



Fistula in ano

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2017

Background

- Anorectal abscess:

- Acute inflammatory process that often is the initial manifestation of underlying anal fistula.

- Etiology is the cryptoglandular theory.

- It is more common in males

- It may be peianal abscess, ischiorectal abscess, intersphincteric abscess, supralevator abscess or deep postanal abscess

Background

- *What are the methods of diagnosis anorectal abscess?*

Diagnosis of anorectal abscess is a clinical diagnosis

What is the treatment of anorectal abscess?

The treatment of anorectal abscess is surgical drainage

What are the hazards of delayed or improper surgical drainage?

Development of fistula in ano in about 30% - 40% of patients.

The Clinical Practice Guidelines of the ASCRS

*Patients with acute anorectal abscess should be treated promptly with incision and drainage.
Grade of Recommendation: Strong
recommendation based on low-quality evidence,
1C.*

When do you search for fistula in ano
in acute abscess?

- *If the abscess is the 1st presentation do not search for fistula tract*
- *If recurrent abscess gentle probing without creation of a false tract.*
- *Successful probing draining seton or fistulotomy*

The Clinical Practice Guidelines of the ASCRS

Abscess drainage with concomitant fistulotomy may be performed with caution for simple anal fistulas. Grade of Recommendation: Weak recommendation based on moderate-quality evidence, 2B.

The Clinical Practice Guidelines of the ASCRS

Antibiotics should be reserved for patients with anorectal abscess complicated by cellulitis, systemic signs of infection, or underlying immunosuppression. Grade of Recommendation: Weak recommendation based on low-quality evidence, 2C.

Fistula in ano

- Abnormal communication between the perianal region and the anal canal or the rectum
- Etiology of fistula in ano:
 1. Chronic non specific infection (cryptoglandular infection)
 2. Crohns disease
 3. Anorectal neoplasm
 4. truama

what are the main steps in diagnosis of fistula in ano?

- 1. History***
- 2. PR examination***
- 3. Examination under anaesthesia***
- 4. Radiological investigations***

What is the importance of the PR and examination under anaesthesia?

- Detection of the external opening
- Palpation of the fistula tract.
- Palpation of the internal opening.
- Detection of any abscess cavity.
- Careful probing of the tract.
- Injection of dye, H₂O₂ and anoscopy.

The Clinical Practice Guidelines of the ASCRS

A disease specific history and physical examination should be performed, emphasizing symptoms, risk factors, location, presence of secondary cellulitis, and fistula-in-ano. Grade of Recommendation: Strong recommendation based on low-quality evidence,1C.

What are the radiological investigations needed for the diagnosis ?

- **Fistulography**
- **Endoanal ultrasound**
- **MRI fistulography**

What are the indications of imaging in the diagnosis of fistula in ano?

- Complex fistula with multiple external openings, suprasphincteric, extrasphincteric, or horseshoe fistula.
- Recurrent fistula
- Associated pathology (IBD, radiation, malignancy, preexisting fecal incontinence, or chronic diarrhea)

The Clinical Practice Guidelines of the ASCRS

- *CT scan, ultrasound, MRI, or fistulography should be considered in patients with occult anorectal abscess, complex anal fistula, or perianal Crohn's disease. Grade of Recommendation: Strong recommendation based on moderate-quality evidence, 1B.*

- ***What are the advantages and limitations of the MRI fistulography?***
- ***What are the advantages and limitations of the EUS?***

What are the targets of different surgical techniques for fistula in ano?

The primary goal of operative treatment of anal fistula in ano is to obliterate the internal fistulous opening and any associated epithelialized tracks and to preserve anal sphincter function.

Simple fistula-in-ano

patients with normal anal sphincter function may be treated with fistulotomy. Grade of Recommendation: Strong recommendation based on moderate-quality evidence, 1B.

What about Marsupialization of the wound edges after fistulotomy?

- It has been associated with less postoperative bleeding
- Accelerated wound healing.
- Reduce the postoperative analgesics

What are the indications of seton draining or cutting in treatment of fistula in ano?

Complex and recurrent fistula in ano

A cutting seton may be used with caution in the management of complex cryptoglandular anal fistulas. Grade of Recommendation: Weak recommendations based on moderate-quality evidence, 2B. **(ASCRS)**

Indications of Endoanal advancement flaps

Complex and recurrent fistula in ano

Rectovaginal fistula

Endoanal advancement flaps are recommended for the treatment of fistula-in-ano. Grade of Recommendation: Strong recommendation based on moderate-quality evidence, 1B.

(ASCRS)

What is the LIFT and its indication?

Simple and complex anal fistulas may be treated with ligation of the intersphincteric fistula tract (LIFT) procedure. Grade of Recommendation: Strong recommendation based on moderate-quality evidence, 1B.

