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.

Pre operative assessment
- Clinical examination
- MRI
- Endoanal U/S

None of these investigations are particularly accurate.

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