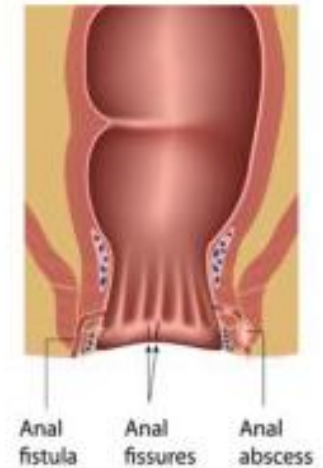
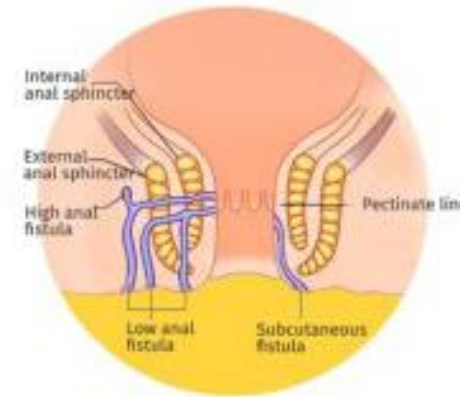


VAAFT (video assisted anal fistula Treatment) in management of complex perianal fistula

Dr Sara Al Bastaki
Consultant Colorectal Surgeon
**President of Emirates Society of Colon &
Rectal Surgery**



Objectives

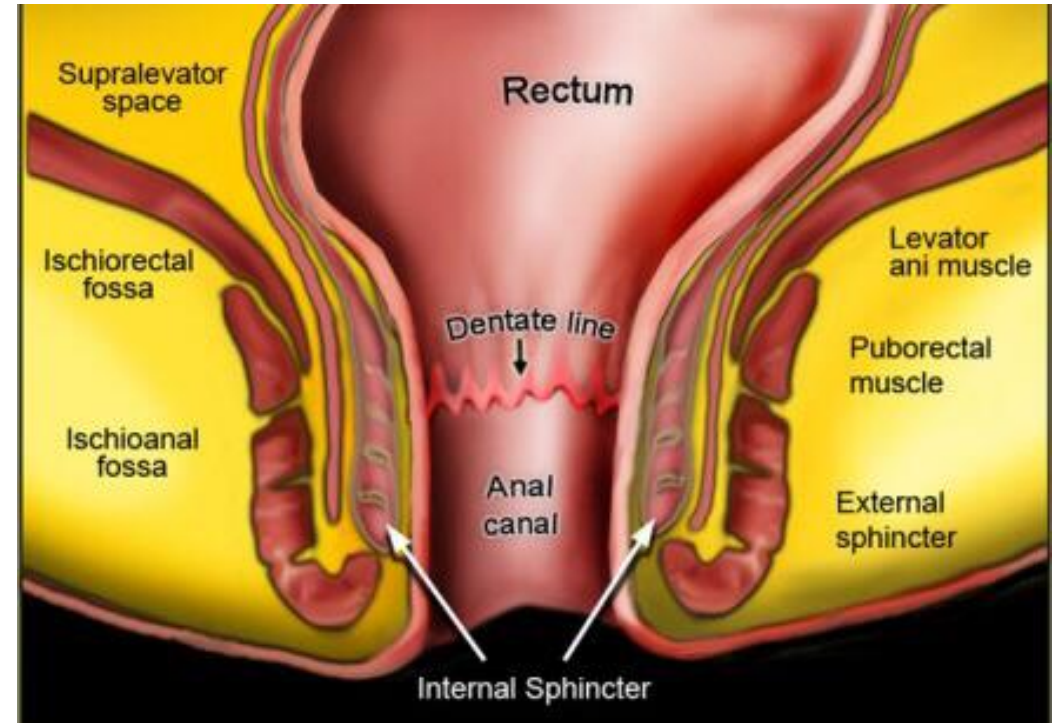
- Importance of history taking and physical exam
- Importance of MDT in complex cases
- To encourage in setup a consensus or guidelines
- Adapting New technology

What is Anorectal Fistula?

