

After surgery

After an operation for anal fistula the person has an open wound next to the anus. Sometimes the wound needs light packing to keep the skin open while the inside heals up.

Other patients may simply need a dressing, or use a sanitary towel to prevent staining of their underwear. It helps healing if the patient has a bath or shower at least once or twice a day during healing.

Rarely an operation for anal fistula doesn't include all the side-branches of the fistula tunnel. If this happens, the patient may develop similar symptoms again and need further surgery. If this happens, the surgeon will usually organise a MRI scan before another operation.

Complex anal fistulas

Very rarely an anal fistula is caused by an underlying condition such as Crohn's disease. Where this is the case the fistula is usually not a simple straight tunnel.

If the surgeon suspects an underlying condition then they will take a sample of the wall of the fistula to check in the laboratory, and the person may need a different type of treatment.

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Anal fistula

A patient's guide



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What is an anal fistula?

An anal fistula is a tunnel connecting the inside of the lowest part of the bowel (the anal canal) with the skin.

How are anal fistulas caused?

Anal fistulas usually start off with an infection in one of the glands inside the anus that normally produce lubrication to help the passing motions. This infection can form an abscess next to the anus and may burst through to the skin.

Some people with anal fistulas only know about it when they develop an abscess next to the anus that brings them to the emergency department for an emergency operation. Other people have less obvious infection. They may notice a painful swelling next to the anus that builds up then releases a small amount of sticky liquid then later swells up again.

How are anal fistulas diagnosed?

When someone has episodes of a painful swelling and discharge next to the anus the general practitioner will usually refer that person to see a specialist in the colorectal clinic.

In clinic it is usually possible for the specialist to see or feel the fistula when they examine the person's bottom. If there is doubt, or if the fistula seems to be complex rather than a simple straight tunnel under the skin, the specialist may organise a magnetic resonance scan to show all the side branches of the fistula clearly as a map before operation.

What is the treatment for anal fistulas?

When someone has an abscess next to the anus this can be relieved in an emergency by an operation to drain it. However it is often difficult to tell if there is an anal fistula there at that time when everything is so swollen. In this situation patients are usually advised to come to the colorectal clinic for review a few weeks later.

Once an anal fistula has been diagnosed the options are to leave it or to have an operation. Anal fistulas that are left alone usually continue to cause problems for the patient with further episodes of painful swelling and discharge, and may even become bigger or more complex. Therefore specialists usually advise operation.

Surgery for anal fistula

Anal fistula surgery can nearly always be done as a day case under general anaesthetic. The surgeon examines the anus and lower bowel carefully to make sure that they find any side-branches of the fistula tunnel and then opens the tunnel up to the skin.

This leaves an open wound at the edge of the anus. The surgeon usually puts local anaesthetic into the wound while the patient is still under anaesthetic so that their bottom is numb when they first wake up.

Rarely the fistula goes further up into the bowel and involves the muscles of the anus. When this happens the fistula tunnel can't easily be opened up without weakening the anal muscles which could reduce the person's control of passing motions.

Therefore instead of opening up the whole tunnel the surgeon may pass a nylon thread called a "seton" through the fistula and leave it there on a temporary basis to stop more infection collecting.