

ANAL FISTULA



This leaflet is produced by the Department of Colorectal Surgery at Beaumont Hospital supported by an unrestricted grant to *better Beaumont* from the Beaumont Hospital Cancer Research and Development Trust.

This information leaflet has been designed to give you general guidelines and advice regarding your surgery. Not all of this information may be relevant to your circumstances. Please discuss any queries with your doctor or nurse.

YOUR TREATMENT EXPLAINED



What is a fistula?

A fistula is a small tract or tunnel between the back passage and the external skin on the buttocks. This is usually the result of a previous abscess which has drained but which has not fully healed. This results in an intermittent or persistent discharge or leaking of pus or blood. Once a tract has been formed it will remain in place as long as there is pus draining through it.

There are different types of fistula. Some develop as a single tract from your rectum (back passage) through to the external skin (simple fistula). Others may branch off into different directions creating more than one tract (complex fistula).

How can a fistula be treated?

Treatment for a fistula varies from person to person depending on the type of fistula and how each individual fistula responds following surgery. Most of these procedures are carried out as a day case procedure. You will come to the Day ward on the morning of your procedure. You will usually be able to go home the same day once you have recovered from your anaesthetic.

The aim of treating a fistula is to drain away any pus allowing inflammation to settle and ultimately the tract to heal. This may be achieved by undergoing a surgical procedure under general anaesthetic. Depending on the type of fistula involved even with surgery it may take a number of months or longer for a fistula to heal. A course of antibiotics may also be required.

Surgery for treating a fistula is often staged, which means you may need a number of operations over time to treat the fistula.

You may first require an examination under anaesthetic (E.U.A.). The doctor will examine the back passage and will identify the tract or tracts that are present. After cleaning out the tract a seton may be inserted. A seton is a thin rubber stitch which passes through the fistula, into the back passage and is tied in place. This seton will usually remain in place for a period of time, your doctor will discuss this with you. The seton will allow any pus to drain out allowing the tract to heal gradually. The seton may need to be changed or adjusted under anaesthetic a number of times before the tract heals. Following seton insertion you may be a little uncomfortable for a few days, painkillers should ease any discomfort. You may need to wear a small pad as the opening to the skin will usually continue to drain even up to a number of weeks.

It may be necessary to make the opening on the outside of the skin a little bigger (lay open). This will allow the pus to drain more easily. You may require daily dressings by your community health nurse following this procedure, this will be arranged by the hospital for you.

How do you prepare for this procedure?

You will have a discussion with your doctor regarding your procedure. The procedure will be fully explained to you. You may attend the day ward for pre-assessment prior to coming into hospital for your procedure. A number of tests may be performed to ensure you are medically fit for an anaesthetic eg. Blood tests, chest x-ray, ECG (tracing of your heart). You will be admitted to the hospital on the day of your procedure, where you will meet a doctor and a nurse who will prepare you for theatre. From there you will be brought to theatre, where you will meet the theatre staff and your anaesthetist. Please leave all valuables at home and arrange to have anything you need brought to you later in the day. Once you have recovered from the anaesthetic and have tolerated diet you should be able to leave the hospital on the same day.

What happens after theatre?

Immediately after your procedure you will be brought into a recovery room attached to the theatre. You will be monitored closely by the nursing staff until you are ready to be brought to the ward. On return to the ward you may feel quite sleepy following the anaesthetic. The nurses on the ward will help you feel comfortable and regularly check on you.

You will have a small plastic tube (cannula) in one of the veins of your arm to give you fluids. This will be removed once you are drinking enough oral fluids. You may experience some nausea (sickness) or potentially vomit. This can be caused by the anaesthetic agents or drugs used in the operation. You will be given some anti-sickness medicine if needed.

You may eat and drink as soon as you like after your procedure. Once you are tolerating oral fluids and diet and you have passed urine you may be fit for discharge home. You will need to be accompanied home and be in the care of a responsible adult for 24 hours following your anaesthetic.

What happens after you go home?

- Bleeding - you may experience some spotting of blood or minor oozing for a couple of days following your procedure. A light pad can be worn if necessary.
- Pain control – it is normal to be sore and uncomfortable for a few days following this procedure, you should take regular painkillers as needed for a couple of days.
- Constipation – you should avoid constipation. You may need a laxative to ensure your bowel movements are regular.
- Personal care – you should keep the area clean and dry, avoid soap and perfumed products. You may have regular baths to help keep the area clean.
- Wound care –you will be given advice regarding your wound before discharge. if you have had a seton inserted, keeping the area clean and dry is sufficient. If you have had the area laid open you may require more specialist dressing which will be carried out by your community nurse. This will be organised for you by the hospital. These dressing may need to be changed every day.

- Follow-up – you will usually be seen back in the out patient department after 6 weeks, you may be brought back sooner if needed. This appointment will be arranged for you.

Complications

- Excessive pain which cannot be controlled by over the counter painkillers.
- Continuous or excessive bleeding.
- Possible infection - symptoms of which are high temperature, feeling unwell, an increase in pain or discharge, redness or swelling of the area.
- The seton falling out.
- Constipation for more than 3 days despite using a laxative.

If you experience any of these symptoms contact your G.P. or the Day Ward.

Dayward ph. 8092826/ 8092984 (Mon/Fri 8am-6pm)

After hours, ring 8093000

Ask for a member of your team or the General Surgical SHO on call.

1ST Publication Date: Sept 2016

Review Date: Sept 2017