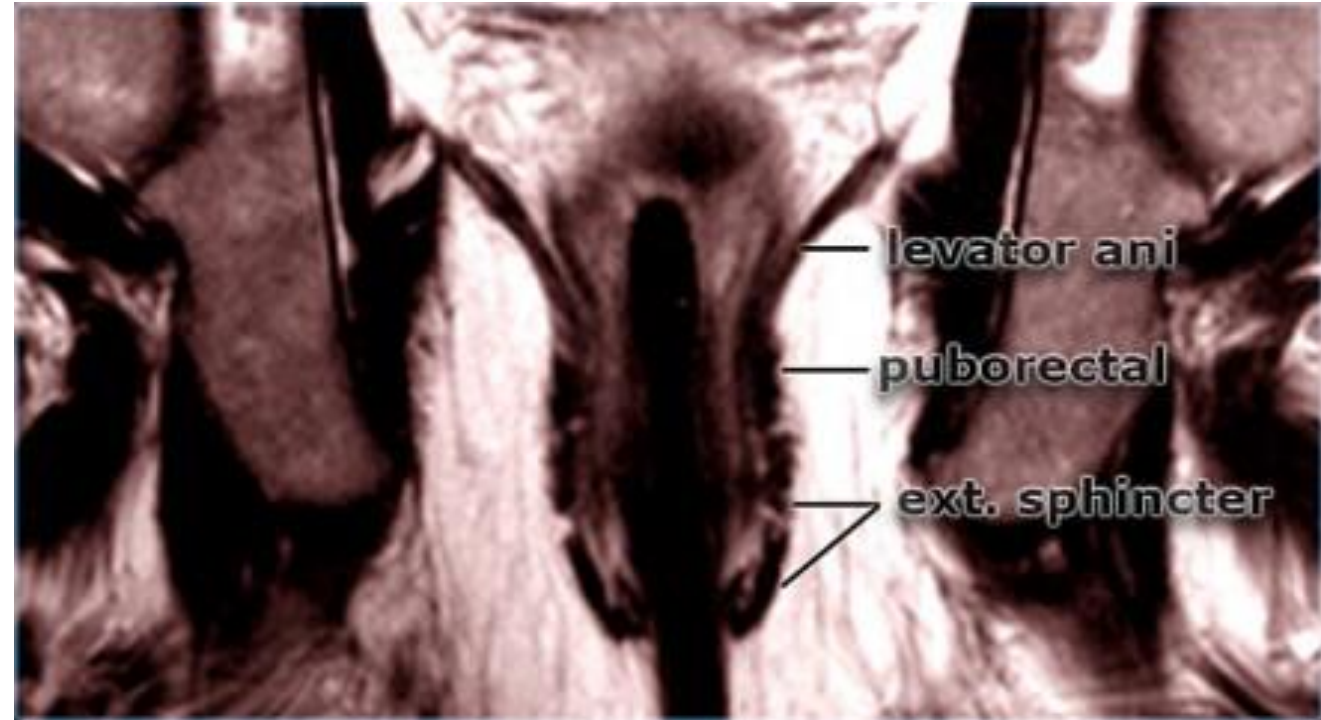
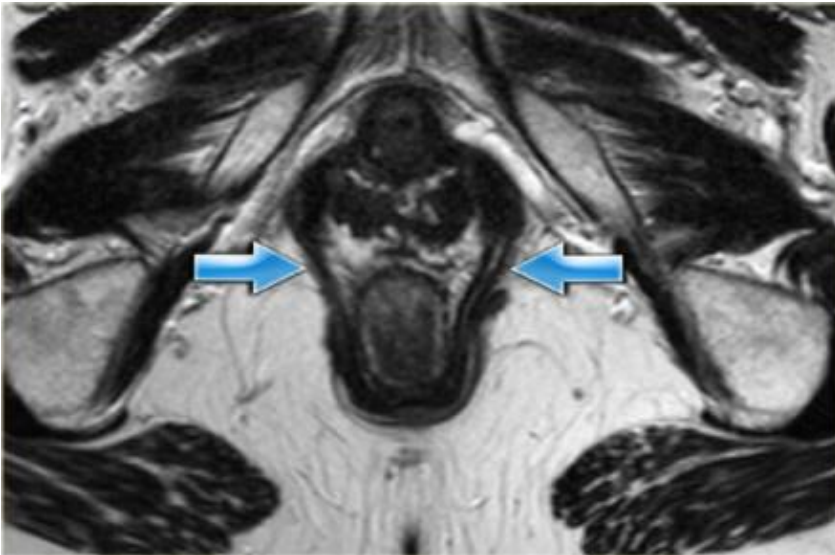
- Abnormal connection between epithelized surface of anal canal and perianal skin.
- External opening and internal opening
- Causes : Abscess, Crohns disease, TB, foreign body and malignancy.

