

Patient information

Anal Fistula Surgery

Your surgeon has recommended that you undergo an operation for an anal fistula. Since few fistulas heal spontaneously, surgery is required for almost all patients with this condition. This leaflet provides you with information about the nature of the surgery, what to expect in the recovery period and the potential risks.

What is an anal fistula?

An anal fistula is an abnormal connection between the anus and the skin. On the surface of the skin around the anus there may be one or more holes evident: these are the external openings of thin passages which tunnel down towards the anal canal. A fistula is usually the result of a previous abscess in the area which has been drained but does not fully heal. This results in persistent or intermittent discharge of pus, blood or mucus. There is not usually much pain, although an abscess can sometimes recur.

Is there any special preparation?

Prior to your admission you should be on a high fibre diet and a fluid intake of at least 6-10 glasses of water daily to keep your bowel motion soft.

What kind of anaesthetic will I have?

Several different kinds of anaesthesia can be used, and the method will be tailored to your particular needs. Most patients will require **general anaesthetic** and will be asleep for the entire procedure.

Some patients are better suited to a **spinal** or **caudal anaesthetic** in which a small injection in the lower back will numb the area so that you will not feel the

surgery. With a spinal or caudal anaesthetic you will be able to talk to the anaesthetist during the procedure. Some patients undergoing day case or 24 hour stay surgery will not require a general anaesthetic. Controlled **sedation** and an injection of **local anaesthetic** allow a painless operation to be performed with a fast recovery. Most patients having sedation do not remember the surgery taking place.

How is the operation performed?

Fistula surgery may be simple or complex according to the nature of the fistula. Sometimes it is not possible to tell before surgery what is the full extent of the fistula and so decisions are made whilst you are anaesthetized. Simple fistulas can be 'laid open' by cutting a small amount of the skin and muscle to open the track. A dissolvable suture is placed around the edge of the wound to aid healing. Fistulas that are situated more deeply (complex fistulas) cannot be treated like this because it would involve cutting too much muscle and could result in incontinence. Here a variety of other treatments are available and your surgeon will discuss the options with you individually. Complex fistulas are difficult to treat and the surgery may be planned in several stages over a period of weeks, months or even years.

Pain relief

In order to minimize the pain associated with your operation a number of measures will be taken:

- a At the time of surgery, local anaesthetic will be injected. This will provide pain relief for much of the day.
- b After surgery you will be given painkillers to take by mouth.
- c You may have sit bath (a 15 minute bath in water as warm as you can tolerate) several times daily or as often as you require them. These are very soothing and provide several hours of pain relief.

Recovery after your operation

Within 1-2 hours of your operation you will be encouraged to get up and walk around. You may eat and drink normally, and, as before, we recommend a high fibre diet and fluid intake of at least 6-10 glasses of water daily. Discharge from hospital will be the same day (for planned day case surgery) or the following day.

You should expect to have your bowels open within 1-3 days and this may be uncomfortable at first. A small amount of bleeding or discharge is possible. Over the first few weeks you may notice some change in your ability to control wind; this should resolve. Provided you feel comfortable, there are no restrictions on activity and you may lift, drive and go back to work.

What can go wrong?

Surgery for anal fistula is generally a very safe operation with few risks but, as with any surgical procedure, complications can occur. The maintenance of anal continence is of paramount importance in the decision making concerning the nature of the surgery performed. For the majority of patients, laying open of the fistula does not involve cutting a significant portion of the anal muscles and continence is not at risk. Nevertheless, any disturbance of the anal sphincter muscles can lead to some degree of change in ability to control wind, liquid and, very occasionally, solid stool from the back passage.

In the period following your operation you should contact your General Practitioner or the ward, if you notice any of the following problems:

- Increasing pain, redness, swelling or discharge.
- Severe bleeding.
- Constipation for more than three days despite using a laxative.
- Difficulty in passing urine.
- High temperature over 38° or chills.
- Nausea or vomiting.

If you have further questions please speak to the doctor or ward staff when you come to the hospital.

If you would like any information regarding access to the West Suffolk Hospital and its facilities please visit the hospital website www.wsh.nhs.uk and click on the link, or visit the disabledgo website:

<http://www.disabledgo.com/organisations/west-suffolk-nhs-foundation-trust/main>