

MBBS (Hons) Syd. MMED (Clin Epi) FRACS
Colorectal and General Surgeon - Provider No. 065326DK

SURGERY FOR ANAL FISTULA

FISTULOTOMY/LAYING OPEN

What is an anal fistulotomy?

This is the simplest and best operation for a fistula but is only warranted when very little of the sphincter muscle is involved.

When is this performed?

This operation is only performed when the fistula only goes through minimal amounts of the sphincter.

What are the complications?

The risk is damage to the anal sphincter. This is especially so if there are underlying problems with continence which is more common in women who have had children.

LIFT PROCEDURE (Ligation of Intersphincteric Fistula Tract)

What is this?

This is a procedure for a fistula that involves a large part of the sphincter. Almost always a seton has already been placed. The surgery involved dissecting out the fistula between the sphincter muscles and ligating it with a suture. There is no damage to the sphincter muscle.

What are the complications?

The fistula may recur and need further surgery. There is minimal risk/damage to the sphincter mechanism and so very little chance of incontinence.

MAF (Mucosal Advancement Flap)

What is this operation?

This procedure creates a flap of the lining of the bowel to close the internal opening of the fistula. It is a more complicated operation than a LIFT procedure.

What are the complications?

As for the LIFT procedure the risk are rare but due to the instrumentation required there is a slightly increased risk of sphincter damage and incontinence. The recurrence rates are low.

SETON PLACEMENT

What is a seton?

A seton is a rubber drain placed in the fistula.

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What does it do?

The seton keeps the fistula open by preventing the skin opening from healing over. It allows the fistula to drain and reduces infection and swelling. It is used as part of a series of operations for fistulae that involve a large amount of the sphincter and so cannot be laid open.

What are the complications?

There are very few complications and the operation is fairly painless. Sometimes the seton falls out and needs replacements. Occasionally further drainage procedures are required.

What next?

After several weeks another operation will be required to definitively treat the fistula and remove the seton. I use a LIFT or a MAF procedure for fistulas that involve the sphincter muscle.