
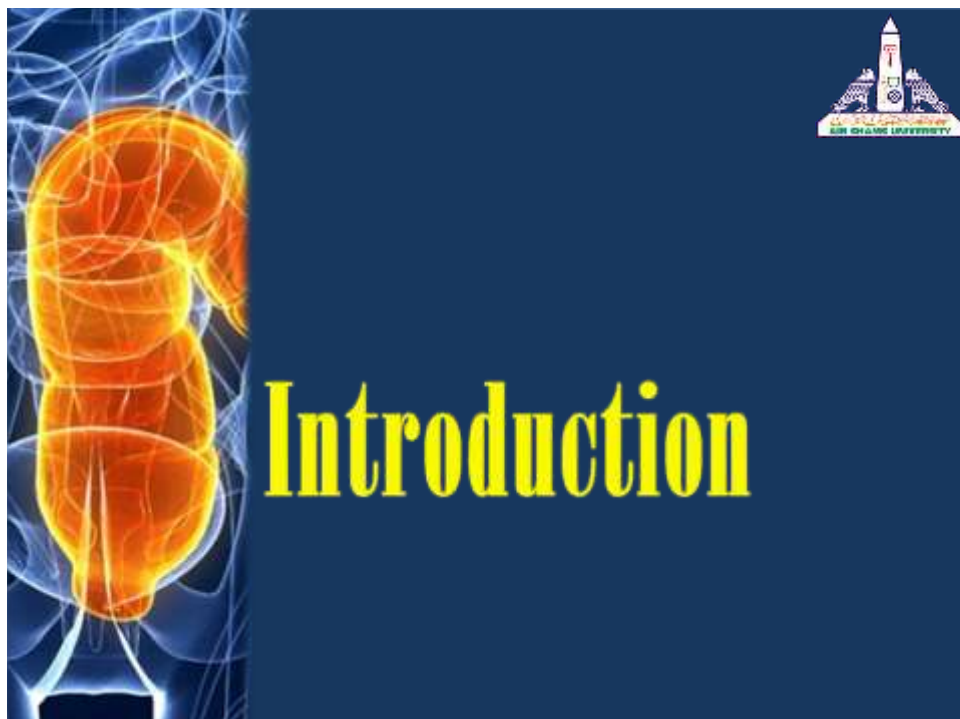


Ligation of Intersphincteric Fistula Tract Technique (LIFT) as a Management of Transsphincteric Anal Fistula