Anatomy

- Anatomic anal canal
- Surgical anal canal
- Anorectal ring
- Anal sphincter

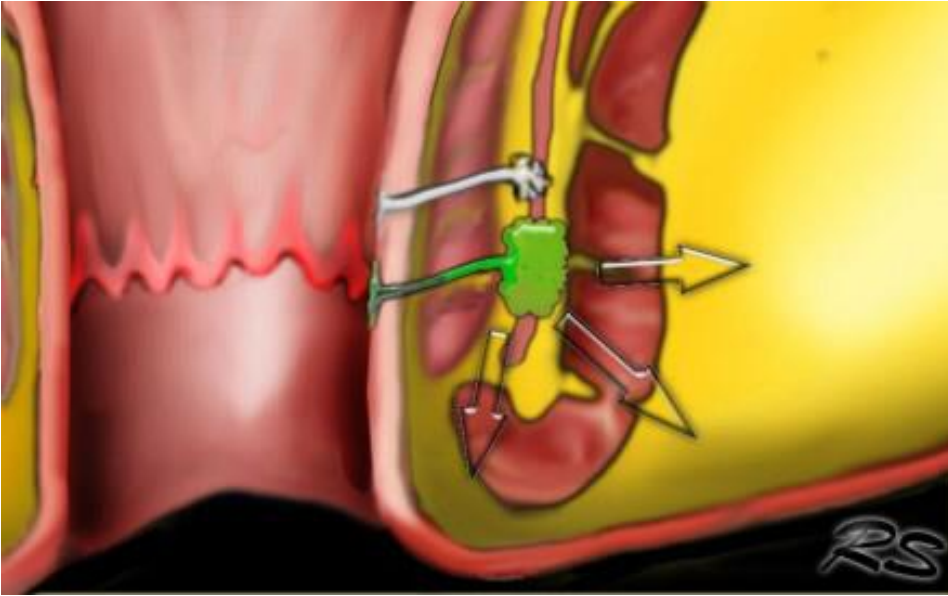


Anorectal ring



Anorectal Fistula

Definition

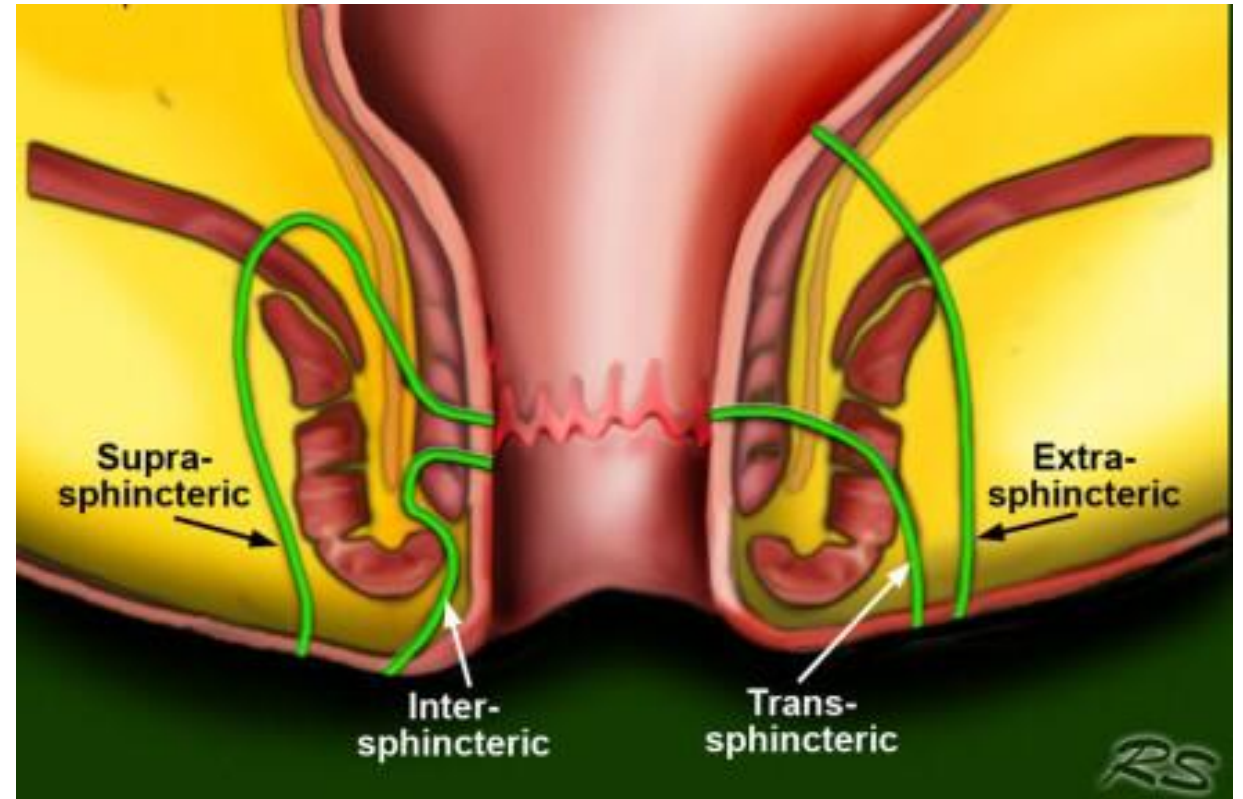


Causes

- Primary
- Secondary

Classification