Fistula plug

The fistula plug is a relatively ineffective treatment for fistula-in-ano. Grade of Recommendation: Weak recommendation based on moderate-quality evidence, 2B.

Fibrin glue

Fibrin glue is a relatively ineffective treatment for fistula-in-ano. Grade of Recommendation: Weak recommendation based on moderate-quality evidence, 2B

***What about Fistulectomy with primary
sphincter reconstruction?***

What do you expect about the future of anal fistula treatment?

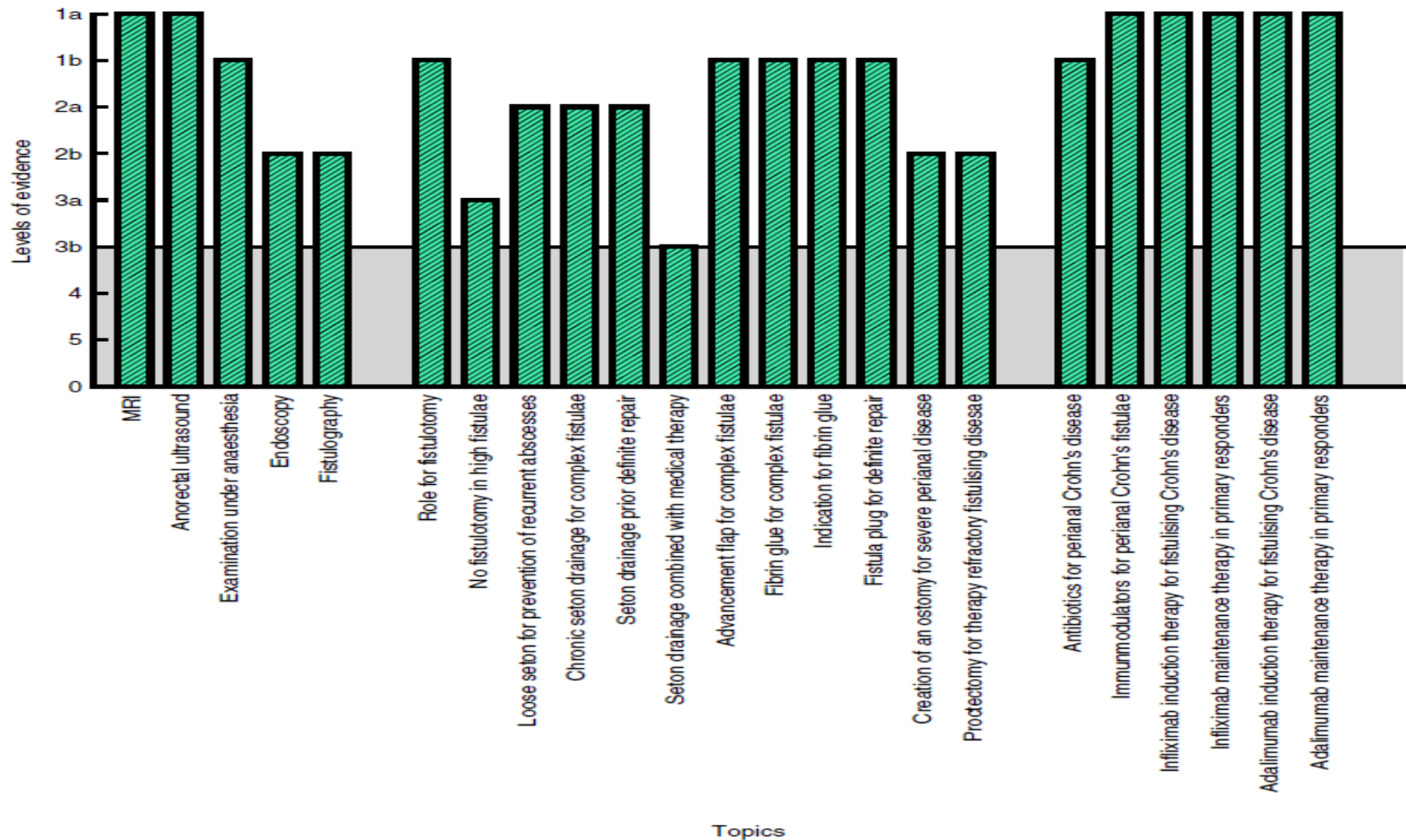


Figure 2 Topics on diagnostics, surgical and medical treatment for perianal fistula with consensus. Consensus was defined as unanimous recommendations in two-thirds of the guidelines commenting on included topics. A level of evidence of 3a or higher according to the Oxford Centre for Evidence-based Medicine Levels of Evidence 2009 was considered sufficient.

Thank you