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Introduction

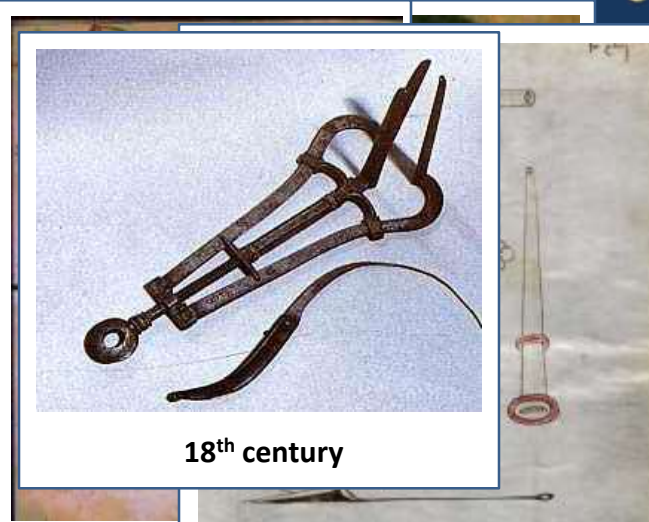


Fistula

- 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



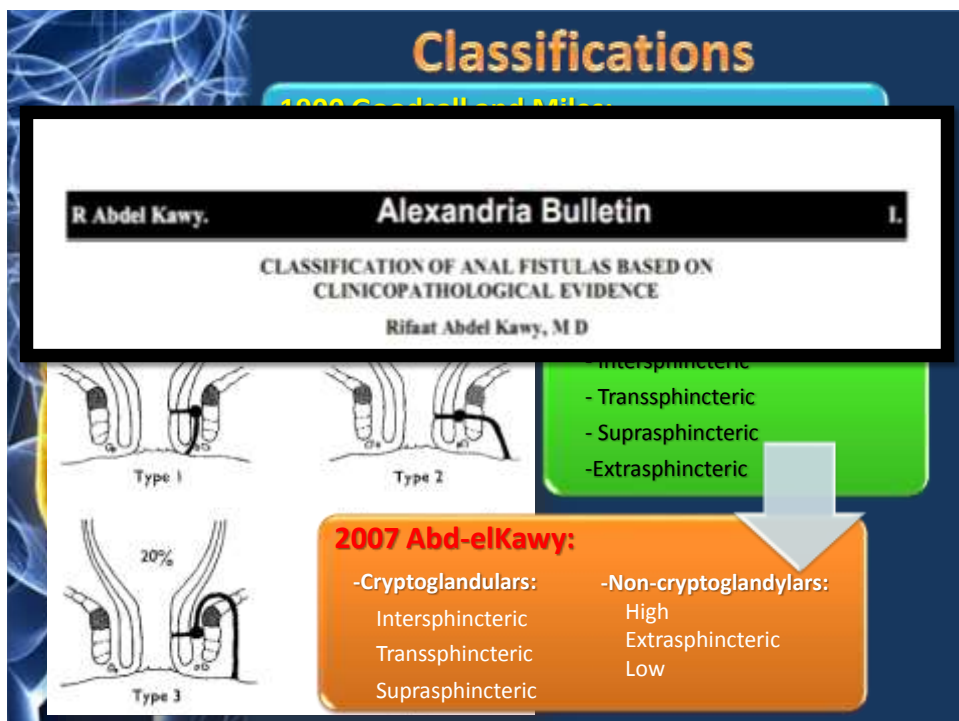
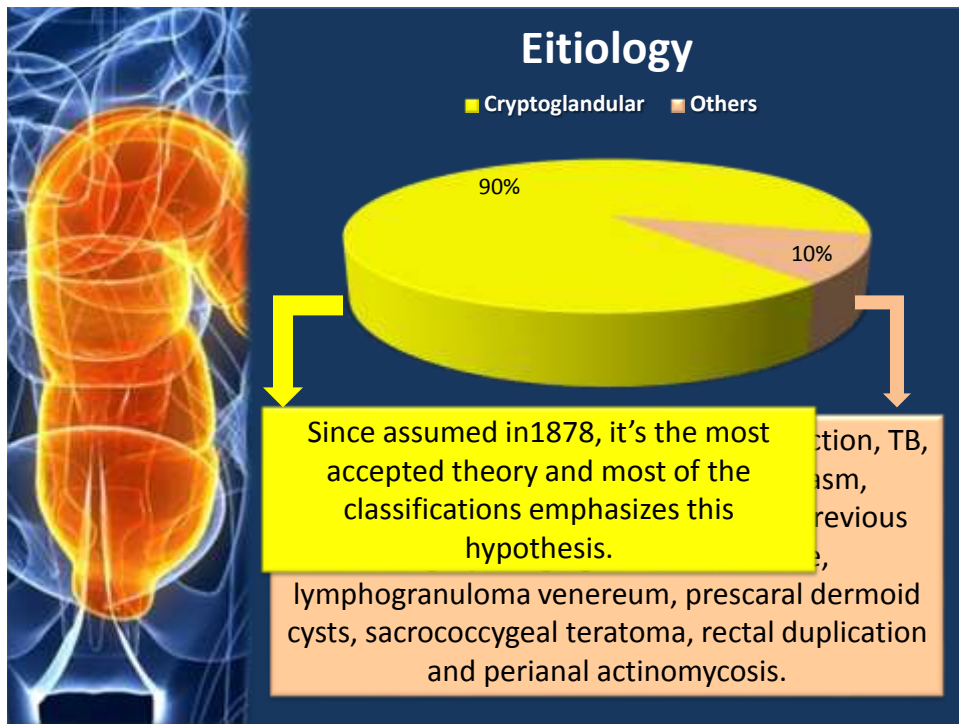
18th century


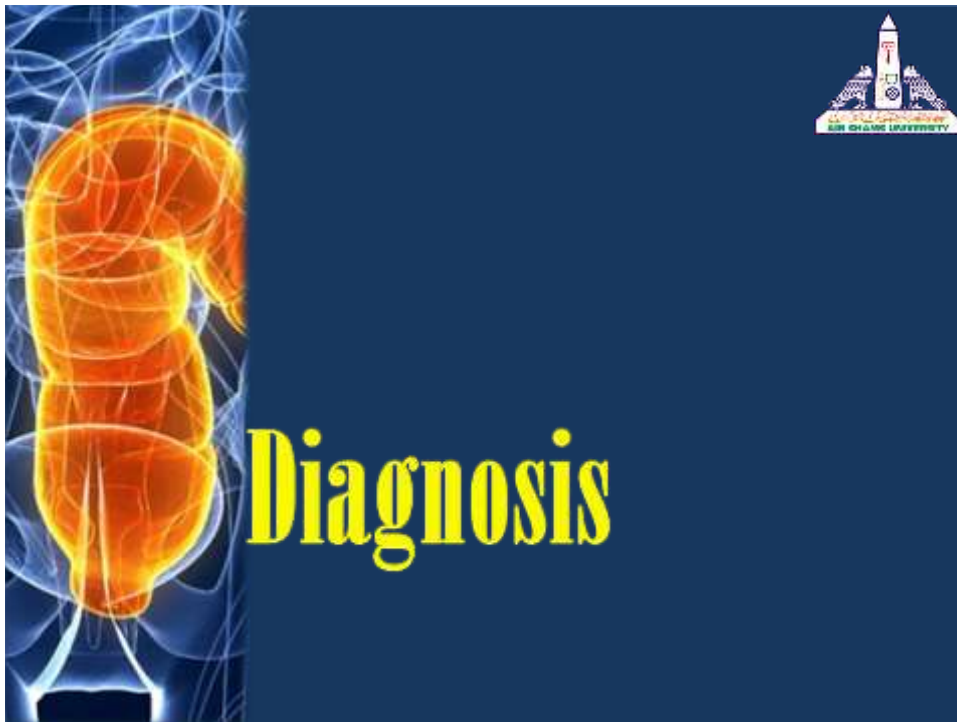
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The slide features a dark blue background. On the left, there is a medical illustration of a human torso from the waist up, with a glowing orange and yellow area in the perianal region, indicating an abscess. To the right of this illustration, there are four white boxes arranged in a 2x2 grid, each containing text in a bold, black, sans-serif font. The top-left box contains the text **Prevalence** followed by $\approx 9 / 100\,000$. The top-right box contains a silhouette of two people, with a large **?!** above them and the numbers **1** and **2** below them. The bottom-left box contains the text **Peak of incidence** followed by **around 40 years**. The bottom-right box contains the text **26-37% after perianal abscess**.






