ANAL ABSCESS/FISTULA

A patient who feels ill and complains of chills, fever and pain in the rectum or anus could be suffering from anal abscess or fistula. These medical terms describe common ailments about which many people know little.

What Is An Anal Abscess?

Anal abscess is an infected cavity filled with pus found near the anus or rectum.

What Causes An Abscess?

An abscess results from an acute infection of a small gland just inside the anus, when bacteria or foreign matter enters the tissue through the gland. Certain conditions - colitis or other inflammation of the intestine, for example - can sometimes make these infections more likely.

What Is An Anal Fistula?

An anal fistula, almost always the result of a previous abscess, is a small tunnel connecting the anal gland from which the abscess arose to the skin of the buttocks outside the anus.

What Causes a Fistula?

After an abscess has been drained, a small tunnel may persist connecting the anal gland from which the abscess arose to the skin. If this occurs, persistent drainage from the outside opening may indicate the persistence of this tunnel. If the outside opening of the tunnel heals, a recurrent abscess may develop.

What Are The Symptoms Of An Abscess Or Fistula?

Symptoms of both ailments include constant pain, sometimes accompanied by swelling that is not necessarily related to bowel movements. Other symptoms include irritation of skin around the anus, drainage of pus (which often relieves the pain), fever, and feeling poorly in general.
Does An Abscess Always Become A Fistula?

No. A fistula develops in about 50% of all abscess cases, and there is really no way to predict if this will occur.

How Is An Abscess Treated?

An abscess is treated by draining the pus from the infected cavity, making an opening in the skin near the anus to relieve the pressure. Often, this can be done in the doctor's office using a local anesthetic. A large or deep abscess may require hospitalization and use of a different anesthetic method. Hospitalization may also be necessary for patients more prone to infections, such as diabetics or people with decreased immunity. Antibiotics are not usually an alternative to draining the pus, because antibiotics are carried by the blood stream and do not penetrate the fluid within an abscess.

What About Treatment For A Fistula?

Surgery is necessary to cure an anal fistula. Although fistula surgery is usually relatively straightforward, the potential for complication exists, and is preferable performed by a specialist in colon and rectal surgery. It may be performed at the same time as the abscess surgery, although fistulae often develop 4-6 weeks after an abscess is drained - sometimes even months or years later. Fistula surgery usually involves cutting a small portion of the anal sphincter muscle to open the tunnel, joining the external and internal opening and converting the tunnel into a groove that will heal from within outward. Most of the time, fistula surgery can be performed on an outpatient basis - or with a short hospital stay.

How Long Does It Take Before Patients Feel Better?

Discomfort after fistula surgery can be mild to moderate for the first week and can be controlled with pain pills. The amount of time lost from work or school is usually minimal. Treatment of an abscess or fistula is followed by a period of time at home, when soaking the affected area in warm water (sitz bath) is recommended three or four times a day. Stool softeners may also be recommended. It may be necessary to wear a gauze pad or mini-pad to prevent the drainage from soiling clothes. Bowel movements do not affect healing.
Ligation of the intersphincteric fistula tract (LIFT)

LIFT procedure is based on secure closure of the internal opening and removal of infected cryptoglandular tissue through the intersphincteric approach. The LIFT technique is often performed for complex / deep fistulas. The procedure allows our surgeons to access the fistula between the sphincter muscles and avoid cutting them.

The LIFT technique begins by making an incision in the opening of the fistula in the anal canal to determine where it is in the intersphincteric tract, the area between the sphincter muscles. Another opening is made through the external opening of the fistula on the buttocks, in which a tube is inserted through the external opening to identify the tract and to clean the area out. Infected tissue, called cryptoglandular tissue, is removed. The openings are then sealed to prevent further infection and re-occurrence of a fistula.

The procedure is often performed in two-parts in which a seton is first placed into the fistula tract, forcing it to scar over time. 8-12 weeks later, the surgeon removes infected tissue and closes the internal fistula opening. Ultimately, the mid-portion of the fistula is surgically isolated and stitched closed, allowing the internal and external openings to collapse and heal.

Endoanal Advancement Flap

Endorectal advancement flap is a procedure in which the internal opening of the fistula is identified and a flap of mucosal tissue is cut around the opening. The flap is lifted to expose the fistula, which is then cleaned and the internal opening sewn shut. After cutting the end of the flap on which the internal opening was, the flap is pulled down over the sewn internal opening and sutured in place. The external opening is cleaned and sutured.
Q: What are the symptoms associated with a fistula?
A: The following may be symptoms or signs of an anal fistula:
   • Recurrent anal abscesses
   • Pain and swelling around the anus
   • Pain with bowel movements
   • Bleeding
   • Bloody or foul-smelling drainage (pus) from an opening around the anus. The pain may decrease after the fistula drains.
   • Irritation of the skin around the anus due to persistent drainage
   • Fever, chills, and a general feeling of fatigue.

You should see one of our experienced colorectal surgeons if you notice any of these symptoms.

Q: How will I know if I have a complex fistula?
A: There are various diagnostic tools that our colorectal surgeons can use to determine the level of severity, including anoscopy, proctosigmoidoscopy, colonoscopy, anal/rectal ultrasound, and MRI.

Q: Is a LIFT procedure or endorectal advancement flap a minimally invasive procedure?
A: On the spectrum of surgical procedures used to treat fistulas, these are reserved for more complex anal fistula cases.

Q: Will I need to stay in the hospital?
A: Most fistula surgeries are generally done on an outpatient basis.

Q: What will be my follow-up care?
A: Following your fistula surgery, your physician may recommend soaking the affected area in a warm bath and taking stool softeners or laxatives for a week. Since you may also experience some pain or discomfort in the area after surgery, your physician will prescribe pain pills. Most fistulas respond well to surgical treatment.