



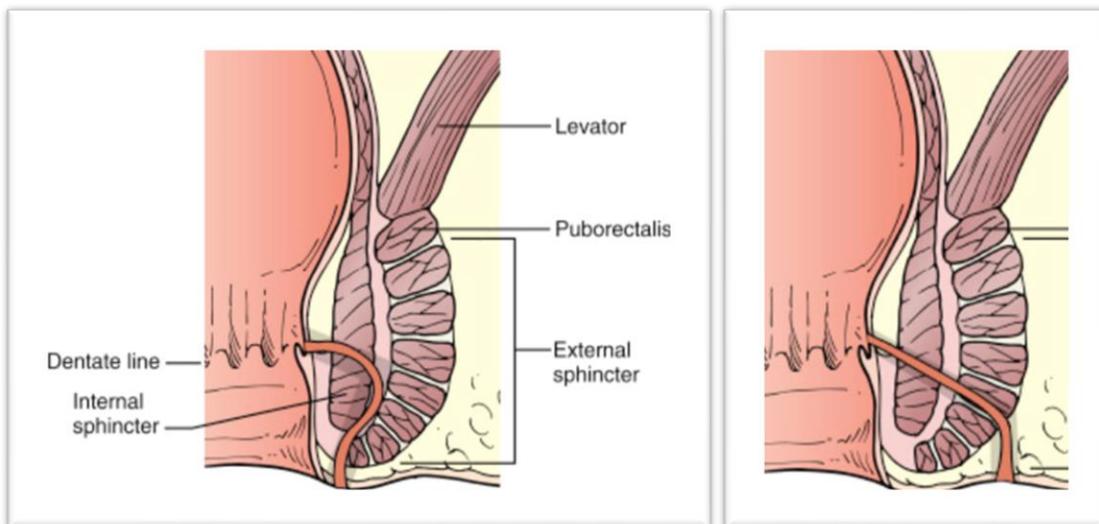
Surgery for Anal fistula

Informed consent: patient information

1. What is the anal fistula?

An **anal fistula** is an abnormal connection between the lining on the inside of your anal canal (back passage) and the skin near your anus.

Most anal fistulas are caused by an abscess (a collection of pus) that has developed in your anal canal. The **pus** can drain away onto your skin on its own or by an operation. A fistula happens when the track made by the pus on the way to the surface of your skin stays open.



2. What does the operation involve?

The rectal examination is first performed under a **general anaesthesia** to assess where the fistula tract is. The operation usually takes 15 to 30 minutes.

To lessen the risk of bowel incontinence (when you pass a bowel movement without wanting to) your treatment may involve several operations over some months.

The type of surgery you need will depend on where the fistula is.

- If the fistula is below or crosses the **lower part of the sphincter muscles** (the muscles around your anal canal that control when you open your bowels), your surgeon will **cut the fistula open** to your skin and leave your wound open so that it can heal with healthy tissue.
- If the fistula has branches that pass through the **upper part of the sphincter muscles**, your surgeon may instead place a **silastic seton** in the fistula to allow pus to drain easily. The fistula may be suitable for definitive surgery i.e. LIFT procedure in a few months.



3. What are the general risks of this procedure?

- Pain
- Bleeding
- Surgical site infection

4. What are the specific risks for this procedure?

- Difficulty passing urine
- Involuntarily passing wind or loose faeces
- Bowel incontinence
- Recurrence (of anal fistula)

5. How do I prepare for the procedure?

Unless you are also having a colonoscopy, the bowel preparation is not required the day before surgery. You need to fast from midnight the night before if your surgery is scheduled for the morning, or from 7am if scheduled for the afternoon. You will be admitted as a day-stay procedure. You will receive a fleet® enema 1 hour prior to your operation.

6. What do I expect after the procedure?

Following your procedure, you will recover for an hour or so until the effects of sedatives have worn off. You should not drive yourself home after your procedure and should have someone organised (a friend or relative) to accompany you.

Spotting of blood or persistent minor oozing will occur for 5 days following your procedure, and a small surgical pad (Combine) changed once to twice daily will be needed to prevent staining of your underwear. Bleeding will typically occur after opening your bowels.

You should remain on simple analgesics for a few days. You can take 2 tablets of Panadol (1000mg) and/or Neurofen (400mg) regularly three times a day. Opioid medications (Endone) may sometimes be needed but should be used sparingly as they cause constipation.

A tablespoon of natural psyllium husk (Metamucil® or Fibogel®) twice daily is recommended to soften your bowel motions. You may need some laxatives (Movicol or Lactulose) in case of developing unwanted constipation.

Twice daily warm salt water (Sitz) bathing to the anal region is soothing and antiseptic and should be done for 1 week following your procedure.

You will be advised to visit your doctor when you need a frequent wound management such as change of packing gauze or dressings.