Clinical Picture

Previous episode of acute anorectal sepsis		Pus discharge
One or more external openings		Internal opening may feel like a grain of rice
Fistula tract can often be felt between finger and thumb		Assess anal continence


Investigations



Fistulography

Endo-anal ultrasound

Magnetic resonance imaging



Computed Tomography

Examination Under Anesthesia

Others:

- Manometry
- Ba enema
- Sigmoidectomy
- Colonoscopy
- Histopathology

Management



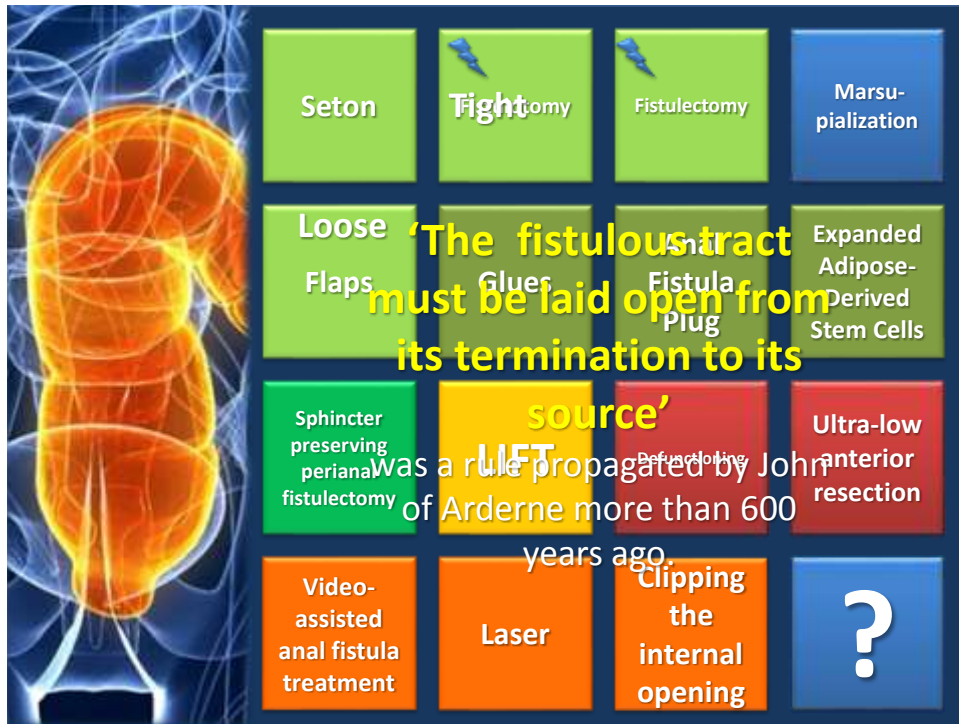



*"...surgeons have so often lost
their reputation by
performing an operation for
this complaint at improper
time...."*

Forsyth 1826



**The ideal way to
treat anal fistula is
to cure the disease
without any risk of
fecal incontinence.**





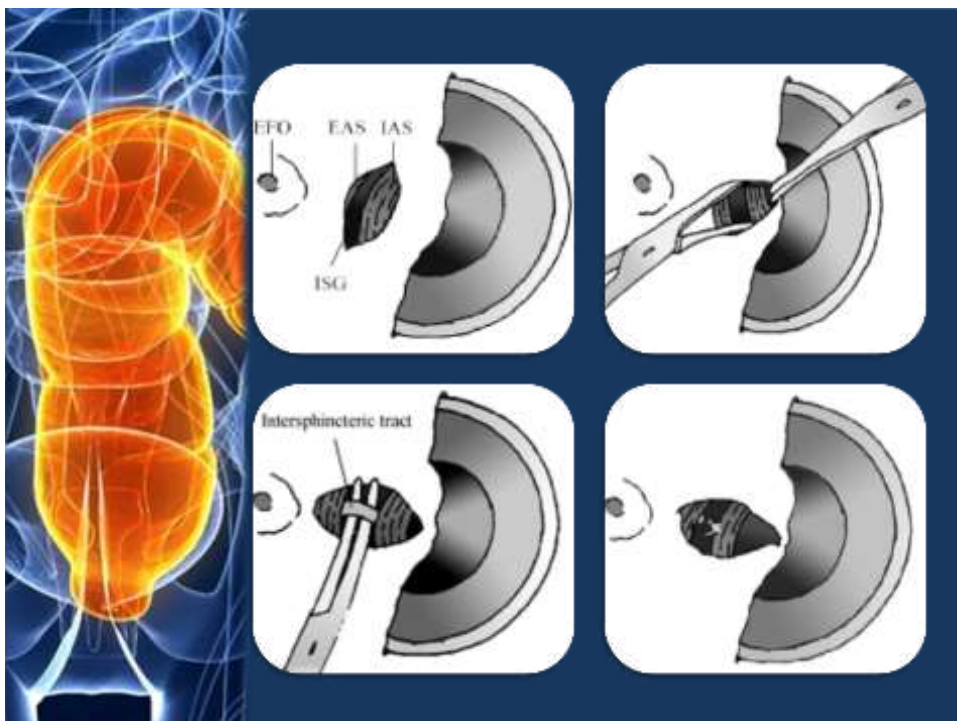
Rojanasakul and coworkers (2007) described a technique for treating fistula-in-ano aimed at total sphincter preservation. They called it The Ligation of Intersphincteric Fistula Tract (LIFT) technique

