

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

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Fistula Surgery Is Challenging



Balance Between Recurrence and Continence

Sphincter Preserving Techniques

New Kids In Town

- LIFT
- VAFFT
- FILAC

Fistulotomy With Primary Sphincter Repair

		Number	Incontinence	Primary healing	
<u>Steffen Seyfried et al.</u> <u>2018</u>	International journal of colorectal disease	424	23%	83%	
F.Litta et al. 2019	Techniquea of coloproctology	203	13%	93 %	
<u>Roig et al. 2001</u>	Colorectal disease	30	20 %	91%	
<u>Markus Hirschburger et al.</u> <u>2014</u>	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

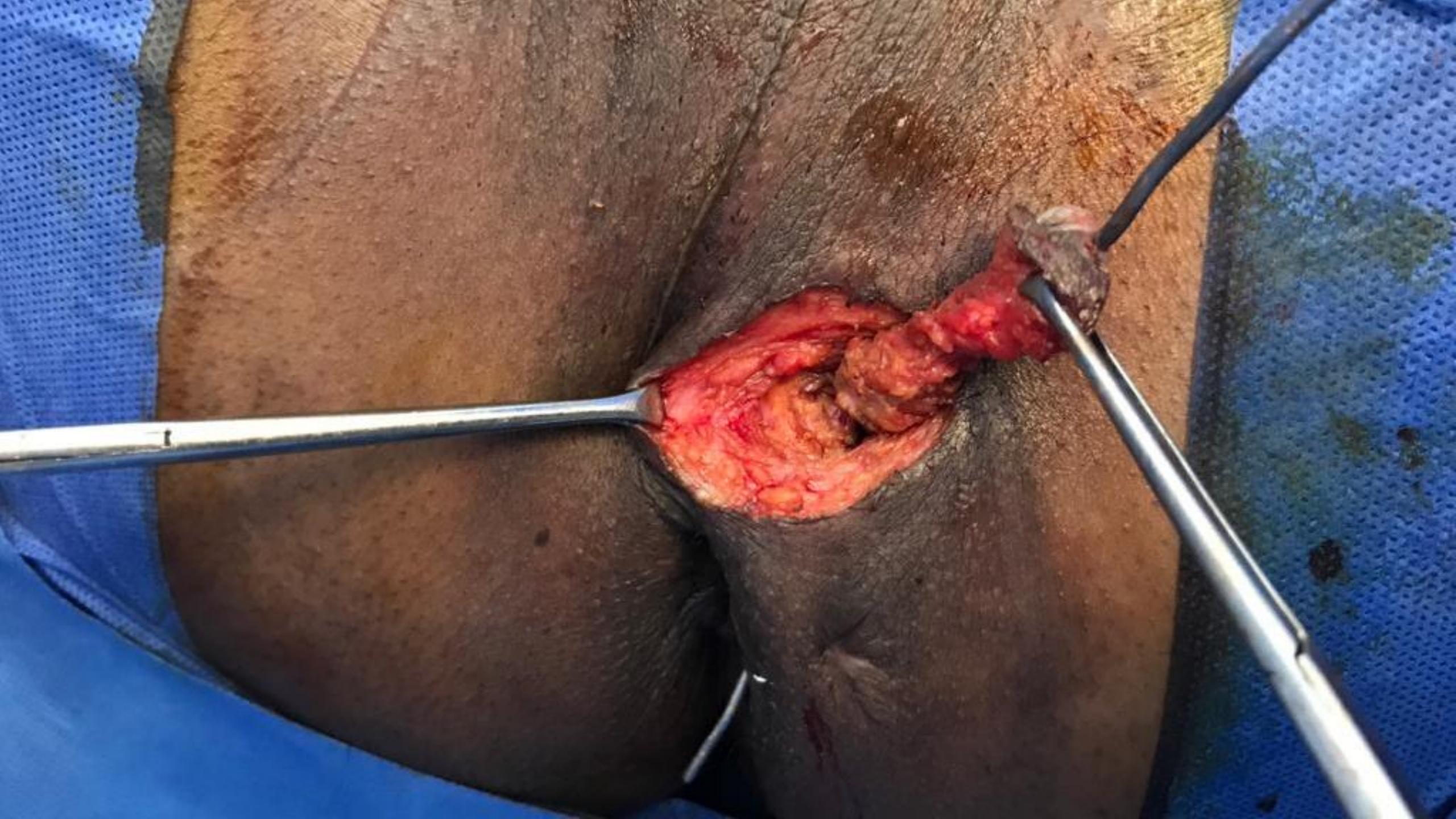
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First published: 21 February 2023 | <https://doi.org/10.1111/codi.16532>

- 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
- Currette and excision of the track
- End to end closure using PDS 3/0
- Mucosa closure vicryl 2/0
- Discharged 2nd day post operative







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