

Introduction

Anal fistula is an abnormal channel connecting rectum to the outer skin around the anus. The cause is unknown but most patients had a history of anal abscess. An anal fistula may cause pain or anal discharge. Fistulectomy is a definitive treatment.

The Operation

This surgery will be performed under general anesthesia. All abnormal tracts and inflamed tissue will be identified and removed, so it heals as flat scar in order to prevent recurrence.

Preoperative Preparation

1. Admit 1 day before or on same day of this “elective” operation.
2. Anaesthetic assessment. **Inform your doctors** about drug allergy, regular medications or other medical conditions.
3. Keep fast for 6 to 8 hours before operation.
4. A rectal enema may be required before surgery.
5. Empty bladder and change to operation clothes before transfer to operating room.
6. Pre-medication, antibiotic prophylaxis and intravenous line may be required.

Postoperative Instruction**General**

1. Mild throat discomfort or pain because of intubation.
2. Mild discomfort or pain over the operation site. Inform nurses if more analgesics are required.
3. Nausea or vomiting are common; inform nurses if symptoms severe.
4. Can mobilize and get out of bed 6 hours after operation.

Wound care

1. The wound will be covered with a dressing. You may need to apply a gauze pad or wear sanitary pad to absorb any Blood stained discharge.
2. You may shower as usual.
3. Regular Sitz Bath and wound dressing are required daily or after each bowel opening. Keep the skin around anus dry.

Diet

1. Resume diet, usually 4 hours after anaesthesia, and when taking sips of water well.
2. Daily balanced diet with plenty of water intake will help to maintain a good bowel habit. High fiber foods such as oatmeal, bananas, vegetables...etc., can also prevent constipation.

Common Risks and Complications (not all possible complications are listed)**Anesthesia related complications**

1. Cardiovascular: myocardial infarction or ischaemia, stroke, deep vein thrombosis, pulmonary embolism, etc.
2. Respiratory: atelectasis, pneumonia, asthmatic attack, exacerbation of chronic obstructive airway disease.
3. Allergic reaction and shock.

Procedure related complications

1. Wound pain / Infection / Bleeding
2. Recurrence

Things to take note on discharge

1. There may be some bleeding or discharge from the wound during bowel movement for the first few weeks.
2. Heavy lifting, strenuous activities and swimming should be avoided until the wound has completely healed.
3. Contact your doctor or a nearby Accident & Emergency Department if you find increasing pain or redness around the wound and discharge from the wound.
4. Take analgesics prescribed by your doctor if required.
5. Resume daily activity gradually.
6. Please attend the follow up session at the specified date and time.

Remarks

This is general information only and the list of complications is not exhaustive. Other unforeseen complications may occasionally occur. In special patient groups, the actual risk may be different. For further information please contact your doctor. Evangel Hospital reserves the right to amend this leaflet without prior notice. We welcome suggestions or enquiries on the information provided in this leaflet. Please contact our Healthcare professionals so that we could follow up and make improvement.

References

Cleveland Clinic: “Anal Fistula” (2023)
<https://my.clevelandclinic.org/health/diseases/14466-anal-fistula> (03-08-2023)