



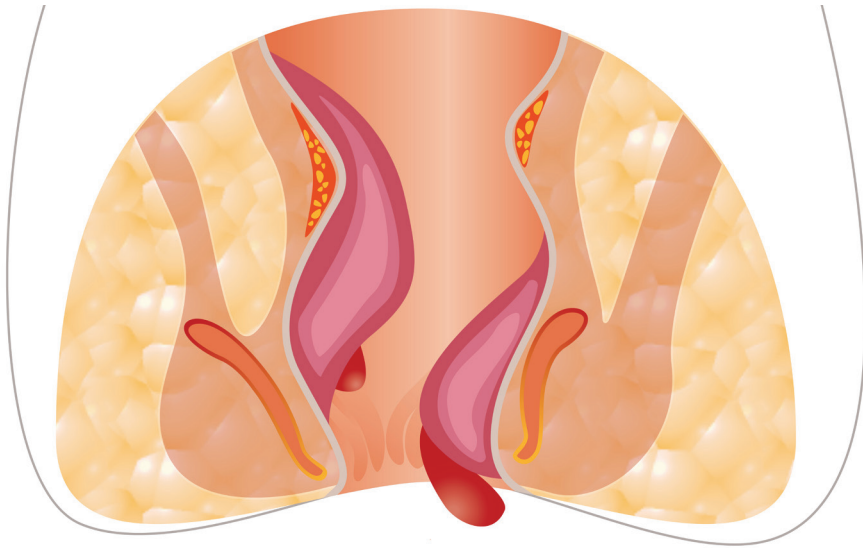
ANAL FISTULA

Aster
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Digital Version



WHAT IS 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 will not usually get better on their own. Surgery is recommended in most cases.

SYMPTOMS OF AN ANAL FISTULA CAN INCLUDE:

- Skin irritation around the anus
- A constant, throbbing pain that may be worse when you sit down, move around, poo or cough
- Smelly discharge from near your anus
- Passing pus or blood when you poo
- Swelling and redness around your anus

and a high temperature (fever) if you also have an abscess

- Difficulty controlling bowel movements (bowel incontinence) in some cases The end of the fistula might be visible as a hole in the skin near your anus, although this may be difficult for you to see yourself.

WHEN TO SEE A DOCTOR?

See a doctor if you have persistent symptoms of an anal fistula. They'll ask about your symptoms and whether you have any bowel conditions.

They may also ask to examine your anus and gently insert a finger inside it (rectal examination) to check for signs of a fistula.

If the doctor thinks you might have a fistula, they can refer you to a specialist called a colorectal surgeon for further tests to confirm the diagnosis and determine the most suitable treatment.

These may include:

- A further physical and rectal

examination

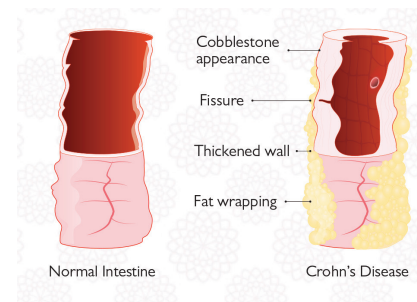
- A proctoscopy, where a special telescope with a light on the end is used to look inside your anus
- An ultrasound scan, MRI scan or CT scan

CAUSES OF ANAL FISTULAS

Most anal fistulas develop after an anal abscess. You can get one if the abscess does not heal properly after the pus has drained away.

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 a complication of surgery near the anus



TREATMENTS FOR AN ANAL FISTULA

- Fistulotomy: This is the most common type of surgery for anal fistulas. This involves cutting along the whole length of the fistula to open it up so it heals as a flat scar.
- Advancement flap procedures: This option is usually performed when the fistula is complex (long, high and/or

recurrent), or if there is a high risk of incontinence. The advancement flap is a piece of mucosa and submucosa taken from the rectum (with an intact vascular pedicle) and transposed over the internal orifice in order to close it.

- VAAFT (Video Assisted Anal Fistula Treatment): This is a new minimally invasive and sphincter-saving technique for treating complex fistulas. It allows to directly see the fistula tracts and cavities with the fistuloscope and treating them under direct vision with an electrode. The internal orifice can be closed either with a flap or with a stapler. With this technique, no seton is used, no painkiller medication is necessary, and there is minimal to no risk of sphincters injury (no incontinence risk).
- Laser treatment
- Collagen matrix paste injection
- Stem cells injection
- PRP gel injection

Post-surgery your surgeon is likely to recommend that you soak the anal area in a warm bath, also known as a sitz bath. It is also advisable to take stool softeners or laxatives for some days. Once an abscess and fistula have been treated correctly and heal they usually do not recur.



PLEASE SCAN FOR
THE LOCATION

Aster HOSPITAL

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