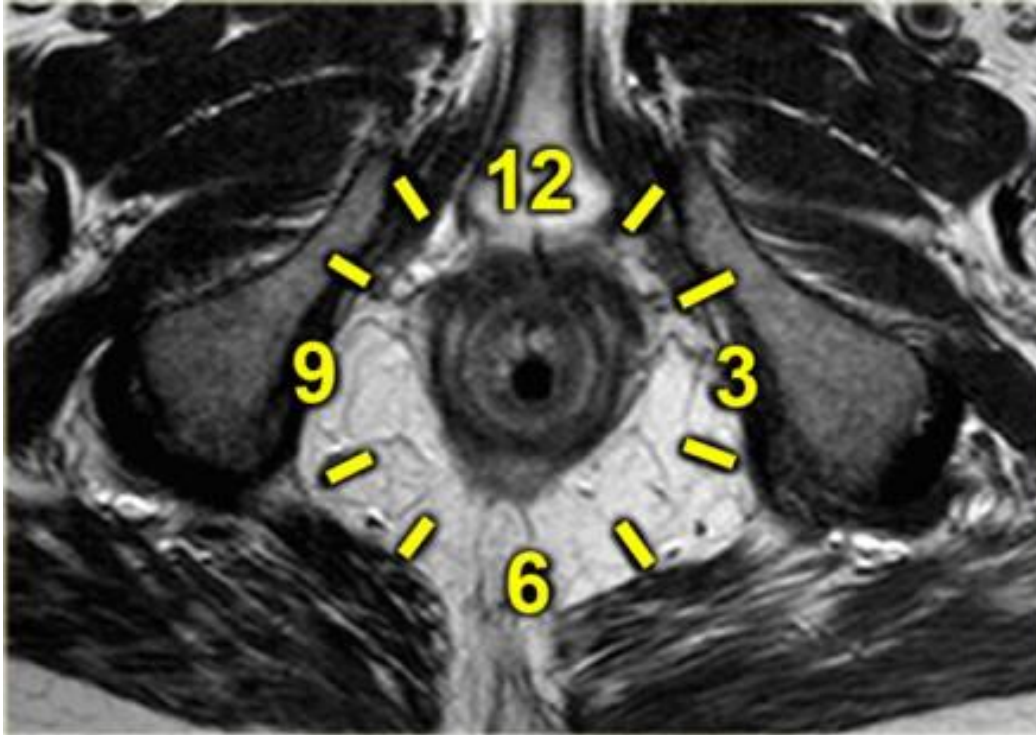
- Intersphincteric
- Suprasphincteric
- Transsphincteric
- Extrasphincteric
- ? Submucosa



MRI REPORTING



MRI reporting



- Position on **axial images**
- Distance on **coronal images**.
- Secondary fistulas or abscesses.