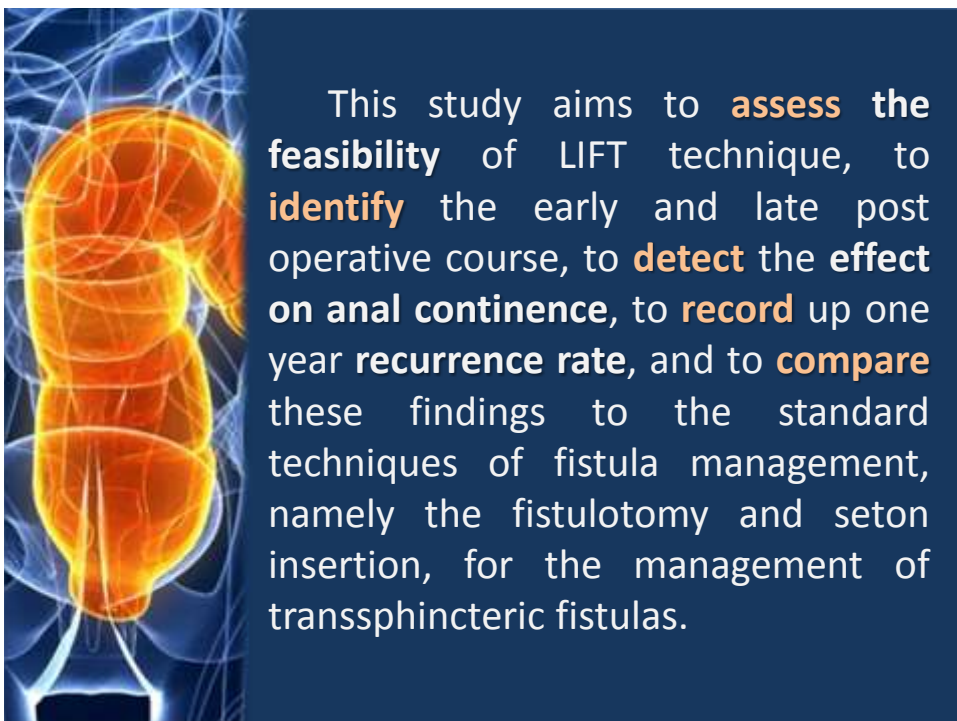
Case Report

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

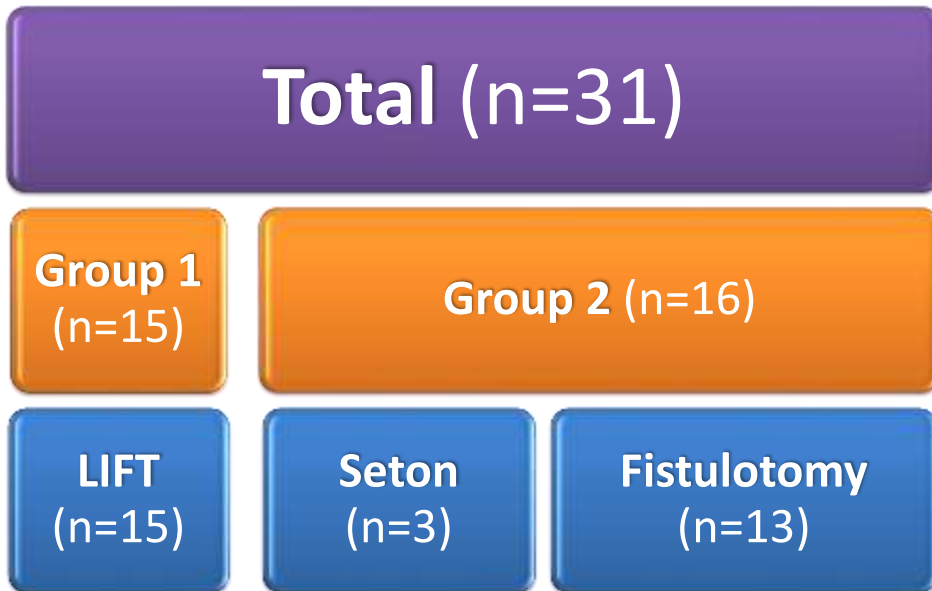
Arun Rojanasakul MD*, Jirawat Patanamon MD*,
Chuchee Sahakitrungruang MD*, Kasaya Tantiphalachiva MD*

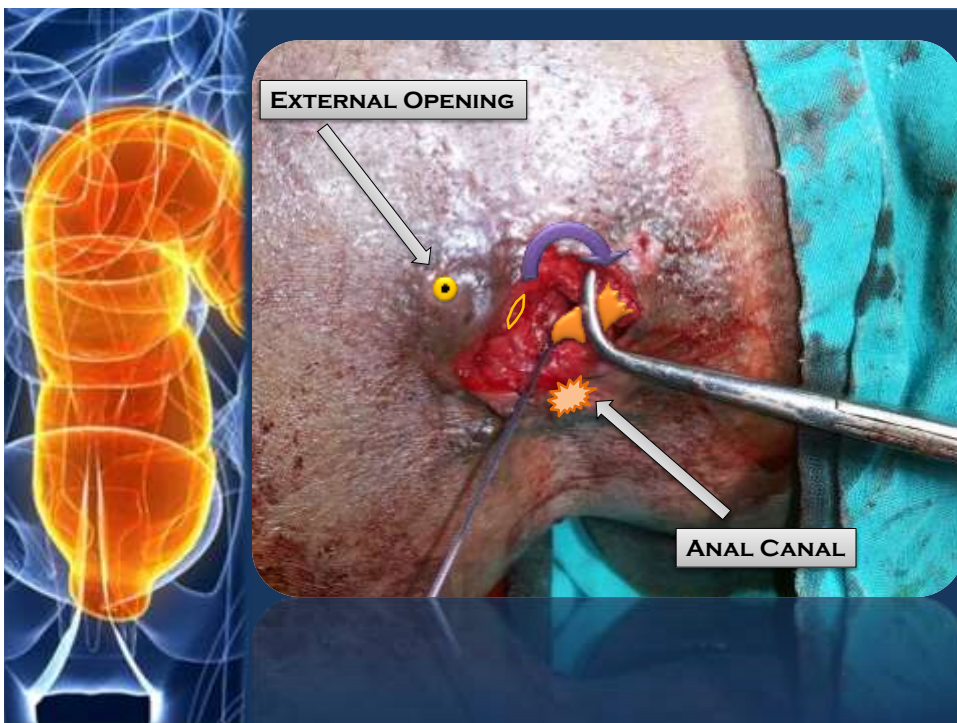
* Division of Colorectal Surgery, Chulalongkorn University

