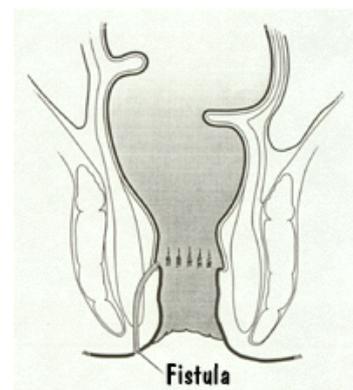


Anal Fistula Surgery (page 1 of 4)

What is an anal fistula?

This is a tract or channel between the skin on the outside and the anal canal (back passage) on the inside. There are many different types of fistulae, from simple ones (shown on the diagram), to complex ones with a network of tracks. A fistula is usually the result of a previous abscess in the area which has been drained but does not fully heal. This results



in persistent or intermittent discharge of pus, blood or mucous. Some fistulas involve the muscles responsible for bowel control.

How will an operation help me?

Many different operations can be done for a fistula. You should discuss with your surgeon exactly what is planned for you. The aim is to cut out or lay open the infected passage to promote healing from the base of the wound out to the surface, preventing unhealed pockets of infection from being left trapped inside.

This healing can be a slow process, taking from a week or so up to several months. It is impossible to predict how long it will take in each individual case.

Further inpatient treatment, with a visit to the operating theatre, may be required. Sometimes a stitch (called a seton) is inserted to avoid dividing the muscle. Your surgeon will explain this to you if it is needed in your case.

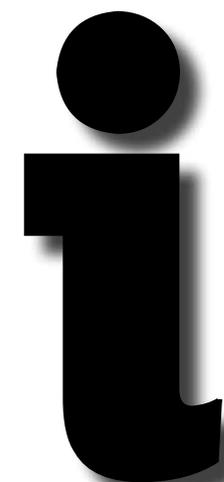
Is there any alternative to an operation?

Very few fistulas heal by themselves and so surgery is needed for almost all patients with this condition. You can decide not to have an operation, in which case your fistula will continue to leak pus, blood or mucous and you may develop a painful abscess which might need to be drained in an emergency operation.

Is there any special preparation?

Before you come into hospital you should be on a high fibre diet and a fluid intake of at least 6-10 glasses of water daily to keep your bowel motion soft. Fibre forms the structure of cereals, fruit and vegetables. It is not completely digested and absorbed by the body, so it provides bulk

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to the stools. This helps the movement of waste through the bowel resulting in soft stools which are easy to pass. Just before your surgery the nurse will give you an enema to empty the bowel.

What kind of anaesthetic will I have?

Several different kinds of anaesthesia can be used, and the method will be tailored to your particular needs and wishes. Most patients will need a general anaesthetic and will be asleep for the entire procedure. Some patients are better suited to a spinal or caudal anaesthetic which is a small injection in the lower back that will numb the area so that you will not feel the surgery. With a spinal or caudal anaesthetic you will be able to talk to the anaesthetist during the procedure. Some patients undergoing day case surgery will not need a general anaesthetic. Sedation and an injection of local anaesthetic allow a painless operation to be performed with a fast recovery. Most patients having sedation do not remember the surgery taking place.

How is the operation performed?

Sometimes it is not possible to tell before surgery what the full extent of the fistula is, and so decisions are made whilst you are in the operating theatre and often depend on whether the fistula is simple or complex:

- Simple fistulas are often 'laid open' by cutting a small amount of the skin and muscle to open the track.
- Complex fistulas or fistulas that pass across all the sphincter muscles often cannot be treated like this because it would involve cutting too much muscle and could result in incontinence. There are a number of different treatments and your surgeon will discuss the options with you individually. Often in these cases the initial treatment is to pass a Seton stitch through the fistula tract. The Seton remains in place, allowing the fistula to drain and the inflammation to settle. Complex fistulas are difficult to treat and the surgery may be planned in several stages over a period of weeks, months or even years.

Will it hurt?

In order to reduce the pain after your operation a number of measures will be taken:

- At the time of surgery, local anaesthetic will be injected. This will provide pain relief for much of the day.
- After surgery you will be given painkillers to take by mouth.
- You may have sitz bath (a 15 minute bath in water as warm as you can tolerate) several times daily or as often as you require them. These are very soothing and provide several hours of pain relief.