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Clinical presentation

Sign & symptoms

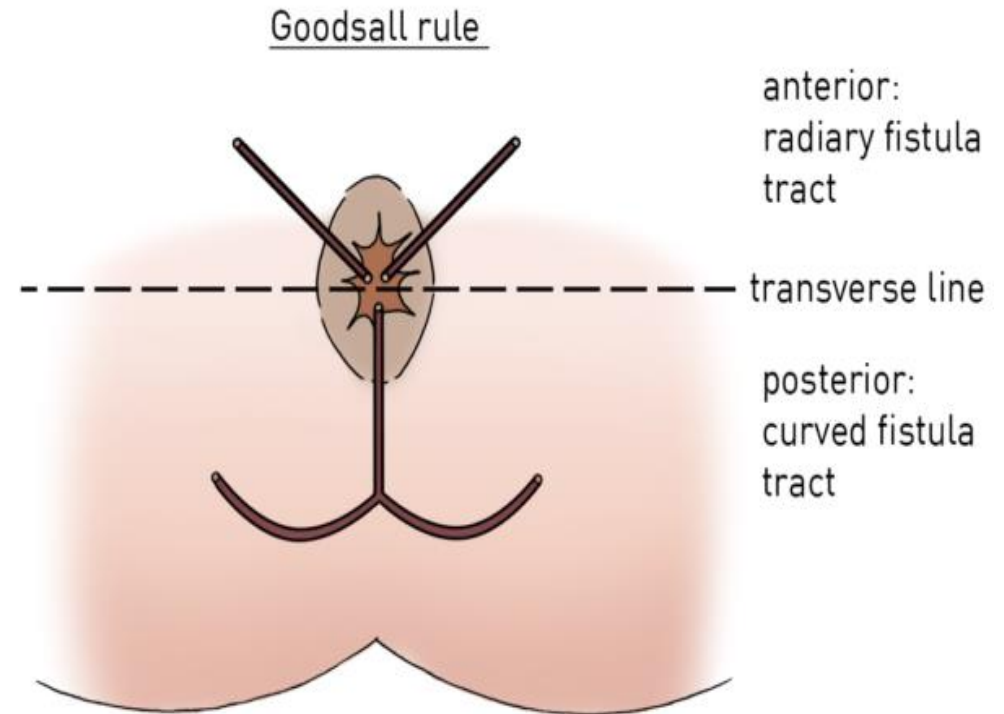
- Chronic drainage from non healing abscess
- Pain with defecation
- Pruritus' ani

