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Consulting at: Spire Tunbridge Wells Hospital, Maidstone & Tunbridge Wells NHS Trust, Kent Institute of Medicine & Surgery (KIMS) and BMI Somerfield Hospital Maidstone

PATIENT INFORMATION: Anal Fistula/Abscess

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What is an anal fistula/abscess?

An anal fistula is an abnormal connection between the lining of the rectum and the skin of the surrounding buttock. An anal abscess is an infected cavity filled with pus which is found near to the rectum or anus or surrounding tissues.

What causes an anal fistula/abscess?

Just inside the anus there are small mucus secreting glands. If these glands become clogged, they may become infected and over a period of time a fistula may form, which drains through the skin of the buttock.

If this drainage channel becomes blocked, an abscess cavity may ensue. In certain medical conditions such as colitis or inflammatory bowel disease can make these infections slightly more likely.

What are the symptoms of an anal fistula/abscess?

An anal fistula often presents as a small lump on or around the anus/buttock which can swell, cause pain, discharge a brown mucus type liquid or occasionally bleed. This often follows a cycle over a couple of days or weeks and recurs.

The symptoms of an anal abscess include pain, swelling, redness or heat around the anus and surrounding skin. The patient may also complain of fatigue, fevers and chills.

What are the surgical treatments for anal fistula?

Surgery is essential to cure an anal fissure. Although fistula surgery is normally relatively straight forward, the potential for complications does exist and it is therefore best performed by a specialist colorectal surgeon. It may be performed at the same time as abscess surgery, although fistulas often develop four to six weeks after the drainage of an anal abscess, or sometimes even months or years later.

Mr Bailey will discuss with you the operation which he feels is best for your fistula. There are a number of factors to take into consideration such as the depth of the fistula through the sphincter muscle, whether or not you suffer from other bowel conditions such as Crohn's disease, your gender (the sphincter muscle in female patients is not as bulky as in men) and for female patients, whether they have had or intend to have a family.

Prior to any form of surgery, Mr Bailey is likely to recommend a detailed MRI scan of the rectum and pelvis to determine the exact course of the fistulous tract. The decision on the type of surgery then depends upon whether the fistula is high or low.

The most commonly performed surgery for a fistula is to lay open the fistula tract. This involves opening up the fistula tunnel. Often this will require cutting a small portion of the anal sphincter (the muscle that helps to control bowel movements). The aim is to cut out or lay open the infected tract so as to promote healing from the base of the wound out to the surface, preventing unhealed pockets of infection from being left trapped inside. Joining the external and internal openings of the tunnel and converting it into a groove (laying open) will then allow it to heal from the inside out. Healing can be a slow process, taking from a week or so up to several months. It is impossible to know how long this will take in each individual patient.

Sometime a fistula is high, or complex, involving the muscles of the tail end. It is essential not to damage these, to prevent the risk of incontinence of either passing wind or faeces and it may be necessary to place a seton through the fistula tract. This is made of a special surgical rubber, which will stay in place for approximately six weeks following the surgery. Mr Bailey can then assess whether it has converted the fistula into a low one and it will require a second operation for removal and laying open of the low fistulous tract.

Most of the time, fistula surgery can be carried out as a day case procedure, but treatment of a deep or extensive fistula may require a short hospital admission. Mr Bailey will discuss all of these things with you at your consultation and before your surgery.

Preparing for your surgery

You will receive a pre-admission questionnaire from the hospital. By completing this you will help hospital staff to plan your care by taking into account your previous medical history and any past hospital treatment.

If you usually take medication, eg Blood pressure tablets, continue to take this as usual, unless you are specifically advised not to. If you are unsure about taking your medication please contact us. If you take aspirin, or other blood thinning agents, these will need to be stopped prior to the operation. The pre-ad team will advise you when to do this. You may need to come to the pre-admission for a formal assessment.

