

Fistulotomy With Primary Sphincter Repair : A Bailout Strategy In High Anal Fistula

Essam Ebied

Prof of Colorectal Surgery

Ainshams University

Treasurer of The Egyptian Society Of Colon And Rectal Surgeons

Fistula Surgery Is Challenging



Balance Between Recurrence and Continnence

Sphincter Preserving Techniques

New Kids In Town

- LIFT
- VAFFT
- FILAC

Fistulotomy With Primary Sphincter Repair

		Number	Incontinence	Primary healing	
Steffen Seyfried et al. 2018	International journal of colorectal disease	424	23%	83%	
F.Litta et al. 2019	Techniquea of coloproctology	203	13%	93 %	
Roig et al. 2001	Colorectal disease	30	20 %	91%	
Markus Hirschburger et al. 2014	International journal of colorectal disease	50	12%	88%	
Ratto et al. 2013	Disease of the colon and rectum	72	11.6%	84%	



ORIGINAL ARTICLE

Cohort study of fistulotomy with external tract fistulectomy and primary sphincter reconstruction in high trans-sphincteric fistula-in-ano

Essam F. Ebied, Ahmed Gendia ✉, Kareem Ahmed Kamel, Ibrahim Magid Abdel-Maksoud

First published: 21 February 2023 | <https://doi.org/10.1111/codi.16532>

- prospective single centre study
- from June 2017 to June 2018,
- Inclusion : 18 years old with primary high linear trans-sphincteric fistula-in-ano who underwent.
- Exclusion : branching fistulae , previous irradiation , IBD and recurrent
- Follow up at 1 week , 1, 3 ,6 and 12 months
- Wexner score pre operative and each visit
- Primary healing

Steps

- Identification of fistula land-marks
- Preliminary fistulotomy till the edge of the external sphincter
- Lay open of the fistula
- Curette and excision of the track
- End to end closure using PDS 3/0
- Mucosa closure vicryl 2/0
- Discharged 2nd day post operative







t

Total = 40	N (%)
Primary healing	35 (87.5%) 8 weeks
Delayed healing	5 (12.5%)
Recurrence	4 (10%)
Low trans-sphincteric fistula	3 (7.5%) 1 (2.5%)
Horse show complex fistula	

- 4 patients developed incontinence (1 patient scored 4, 3 patients scored 3)

	Continent	Incontinent	P-Value
Male	24	1	0.1
Female	12	3	0.1
BMI <30	14	1	0.6
BMI >30	22	3	0.6
Age >40	12	3	0.1
Age <40	24	1	0.1
Anterior fistula	12	3	0.1
Posterior fistula	24	1	0.1
Nulliparous	4	1	1
Multiparous	8	2	1
Previous abscess drainage	5	3	0.004
Primary fistula	31	1	0.004

Fistulotomy with external tract fistulectomy and primary sphincter reconstruction seems to be a valid option with low failure rate and accepted incontinence in the treatment high trans sphincteric fistula-in-Ano.

Thank You