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ANAL FISTULA

This document is designed to provide background information. It aims to supplement verbal discussion, to answer common questions and to be readily available as an *aide memoir*. It may not cover some areas that concern you. These can be dealt with individually.

You are free to ask about any aspect of your care. All questions will be answered fully, honestly and in as much detail as you wish. In the heat of the moment it is easy for questions that you intended to ask to slip from your mind. You should note on paper any questions that you may have.

What is an anal fistula?

An anal fistula is an abnormal tract, or channel, that starts in the anus and opens into the skin surrounding the anus. The majority of anal fistulas start as an infection, or abscess, in one of the glands that line the anal canal. As the abscess becomes larger it becomes painful, and 'points' under the skin near the anus. The abscess discharges through the skin, either naturally or after surgical drainage. There is then one opening in the anal canal and another in the skin. It is these that form the internal and external openings of the fistula tract. Occasionally fistulas develop secondary to specific pathological conditions, such as inflammatory bowel disease.

Pre-operative preparation.

During the week prior to your surgery you should make a special effort to ensure your stools are soft. However, you must not get diarrhoea. You should include some easily digested fibre in your diet and drink 1.5 to 2 litres of fluid per day. You may also need to commence a stool softener, such as Lactulose, to ensure the stools are completely soft.

Treatment for anal fistulas.

As most fistulas start as an abscess the initial treatment is to drain it. At this time it is often not possible to undertake definitive treatment of the fistula. Usually a small dressing is placed over the raw area. This remains in place for the first 18 to 24 hours. The first few changes of dressing are normally done in hospital. The following day you should have a bath and whilst lying in the bath, this dressing should be gently removed. If it is a deep wound then it is often necessary to give some pain relieving medication, such as morphine or nitrous oxide gas. Some wounds will need to be formally re-dressed and this requires the assistance of a nurse. In these cases it may be necessary for patients to remain in hospital until the dressing can be undertaken with comfort. In other cases the wound is more superficial and after the first dressing change in hospital patients can be discharged.

Managing the perianal wound at home.

Many perianal wounds require nothing further than regular baths or showers and the application of a light dressing to absorb any leakage from the open wound. It is not necessary to use salt; this may sting and dries out the skin. Other pateints require a daily visit from a nurse so that the wound can be dressed. In these cases it is helpful if patients have a bath and remove the dressings themselves prior to the arrival of the nurse. Some six to eight weeks later, a further examination under anaesthetic may be required. At this point it is usually possible to accurately define the anatomy of the fistula and the appropriate treatment can be undertaken. In approximately 90% of fistulas the cause is infection in one of the anal glands. In these cases the fistula is simply 'laid open' and then dressed as above. In the remaining 10% the anatomy of the fistula may be more complex, or there may be an underlying problem such as inflammatory bowel disease. In these cases the management can be more complex and has to be tailored to each individual patient.

Pain relief.

Proper pain relief is very important for both holistic and physiological reasons. Your post-operative recovery will be slower if you do not have adequate pain relief. Patients often have an understandable reluctance to take pain relieving drugs. This is a mistake and may increase post-operative complications. The principal that underlies all methods of pain relief is that the drugs work best if you anticipate the pain. A small quantity of the drug taken regularly (even if pain free at that time) will work better than waiting for the pain to occur and then taking a larger dose.

Open operations in the perianal area are usually uncomfortable. This can be minimised with appropriate care. It is important that you do not let your stools become hard and you should follow the advice above, starting before your operation. Many patients find warm baths very soothing and it will do no harm if you have several baths per day.

After the operation you may require an injection to provide you with pain relief, but after that adequate pain relief can normally be achieved by simple oral medication. Regular panadol, regardless of whether you have pain or not, should be used to provide back ground pain relief for a week after your surgery. Additional, stronger pain killers and/or anti-inflammatory drugs, can then be taken on top of the panadol for break through pain. Many strong painkilling medications contain morphine, codeine or a derivative of these drugs. One of the side effects of these drugs is constipation.