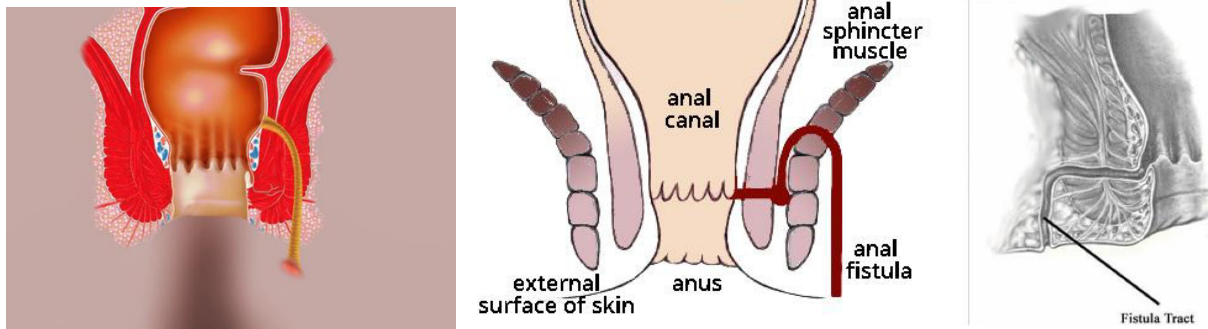


ANAL FISTULA



An anal fistula (Bhagandar / Fistula in ano) is a small channel that develops between the end of the bowel and the skin around the anus. It frequently is the result of a previous or current anal abscess. Fistula has a tract with two openings - Internal opening into the rectum or anal canal and External opening through the skin of the buttocks.

What is the anal fistula?

An anal fistula is a small tunnel that develops between the end of the bowel and the skin near the anus (where poo leaves the body).

They're usually the result of an infection near the anus causing a collection of pus (abscess) in the nearby tissue. When the pus drains away, it can leave a small channel behind.

Anal fistulas can cause unpleasant symptoms, such as discomfort and skin irritation, and won't usually get better on their own. Surgery is recommended in most cases.

What are the symptoms of anal fistula?

Anorectal pain, swelling, perianal cellulitis (redness of the skin) and fever are the most common symptoms of an abscess. Occasionally, rectal bleeding or urinary symptoms, such as trouble initiating a urinary stream or painful urination, may be present.

Patients with fistulas commonly have history of a previously drained anal abscess. Anorectal pain, drainage from the perianal skin, irritation of the perianal skin, and sometimes rectal bleeding, can be presenting symptoms of a fistula-in-ano.

Causes of anal fistulas

Most anal fistulas develop after an anal abscess. They can occur if the abscess doesn't heal properly after the pus has drained away.

It's estimated that between one in every two to four people with an anal abscess will develop a fistula.

Less common causes of anal fistulas include:

- Crohn's disease – a long-term condition in which the digestive system becomes inflamed
- Diverticulitis – infection of the small pouches that can stick out of the side of the large intestine (colon)

- Hidradenitis suppurativa – a long-term skin condition that causes abscesses and scarring
- Infection with tuberculosis (TB) or HIV
- A complication of surgery near the anus.

Diagnosis Of Fistula

Usually a brief history followed by clinical evaluation - including a digital rectal examination is enough to diagnose an anal fistula. At the same time Proctoscopy (a minor inspection of the rectum using a small tube like scope) is also done to check for any concomitant condition in the rectum.

An MRI Fistulogram may be needed for complicated fistulas in which the tract is difficult to delineate. Fistulography, an X-Ray of the fistula after injecting a contrast solution is not done any longer as it may lead to the formation of a false tract due to forceful injection of the dye.

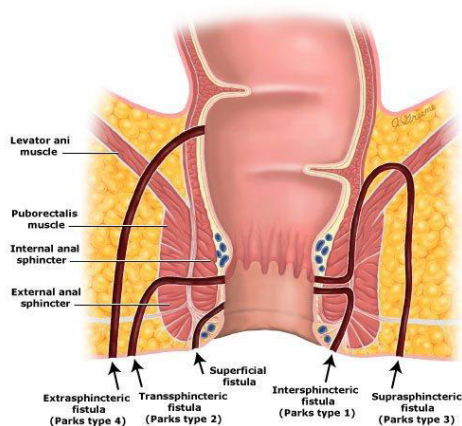
What are the types of anal fistula?

An anal fistula is usually classified as:

- Simple or complex – depending on whether there is a single fistula tract or interlinking connections
- Low or high – depending on its position and how close it is to the sphincter muscles
- The sphincter muscles are two rings of muscles that open and close the anus. They are known as the internal and external sphincter muscles.