Physical exam

- Draining pustule
- Indurated and erythema of perianal skin

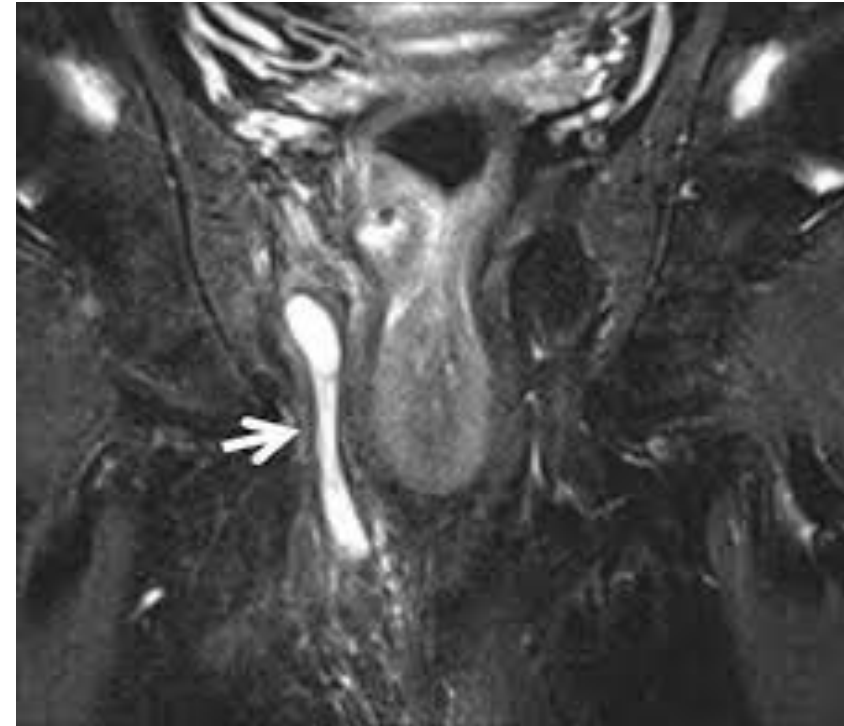
Goodsall rule

- Anterior fistula : straight line
- Posterior fistulas: curved line meets at 6 o'clock
- This rule doesn't apply if fistula is 3 cm away from anal verge
- If multiple fistulas it usually acts as posterior fistulas



Diagnosis

- History taking
- Proctoscopy
- Colonoscopy
- MRI fistulogram (gold standard)
- For Crohns , medical treatmetn should be optimised with Regular follow up with GI (TIMING)





Managment

Goals of therapy

- Drain infection
- Eradicate fistula tract
- Avoid recurrence while preserving sphincters function

Surgical management

- Fistulotomy (lay open)
- Fistulectomy
- Seton
- Advancement flap
- VAAFT



Crohns & Fistula

- Less invasive the better the outcome
- Asymptomatic fistula & simple : treat crohn's first , MRI
- Symptomatic & simple : start metronidazole 500mg BD for 4 weeks , MRI
- Complex Fistula : surgical approach , EUA and proceed + metronidazole

If Simple Or Complex Failed then
Surgery is the only option



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Biggest issue of fistula

- Recurrence (7-65%)
- Damaging sphincter function
- Multiple surgeries
- Crohn's Disease and poor healing



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VAAFT

Diagnostic phase

- **Fistuloscopy**

Treatment phase

- Locating internal opening
- Fulguration
- Curettage of debris
- Closure of internal opening
- Instillation of Gentacol/Stem cells



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The Equipment





Why VAAFT is different?

Personal Experience

- 121 cases in UAE with 2 years
- Male : 62 , Female: 59
- Female 11, male 13 had established crohns
- Age: 15-45
- Re-op: 7 (3 abscess in another location, 3 RE- VAAFT, 1 fisulotomy)
- 110 completley Healed within 3-6 months
- The rest still getting regular follow up

Advantages

- less pain
- No damage to the sphincters
- Minimal post operative pain
- Early return to work
- No Seton discomfort
- Can be done on multiple occasion under GA or Spinal
- As a day case



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Follow up

Personal experience

- 1 week, 4 weeks, 3 months, 6 months and one Year
- If still discharge present after 3 month post op → MRI Fistulogram

Study by rcs 2017

Result of the study

- 78 treated with video-assistance. There were no complications and all patients were treated as day cases. Most patients had recurrent disease, with 57 (77%) having had previous fistula surgery. At follow-up, 60 (81%) patients reported themselves 'cured' (asymptomatic) including 5 patients with Crohn's disease and one who had undergone 10 previous surgical procedures.

comparison

Table 4 Comparison of rates of success, recurrence and reduced continence.

Procedure	Success rate (%)	Recurrence rate (%)	Reduced continence rate (%)
Fistulotomy ¹⁴⁻¹⁶	93-96	0-26	82
Loose Seton ¹⁷⁻¹⁹	75	17	26
Cutting Seton ^{20,21}	98	4-8	0-63
Fistulectomy ^{22,23}	67-89	5-12	0-10
Advancement flap ^{24,25}	60-93	7-33	8-31
Fistula plug ^{26,27}	35-87	13-65	0
LIFT ^{10,28}	60-93	6-35	9
VAAFT	60-93	6-35	9



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Resolution rate (VAAFT with Stem cells/Gentacol)

