

△ GENERAL INFORMATION

The lining just inside the anus is puckered, the same as the skin around the anus on the outside. Sometimes a tiny piece of stool gets stuck in one of the puckered areas on the inside, causing an infection. This can develop into an abscess deep to the surface. The abscess inside the anus can work its way toward the outside of the anus. Next, the abscess breaks to the surface or needs to be opened to relieve the pus. Now a tunnel exists between the inside and the outside. The tunnel connecting the inside usually comes to the outside very close to the anus. This is called an *anal fistula* (Fig. 1).

- Most persons present with a history of previous abscess that either drained by itself or needed to be drained by the surgeon.
- There is a history of a recurring abscess or drainage from an opening right next to the anus or a short distance from it.

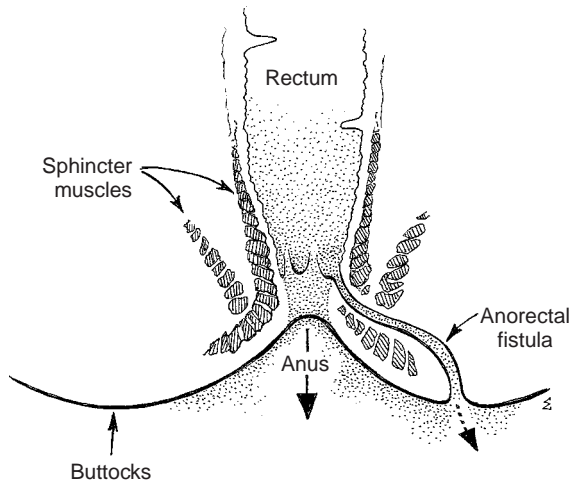


Figure 1. An anorectal abscess can find its way to the outside in various way. A typical way is illustrated.

COMMON SIGNS AND SYMPTOMS

- A slightly red opening to the side of the anus draining infected fluid.
- Sometimes, the tract comes from the inside to the outside and can be felt under the skin. At other times the outside opening is seen with no clue as to where it started on the inside.

DIAGNOSIS

- The ways to establish a diagnosis are not always the same for each person, even though the same disease or condition is suspected. A test is done, and if the results don't make the diagnosis clear enough, then the next test is done. That's why the necessary tests on you will include at least some and possibly all of the following:
- Anoscopy: This is done with a hollow instrument as long and as thick as your thumb called an *anoscope*.

It is lubricated and gently inserted inside the anus to search for an internal opening.

- Flexible sigmoidoscopy: A *sigmoidoscope* is an optical instrument that is about as thick as your little finger and is smooth, flexible, and has a light at its tip. While you lie on your side, it is inserted gently in your anus and into the rectum. The lower one-third of the large bowel can be examined for an internal opening as well as for any other abnormality.
- Small bowel x-ray: You will be given some liquid barium to swallow. The barium will be watched as it travels through your entire small intestine. This examination is done to see if the fistula might have its beginning in the small intestine.

○ TREATMENT

- The best treatment for an anal fistula is to remove it.
- A fistula may travel through several areas of tissue before coming to the outside. Some of this tissue may be the muscles (the *sphincters*) that close and open your anus. For this reason, a number of operations are available for each situation. In all the available operations, the most important precaution is *not* to damage the sphincter muscles. To protect these very important muscles, sometimes it is necessary to do the operation in two stages a few weeks apart.

After careful consideration of all factors, the recommendation is that you have an operation to remove your fistula.

PREOPERATIVE PREPARATION

- You will have an examination of your blood and urine and possibly of your heart (EKG) and lungs (chest x-ray).
- Do not eat or drink anything for 8 hours before the operation.
- Shower or bathe on the morning of the operation.
- You may be given medicine that will make you feel drowsy before you are brought to the operating room.

□ OPERATION

- The operation usually is done under general anesthesia or a spinal type of anesthesia. The choice will be discussed with you beforehand.
- Most of the time the fistula is removed and the tissue permitted to heal in a routine fashion. On occasion, however, the internal opening may be quite a distance high in the rectum. It is this circumstance that may require the operation to be done in two stages.
- The operation usually takes about 1 hour.

POSTOPERATIVE CARE

- You will be taken to a recovery room and observed. When your blood pressure, pulse, and breathing are stable and you are completely alert and if the operation was not extensive, you might be able to go

home that same day with a responsible adult. Otherwise, you will need to stay in the hospital for a day or two.

- Arrangements will be made for your medicine and follow-up office visit.

⊕ **HOME CARE**

- Resume your usual activities.
- Take medicine as prescribed for your pain.
- Be careful that you do not become constipated.
 - Include enough roughage and plenty of liquids in your diet.
 - You may need some help with a mild laxative (example: milk of magnesia).

- Take sitz baths for 15 minutes two times a day and following a bowel movement, if possible. This involves sitting in a bathtub filled with enough warm (*not* hot) water to cover your bottom. This will make you feel more comfortable, and it helps keep the area clean and helps with the healing.
- You may resume sexual activity whenever you choose.
- You may return to work when you feel up to it.

📞 **CALL OUR OFFICE IF**

- You do not have a bowel movement in any 36-hour period.
- You develop a temperature higher than 100°F.
- You have any questions.