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What is
Anal Fistula?



Introduction

Anal fistula is usually caused by an infection near your back passage (anus) that causes a collection of pus (abscess) in the nearby tissue. When the pus drains away, it can leave a small channel (fistula) behind. An anal fistula may also be associated with certain long-term bowel conditions.

What is Anal Fistula?

An anal fistula is a small channel that develops between the end of the bowel and the skin near your back passage (anus).

What are the different types of Anal Fistula?

Most anal fistulas develop after an anal abscess. Just inside your back passage (anus), there are a number of glands that make a fluid substance. These glands can become blocked and infected with bacteria (abscess). If the abscess increases in size, it may form a tunnel leading to the skin around your back passage. This will then create a fistula leading from inside your back passage to an opening in the skin surrounding your back passage.

An anal fistula can also occur as a result of long-term inflammation or infection affecting the bowel. This can also cause a tunnel to be formed from the lining of your back passage to an opening in the skin. Examples of long-term bowel conditions that can cause an anal fistula include, Crohn's disease and Diverticulitis.



An anal fistula can also be caused following surgery or radiotherapy to your bowel and back passage.

There are a number of other possible causes of an anal fistula. These include cancer of the anus, cancer of the rectum, tuberculosis, HIV infection and AIDS.

What are the symptoms of Anal Fistula?

Anal fistulas can cause unpleasant symptoms, such as discomfort and skin irritation, and usually do not get better on their own. The symptoms of anal fistula can include:

- Skin irritation around the anus
- Constant, throbbing pain. The pain may get worse when you sit down, move around, when you pass stool or when you cough
- Smelly discharge from near your anus
- Passing pus or blood when you pass stool (rectal bleeding)
- Difficulty controlling bowel movements (bowel incontinence); this is an uncommon symptom
- Formation of an abscess causing swelling and redness around the anus accompanied by high temperature (fever)



What are the tests for Anal Fistula?

You should see your doctor if you have persistent symptoms that suggest you may have anal fistula. Your doctor will examine your anus and gently insert a finger inside your back passage (rectal examination) to check for any signs of a fistula.

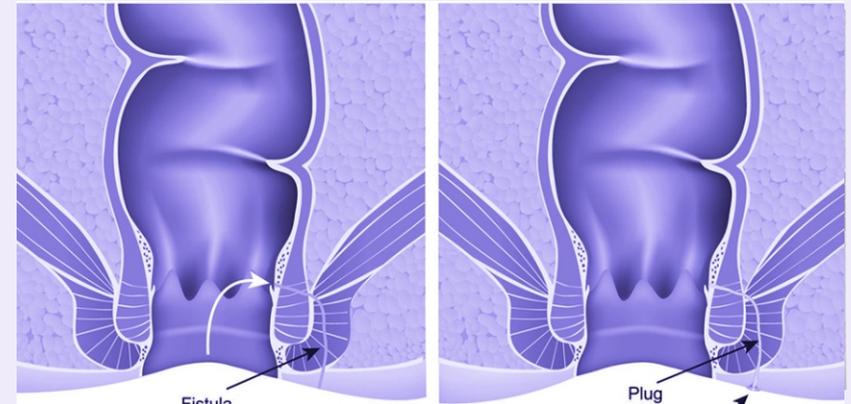
If your doctor thinks you might have a fistula, they may refer you to a bowel specialist / surgeon for further tests to confirm the diagnosis and to assess the most appropriate treatment. These tests may include:

- **Proctoscopy:** A special scope with a light on the end is used to look inside your anus.
- An ultrasound scan, Magnetic Resonance Imaging (MRI), or Computerised Tomography (CT) scan.

What is the treatment for Anal Fistula?

Anal fistula will not heal without treatment and there are a range of different treatment options available. The first step is to treat any infection with antibiotics. Anal fistulas may often require surgery. The main treatment options include:

- **Seton Procedure:** A surgical thread is placed through the anal fistula track and tied to form a continuous ring between the inside and outside openings of the fistula. The thread is left there for several weeks to allow drainage, prevent



A plug is pulled through the fistula.

The plug is then sewn in and outside, a drainage wound is created.

infection, and facilitate healing of fistula. It may be done along with Fistulotomy or sometimes further procedure is then needed to close the track.

- **Fistulotomy:** This is a procedure that involves cutting open the whole length of the fistula so it heals into a flat scar. It is the most effective method of dealing with a fistula and is the standard treatment for fistulas that lie near to the skin surface.
- **Endorectal Advancement Flap:** This procedure aims to cover the internal opening of the fistula. The internal opening of the fistula is removed and then covered with a small flap of healthy bowel wall that has been removed from the rectum.
- **Ligation of the Intersphincteric Fistula Track (LIFT):** A skin incision is made and the fistula track is exposed, tied and then divided.
- **Laser (FiLaC):** Laser assisted fistula closure uses laser beams to ablate the fistula tract. This procedure can be minimally invasive with very less cuts.

Depending on which procedure you have undergone, you may not need to stay overnight in the hospital. Some people, however, need to remain in hospital for a few days after their surgery.



What are the complications of Anal Fistula?

If the anal fistula is not treated properly then recurrent perianal abscesses and a complex fistula network may develop and this may cause pain, bleeding, faecal incontinence, skin infections (cellulitis), and sepsis.

However, surgery for anal fistula can also cause complications. The main complications following surgery include infection, faecal incontinence and a further development of fistulas.

Can Anal Fistula be prevented?

You can greatly reduce your risk of developing anal fistula by avoiding constipation, maintaining a balanced diet to soften the stools and going to the toilet as soon as you feel the urge to relieve. To help your bowel to work properly and keep your stools soft, it's important to drink plenty of fluids and engage in regular physical exercise.