

Anal fistula: Tips and tricks

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History

- ▶ Cryptoglandular or specific
- ▶ Specific: infectious, inflammation, trauma, malignancy
- ▶ Symptoms of urinary dysfunction → Suprlevator!
- ▶ Past history of: fissure, STD's , HIV, IBD, malignancy, trauma



History

- ▶ History of previous perianal surgery
- ▶ History of incontinence
- ▶ Rare symptoms: fecaluria, pneumaturia →
rectourethral fistula



Diagnosis

- Simple or complex???

- Simple PAF: cryptoglandular  abscess
(spontaneous or surgical drainage)

Pain, discharge

External openings may be in ischiorectal fossa

 tracts cross the external sphincters



Diagnosis

- ▶ Simple PAF: goodsall's rule to identify internal opening
- ▶ Palpation externally & internally in anal canal



Complex PAF

- ▶ Tract crosses more than 30% of external sphincter
- ▶ Horseshoe
- ▶ Anterior location in females
- ▶ Multiple tracts
- ▶ Recurrent → incontinence
- ▶ Crohn's
- ▶ Prior radiotherapy
- ▶ Recto vaginal or recto urethral
- ▶ Malignancy



Diagnosis of complex PAF

- ▶ History and physical examination
- ▶ Incontinence score
- ▶ Endoanal us
- ▶ MRI
- ▶ CT



Updated imaging

- ▶ Current
 - ▶ 2D endoanal US
 - ▶ Pelvis MRI
 - ▶ MRI with endorectal coil
- ▶ Three-dimensional endoanal ultrasound
 - ▶ Improved the accuracy of detect primary tract to 98.5% (vs. 83% in 2D) and secondary tracts to 96% (vs. 88% in 2D)



Determine the location of internal opening:

- ▶ Palpation
- ▶ Probbing
- ▶ Injection
- ▶ MRI



Treatment of PAF

- ▶ **What are our goals???**
- ▶ Elimination of sepsis
- ▶ Eradication of fistulous tract
- ▶ Preservation of faecal continence
- ▶ Minimizing recurrence



Choice of treatment

- ▶ Cutting procedures: intersphincteric , transsphincteric
- ▶ Non-cutting procedures: for all others



- ▶ Lay open : intersphincteric or low transphincteric
- ▶ Is fistulotomy necessary ??
 - only way ??
 - can be avoided ??
 - first line ??



▶ Seton

- ▶ Cutting (might fall, needs tightening, painful)
- ▶ Draining (Not curative, just interval treatment)



Other techniques

- ▶ LIFT
- ▶ Internal opening closure
 - Mucosal advancement flap , dermal flap
- ▶ Obliteration of fistula tracts
 - Sealants, plug
- ▶ Fulguration of fistula tract
 - VAAFT, laser & cautery
- ▶ Biologicals
 - Stem cells
 - Extracellular matrix of porcine UB
 - Anti TNF for Crohn's fistula-in-ano



Thank you.