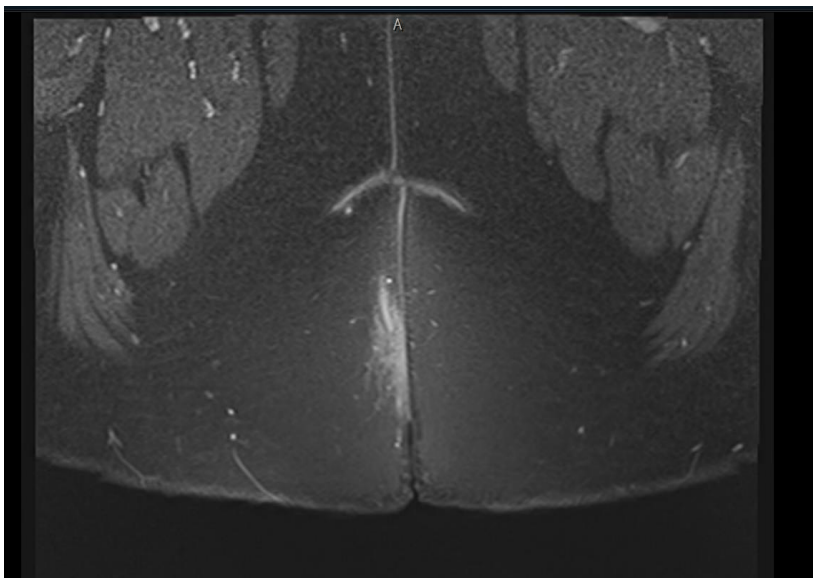
- VAAFT alone resolution rate is around 70-80 %
- By using Stem cells or Gentacol as an adjunct the resolution rate can reach up to 94 %

CASE

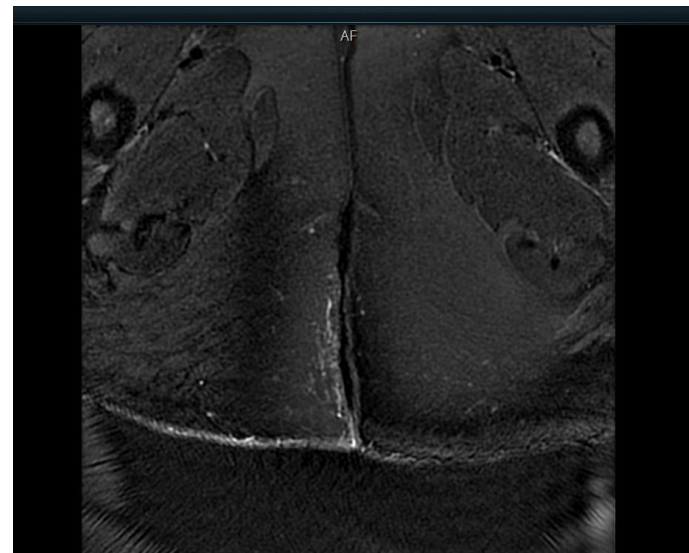
- 27 years old male, has crohns disease on infliximab
- Hx of perianal abscess went under I and D
- Developed intersphinctric fistula, External opening @ 10 O'clock
- Had bloody discharge with pus for one month (had to wear diapers as his clothes were stained)
- Had VAAFT + Gentacol on 20/5/2023
- MRI pre and Post VAAFT

