

# Internal opening of fistula can't be identified

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The principle goal in the treatment of perianal fistulas is:

- Fistula healing
- Minimal or no continence disturbances

Ideal treatment

- Elimination of internal and external opening
- Elimination of all tracts
- No recurrence
- Normal continence

### Practice Parameters

- 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

### Practice Parameters

Complex fistulas may be treated with:

- Endoanal advancement flaps

**Strong recommendation based on moderate-quality evidence 1C**

- Seton and/or staged fistulotomy

**Strong recommendation based on moderate-quality evidence 1B**

- Fistula plug


**Weak recommendation based on moderate-quality evidence 2C**

- Debridement and fibrin glue injection

**Weak recommendation based on low-quality evidence 2C**

- Ligation of the intersphincteric fistula tract (LIFT)


**No recommendation**



Proper identification of the internal opening is an integral part of fistula surgery if an unacceptable high recurrence rate is to be avoided

Recurrence is inevitable if the correct internal opening is not identified and dealt with. This is simply because in such cases, the original source of sepsis will not be eliminated

Abou-Zeid, World J Gastroenterol. 2011  
Poon CM et al J Gastrointestin 2008  
Sainio et al Acta Chir Scand. 1985



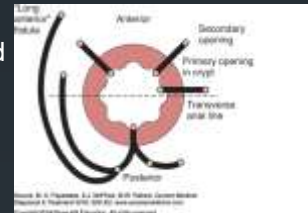
#### Pre operative assessment

- Clinical examination
- MRI
- Endoanal U/S

None of these investigations are particularly accurate

### The internal opening :

- Will usually be found at the dentate line and Goodsall's rule usually applies.
- Fallacies in Goodsall's rule have been reported
- A preliminary guide for localization



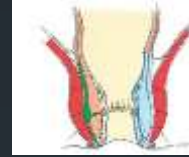
Internal opening Can be palpated as

- A dimple
- An elevation
- A fibrous pit
- Soft granulation tissue

## Probing

A fistulous track can be difficult to probe if:

- Narrow
- Obstructed
- Kinked
- Branched
- ?????????
- Internal probing
- Piecemeal lay open



**If the internal opening is not identified**

Injection of variety of agents:

- hydrogen peroxide
- Methylene blue
- Air
- Milk

### Preliminary fistulectomy

- Limited fistulectomy aimed at proper localization of the internal opening
- The track is dissected short of the external sphincter
- The track is gently pulled while the anal mucosa is carefully inspected.
- The track will pull on the offending pit, and the anal mucosa at this site will be indrawn

### Video-assisted anal fistula treatment (VAAFT)



If after using all means, the internal opening is not identified, stop and postpone for another chance better than harming the sphincters without benefit.



Thank You