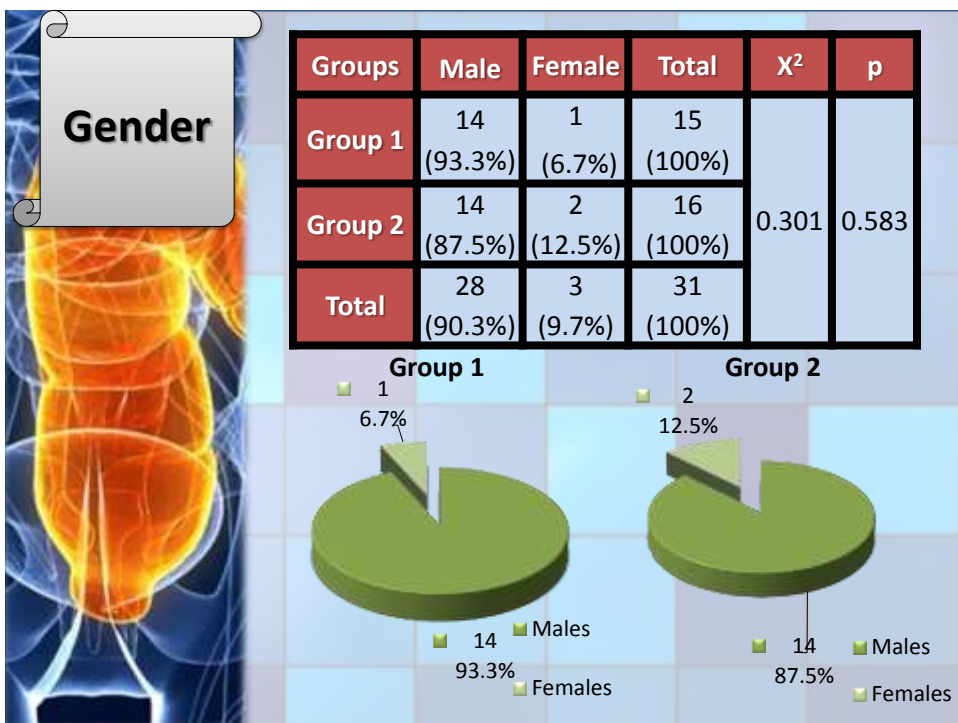
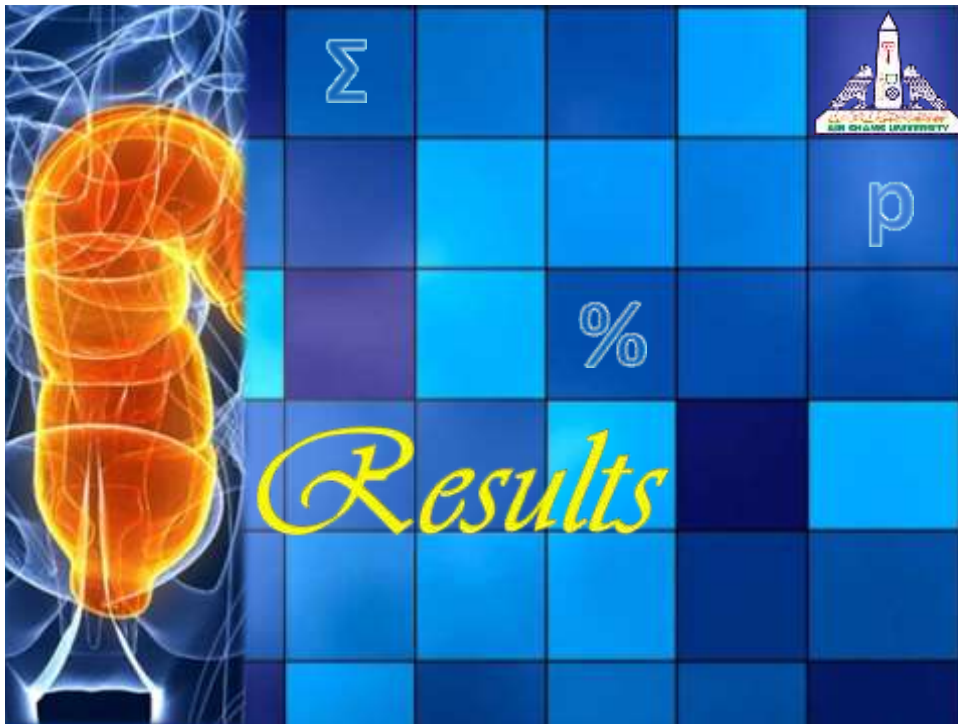