MRI pre and post

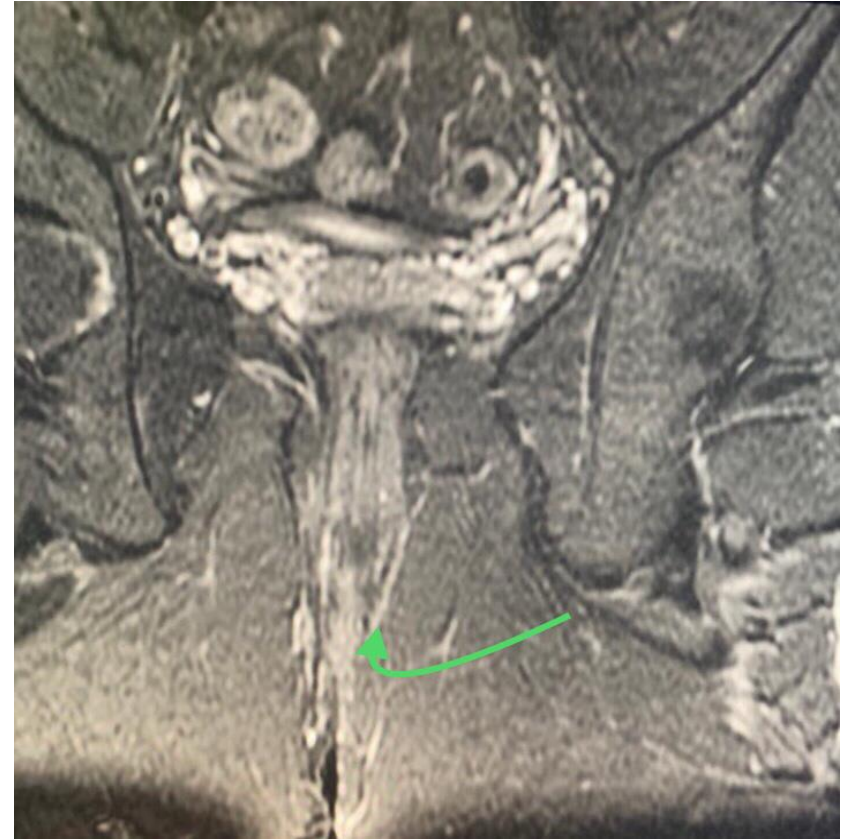
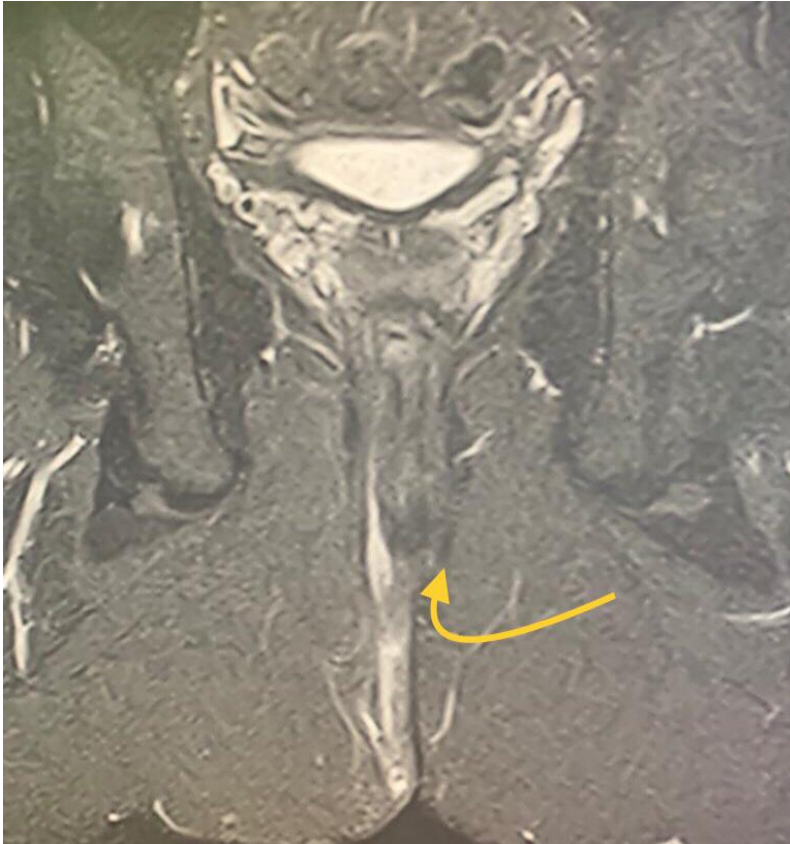
(27/4/2023)



(20/8/2023)



MRI pre and post





ESCRS

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Video demonstration





Take Home Message

- Crohns is a complex disease that requires good planning.
- Surgery is not always the first option
- Medical management should be optimum and patient should be in remission before any intervention.
- Anal fistulas in Crohns if it is complex , reverse it simple by I & D of abscess. To have a close follow up between GI and Colorectal surgeon.
- Team work and Co-management will deliver the optimum care.



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Any Questions?

SAVE THE DATE

**3rd Emirates
International
Colorectal Congress
In Dubai**

FEBRUARY 7-8, 2026