What will happen after the operation?

- You will usually have a dressing in place around the entrance to the anus. This is to control any bleeding in the area. This will feel strange and possibly rather uncomfortable and it may make you feel that you want to open your bowels (although

you are not likely to do so).

- Some discomfort is to be expected. Painkillers are available. Please ask your nurse if you need something to help with discomfort.
- You will normally have a bath the next day and this will soak the dressing out, (it may need a little gentle pull). It is quite possible that there will be some blood loss in the bath, (do not be alarmed - this can make the water look very red!). Ask your nurse for assistance if you are concerned.
- When you are awake and the effects of the anaesthetic have worn off you will be able to eat and drink and get up as you wish.

How will I open my bowels?

From the day after your operation you will be given laxatives. This will soften the stools and stimulate a bowel action. You may not open your bowels for a day or two, and when you do some discomfort and a little bleeding may be present. This is to be expected. We will aim to control any discomfort by giving you pain killers as you require them. It is a good idea to take pain killers 15-20 minutes before you try to open your bowels.

Dressing your wound

Initially this will be done twice a day. You will be asked to take a bath or a shower before each dressing is done.

How long will I be in hospital?

This varies between individuals, and depends on the type and complexity of the fistula. For a simple fistula your operation may be done in the Day Surgery Unit and you will go home the same day; for a more complex one it is likely to be a stay of a week or more.

Your dressings at home

Before you go home your nurse will discuss with you how your dressings should be done at home. To start with the district nurse may visit to do the dressing for you, but you may find that you, or someone you live with, can manage (and this can be a lot more convenient as you will not need to wait in for the nurse). The dressing should be flat laid in the wound.

You may find that using a barrier cream on the skin around the wound edges helps to protect the skin. If hairs start to grow you may need to have these shaved to prevent them from growing into the wound.

What should I do if I bleed after I go home?

You are quite likely to have a small amount of bleeding from the wound or the anus after the operation. You may notice this particularly after your dressing has been done, or on your stool or on the toilet paper when you wipe yourself. This is normal and is nothing to worry about. You may also have a discharge from the wound for some weeks. It is a good idea to wear a small pad inside your pants to protect your clothes from any staining.

In the unlikely event that you should have more major bleeding, you should contact the ward or your own GP.

Getting back to normal activities

- The time taken to get back to normal activities varies for different people and with the extent of the surgery. Do as much as you feel comfortable doing. If you need to take painkillers these may make you drowsy, so you should avoid driving or operating machinery. If lifting causes you discomfort you should avoid it. Most people need a week or two off work once they go home, but this will depend on what you do and the extent of your fistula.
- It is advisable to avoid sitting still or walking for long periods at first. You should not go swimming until your wound has healed as the chlorine in the water may affect wound healing and there is a chance of picking up or passing on an infection. You may find that vigorous exercise is uncomfortable. Start with gentle walking and build up your activity level gradually. You can resume sexual relations as soon as you feel comfortable to do so.

Are there any long-term effects of the operation?

Surgery for an anal fistula is generally a very safe operation with few risks but, as with any surgical procedure, complications can occur. Preventing incontinence is the main aim in your surgeon deciding what type of surgery you need. For the majority of patients, laying open of the fistula does not involve cutting a significant portion of the anal muscles and continence is not at risk. Nevertheless, any disturbance of the anal sphincter muscles can lead to some degree of change in ability to control wind, liquid and, very occasionally, solid stool from the back passage. In very few cases, if someone has weak muscles around the back passage (anal sphincter) and difficulty in controlling the bowels, or leakage, this may worsen after the operation. If you find that you are having difficulties talk to your doctor.

What should I do if want further information?

If you have a problem or any questions immediately after you go home please call the ward where you were an inpatient. If a problem occurs a few days after you go home, please contact your own family doctor or district nurse for advice. Your doctor may also advise you of special procedures to carry out at home.

After your operation you should contact your GP, the Colorectal Nurse Specialist or the ward if you notice any of the following problems:

- Increasing pain, redness, swelling or discharge.
- Severe bleeding.
- Constipation for more than three days despite using a laxative.
- Difficulty in passing urine.