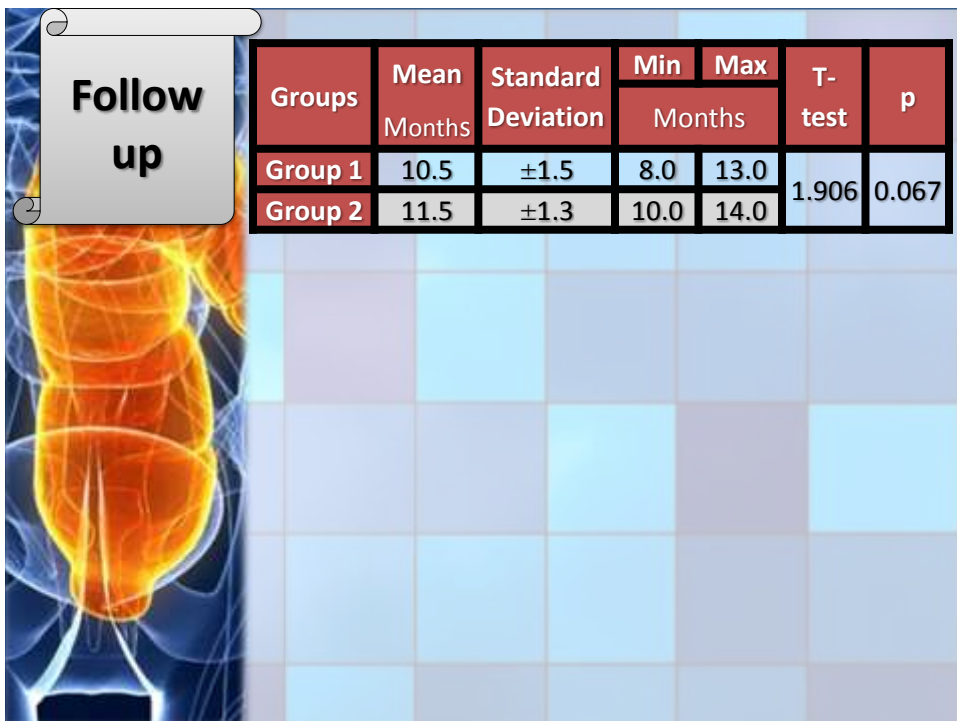
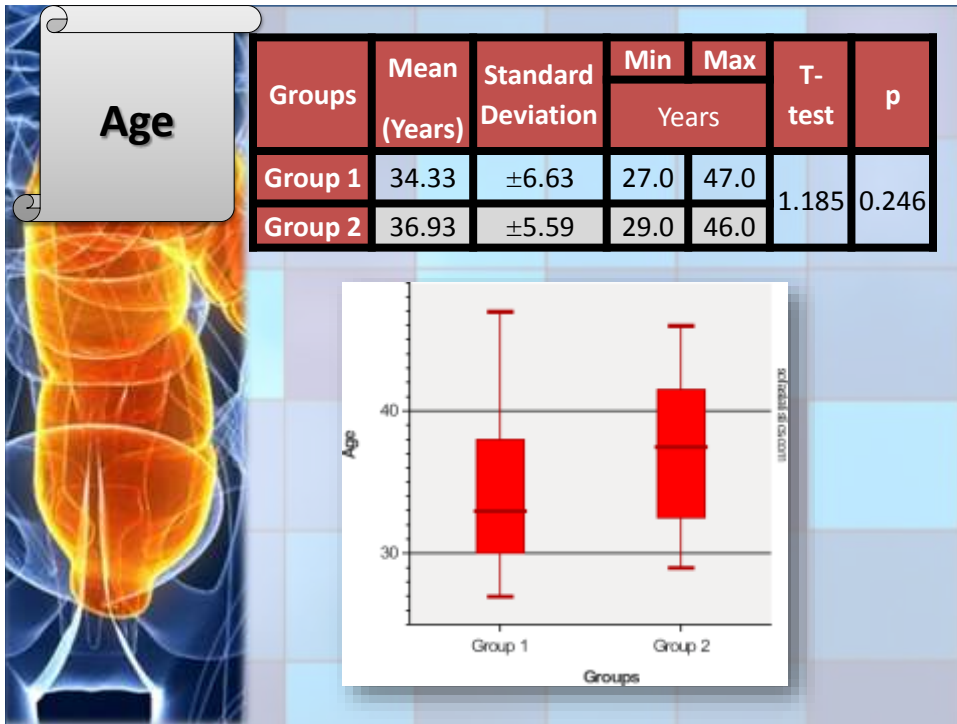


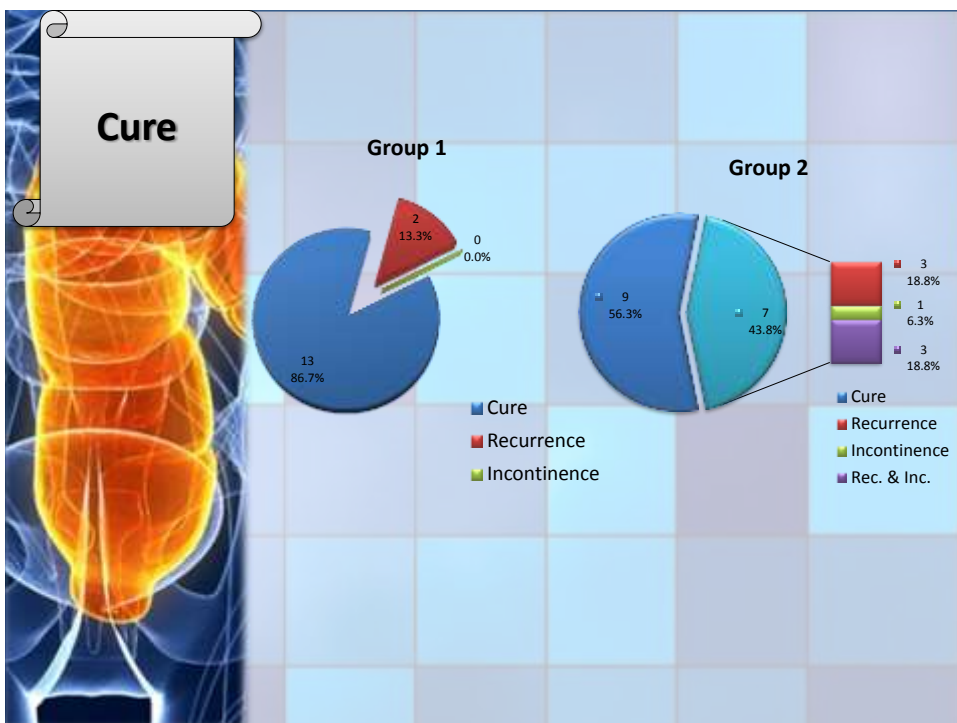
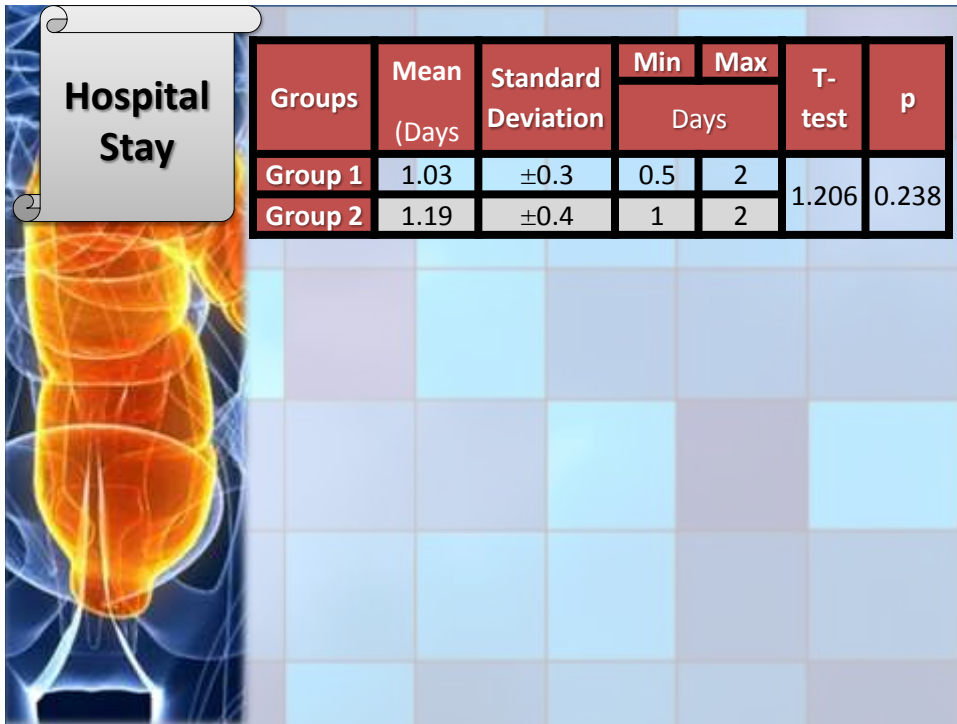