The most common types of anal fistula are:

- Intersphincteric fistula – the fistula tract (channel) crosses the internal sphincter and opens on the surface of the skin next to the anus
- Transsphincteric fistula – the fistula tract passes through both the internal and external sphincters and opens on the surface of the skin next to the anus



What are the Treatments of fistula?

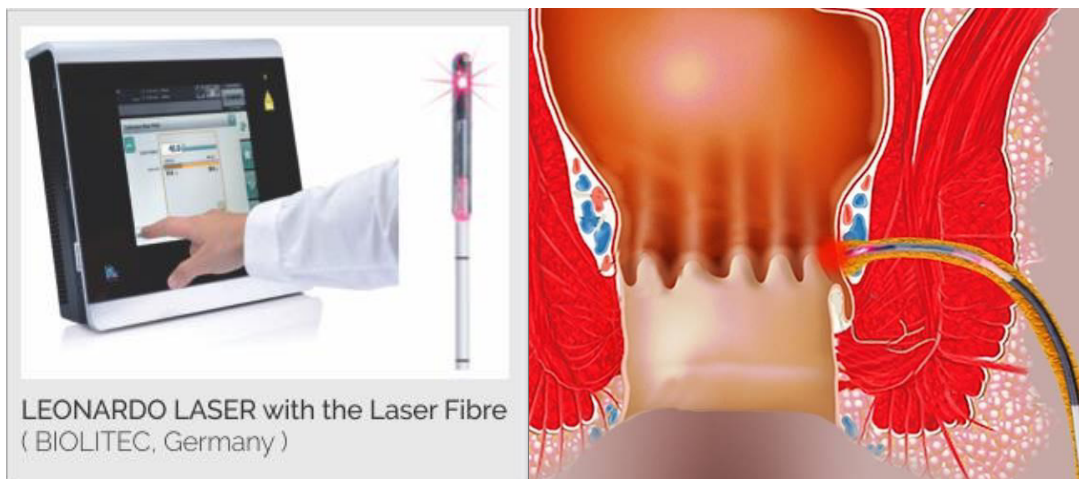
Very few anal fistulas heal by themselves and the only effective cure for a persistent anal fistula is surgery.

I. Surgery / Fistulectomy

This is a surgical procedure in which the fistula tract is completely excised. Done under General anaesthesia, the fistula tract is removed and the groove that is formed is left behind to heal. This procedure carries with it the risk of damage to the sphincter muscle resulting in fecal incontinence and is usually reserved as a treatment option for Complex fistula.

II. FiLaC (Fistula-tract Laser Closure)

Laser is used as an adjunct to Fistulectomy to minimize the risk of damage to the sphincter muscle. Thus, with the added advantage of Laser the chances of post-operative incontinence are negligible.



I has introduced the Laser surgery FiLaC (Fistula-tract Laser Closure) in the treatment of anal fistula. The FiLaC is a sphincter-saving procedure with negligible recurrence rate compared to all other techniques.

The aim of the procedure is to gently remove the fistula tract without damaging the sphincter muscle.

The procedure is done under short General Anaesthesia and requires about 30-40 minutes. A radially emitting Laser Fibre is inserted from the outside. A defined amount of laser energy is then emitted circumferentially into the fistula tract. The laser energy causes controlled photothermal destruction of the fistula tract causing it to collapse to a high degree. This also helps supports and accelerates the healing process.

In this procedure any abscess cavity along with the internal opening is first excised. This is followed by closure of the distal tract. The proximal part of the fistula tract is then sealed with the Leonardo Laser. With the radially emitting fibre of the laser, energy is applied circumferentially to the fistula tract. This ensures complete closure of the tract.

After the procedure, the patient rests in their own room. Then they return to their job or home on their feet.

What is the advantage of the laser treatment in anal fistula?

- First of all, the laser treatment is not a surgical operation. That means, there will be no cuts, no sutures, no bleeding and no pain. And that's why this treatment makes the healing side very fast. After 10 minutes of this treatment you can go back your daily routine with no pain. This is a really big advantage in these days. And you will be very comfortable because we don't use tampons in the operation area.
- The anal sphincter is preserved so there is no risk of post-operative incontinence.
- It is safe in high risk patients like those with hypertension, cardiac (heart) problems and in senior citizens.
- In normal surgery we need to take a histo from that area but in this treatment there is no need to take histo. There will be no trauma in that area and it will be good for the defecation.

Videos about fistula treatment

Fistula Treatment with Laser