On the day of your surgery you will need to remain nil by mouth from 4am. On admission to the hospital, you will be given a small enema to ensure that the lower part of the bowel is emptied. You will be seen by the anaesthetist and Mr Bailey will gain your formal written consent to perform the surgery. You will have the opportunity at this point to ask any final questions you may have.

What are the complications?

Fistula surgery is a commonly performed and generally safe surgical procedure. For the majority of patients, the benefits in terms of improved symptoms are greater than the disadvantages. However all surgery carries an element of risk. The chance of complications will depend upon the exact type of operation you are having and other factors such as your general health.

Possible complications are:

1. **Complications of anaesthesia:** Your anaesthetist will discuss with you the possible complications of having an anaesthetic.
2. **Complications of surgery:**
    - **Pain**: All operations have an element of pain but every effort is made to minimise this. You will be monitored closely after surgery and given pain relief to keep you as comfortable as possible. Upon discharge, pain killers will be prescribed to take home. Take them as directed to keep 'ahead' of any discomfort.
    - **Bleeding**: A small amount of fresh bleeding is common for five to seven days after fistula surgery. If the volume is large or happens spontaneously medical attention should be sought. Blood transfusion is rarely needed.
    - **Infection:** This is a rare complication and you will be discharged with antibiotics to minimise the risk. If you develop fevers or pass foul smelling pus from the anus, medication should be immediately sought.
    - **Constipation:** This is common after fistula surgery. It is to be avoided if at all possible. Maintain lots of fluid and fibre and use laxatives if dietary manipulation fails.
    - **Tenesmus:** A feeling of incomplete evacuation is common and can last for up to a month.
    - **Recurrence:** The risk is small but always possible. Mr Bailey will discuss the risks specific to your surgery.
    - **Retention of Urine:** A rare complication that may require catheterisation.
    - **Muscle weakness:** Damage to both the internal and external sphincter muscle carries the possibility of incontinence to either flatus or faeces, the risks are very small and Mr Bailey will discuss these with you in the Out Patient Clinic and when gaining your consent.

If there is anything you do not understand or requires further clarification please let us know.

How soon will I recover?

In hospital

After the procedure you will be moved to the recovery area and then to the ward. You should be able to return home later the same day. However, we may recommend that you stay a little longer. If you do go home on the same day, a responsible adult should take you home by car or taxi and should stay with you for at least 24 hours. You should be near a telephone in case of an emergency. When you first open your bowels a small sponge may be seen. This is normal and has been placed inside to 'mop up' any small volume bleeding.

If you are concerned about anything, in hospital or when you are home, contact the hospital, contact details will be given to you before you leave. They should be able to reassure you or identify and treat any complications.

Healing following fistula surgery usually takes four to six weeks. It is not uncommon to experience some mucus discharge and intermittent bleeding for a week or two following the surgery and this is normal. Obviously, if the volumes are large or you have any concerns, please do not hesitate to contact the hospital or Mr Bailey.

Returning to normal activities

You should not drive, operate machinery (this includes cooking) or do any potentially dangerous activities for at least 24 hours and not until you have fully recovered movement, feeling and co-ordination. If you have had a general anaesthetic or sedation, you should also not sign legal documents or drink alcohol for at least 24 hours.

You should avoid straining when you go to the toilet as this can reduce healing. To avoid constipation you should eat plenty of vegetables, fruit and maintain a high fibre diet with foods such as brown rice and wholemeal bread and pasta. Drink at least 2 litres of water daily.

Do not drive until you are confident about controlling your vehicle and always check your insurance policy and with your doctor. This is usually for seven to ten days.

The amount of time you will require off work will depend upon your job. If possible, have a trial period at work where you can go home early if you become very sore. Usually a week to ten days will suffice.

Surgery is usually safe and effective. Complications can occur and you need to be aware of them to help you make an informed decision about the procedure, being aware of them can also help detect and treat any problems early.

This leaflet is for information only and should not replace advice that Mr Bailey and his team will give you. Please keep this information and use it to help you if you have any further questions or queries.