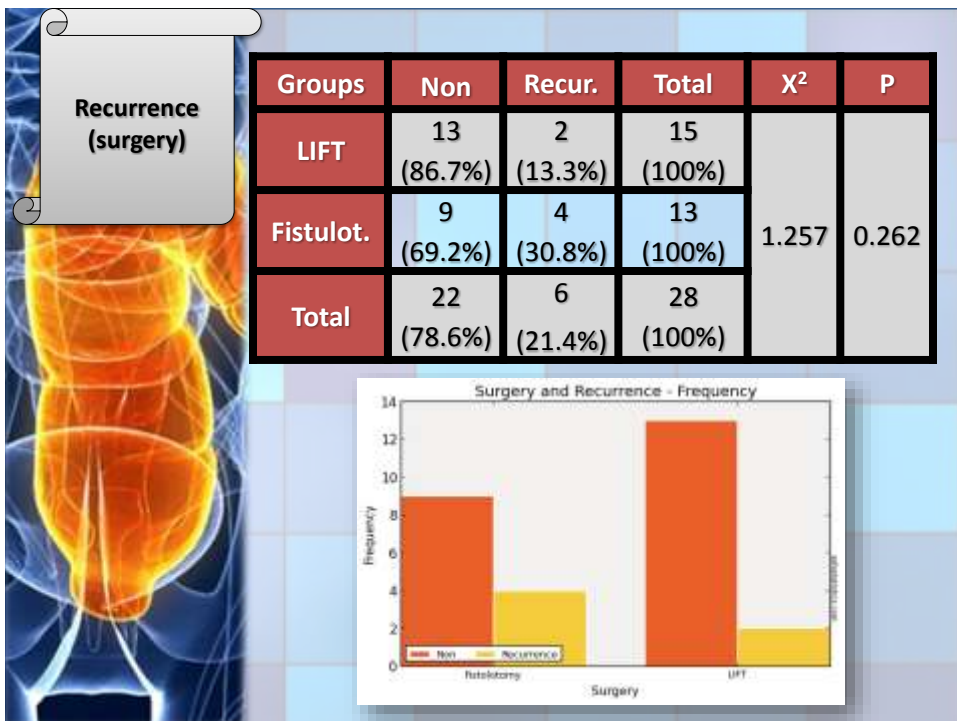
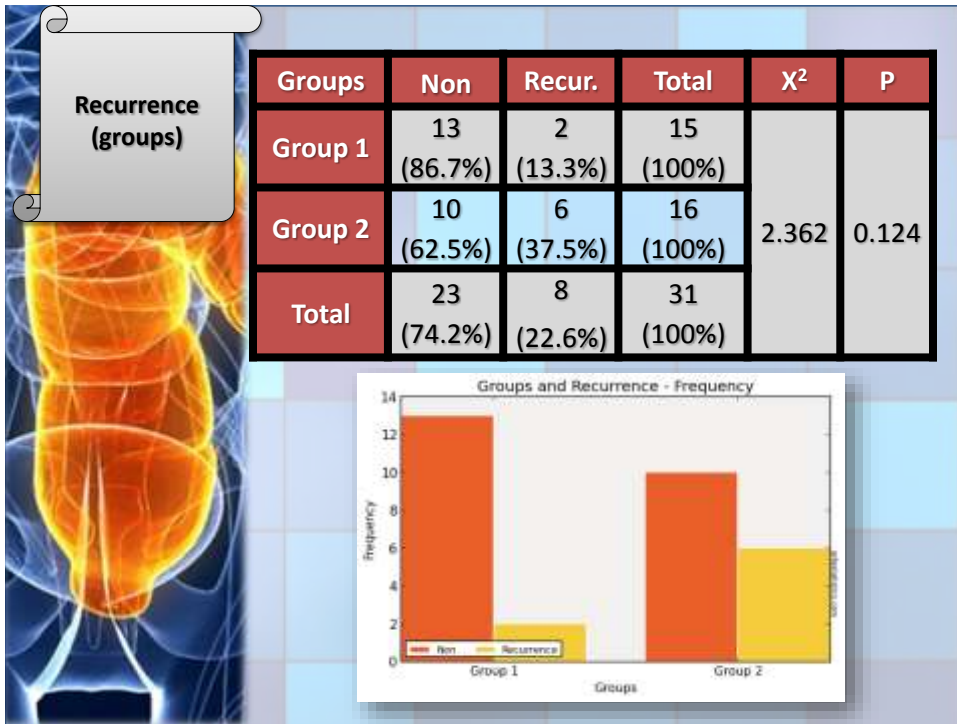


