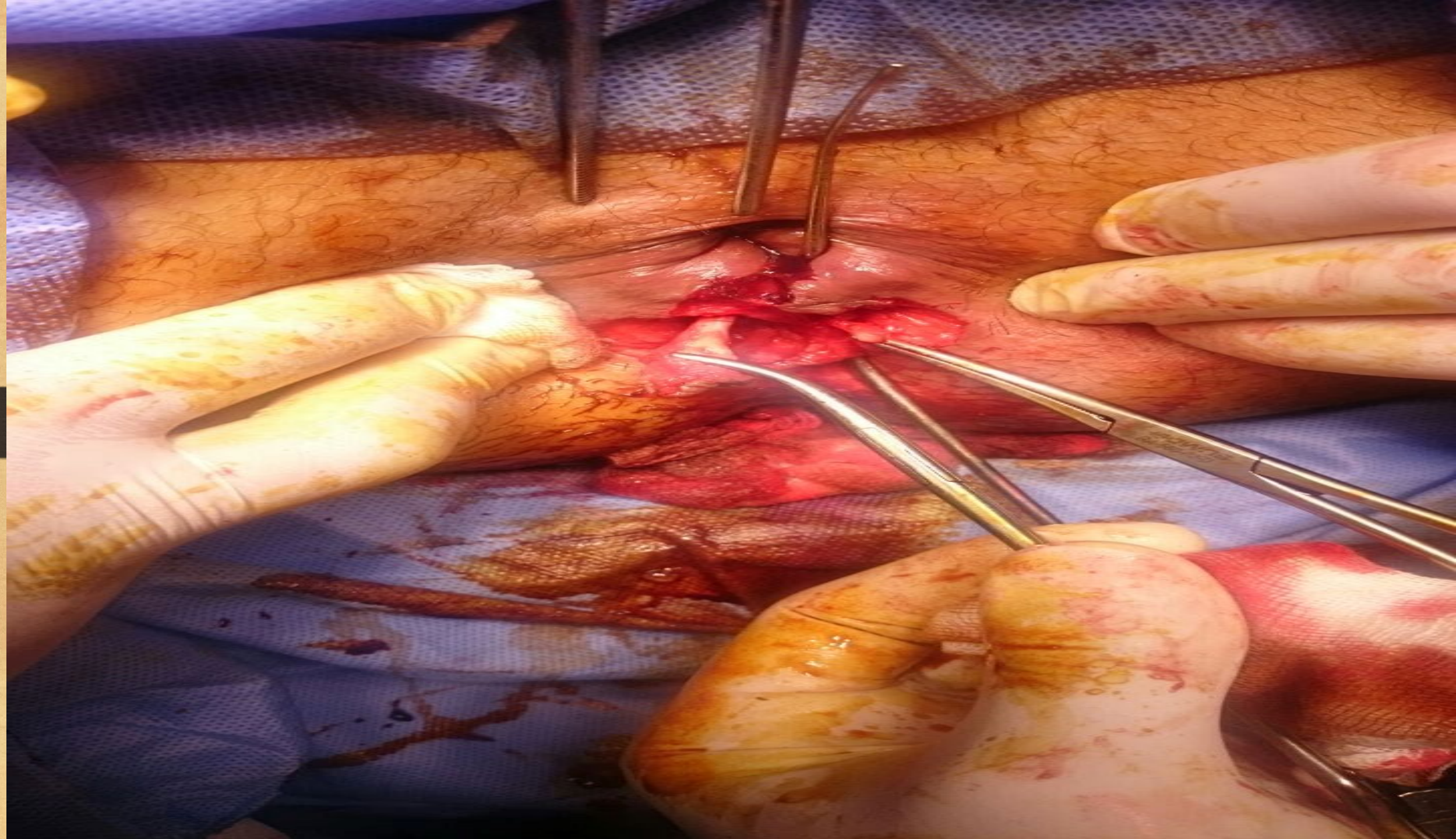












Results

Duration of seton about 3 to 6 monthes

Some patient explain some discomfort in early post operative but later on accommodate on it

The recurrence rate of fistulae or suppuration was in seven cases,

Incontinence developed in 3 of the cases (two for flatus and one for soft stool).

Conclusion and home massage

Good evaluation of fistula is essential for decision type of surgery

Use of a staged seton can reduce the rate of recurrence and incontinence.

Pelvi-rectal type of fistula remains challenging in its management


Thank
You