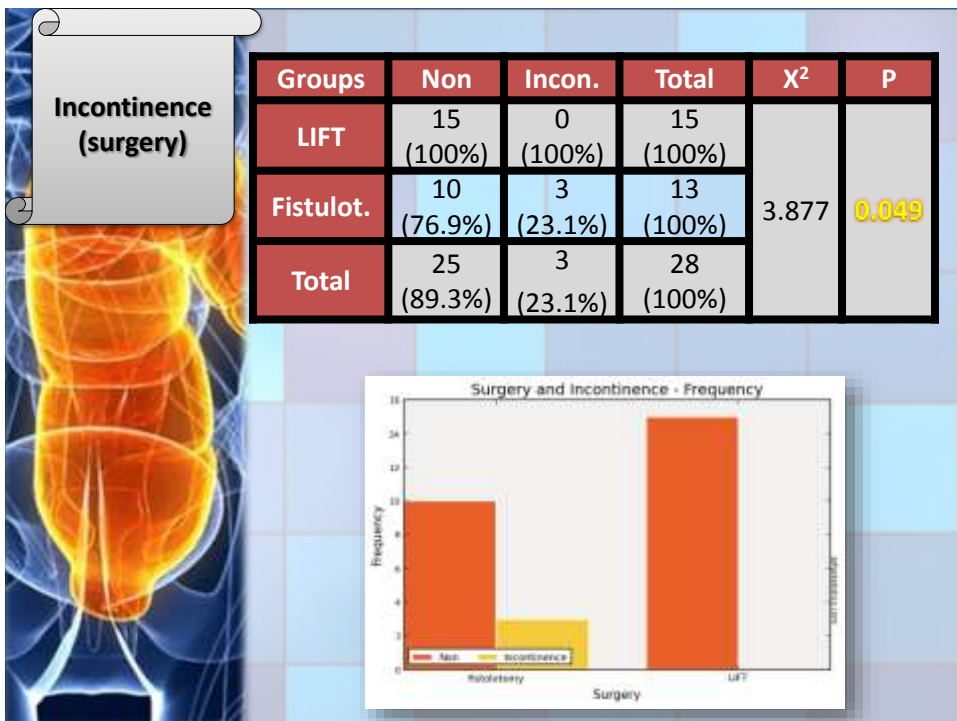
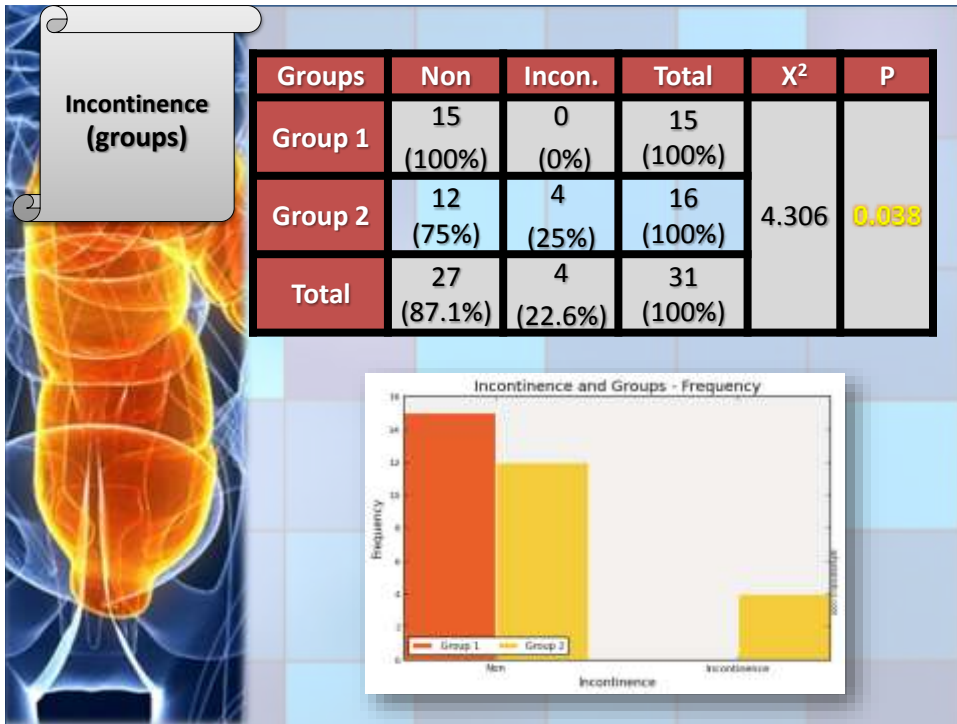














Conclusions & Recommendations

Ligation of the intersphincteric fistula tract technique is a **feasible, minimally invasive, cheap** and relatively **easy** procedure, which is **safe** and **effective** in same time.

LIFT technique may become the gold standard in treating “uneasy” fistulas specially if it’s transsphincteric.



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.

