

Having an operation to treat your anal fistula

This leaflet explains what an anal fistula is, why an operation may have been recommended for you and what this involves. If you have any questions or concerns, please speak to your doctor or nurse.

What is an anal fistula?

An anal fistula is an abnormal connection or tunnel between your anal canal (back passage) and the skin of the bottom. It can often be seen as a small hole near your anus (the opening of your anal canal).

There are different types of fistulas. They can be a simple tunnel linking your anus and skin, or a complex network of tracts that branch off in different directions. Some fistulas run through the sphincter muscles which surround the anus and are responsible for maintaining bowel control.

What causes an anal fistula?

A fistula can form due to specific intestinal diseases, such as Crohn's disease. But about half of fistulas develop from an infection around the anus which can result in an abscess.

An abscess is a painful swollen area containing pus which is a yellowish/green liquid produced by infected tissue. An abscess in the anus can occur when a small gland just inside the anus becomes infected. When an abscess discharges its pus, it may cause a fistula.

Fistulas can also form from a previous abscess that has not fully healed after being drained.

What are the symptoms of an anal fistula?

The main symptoms are pain and leakage of pus (sometimes blood-stained) from the fistula. This leakage often relieves the pain. If an abscess is present, there will also be swelling around the anus.

How can a fistula be treated?

Fistulas very rarely heal by themselves and surgery is the only way to treat them. The surgery recommended for you will depend on the complexity of your fistula. Your surgeon will discuss this with you, so you know exactly what is planned for you.

Surgery to treat a fistula is performed under general anaesthetic, which is medicine that will put you to sleep for your operation, so you will not feel any pain. It is given through a small injection into the back of your hand. You should receive the leaflet, **Having an anaesthetic**, where you can find more information about anaesthesia. If you do not receive this leaflet, please ask for one from a member of staff caring for you.

The aim of the operation is to promote healing from the base of your fistula outwards to the skin surface. To do this, the infected tract is cut or 'laid open' to prevent unhealed pockets of infection from being trapped inside. If an abscess is present, this is cut open and drained first, before the fistula is laid open.

If you have a complex fistula, you may need more than one operation to assess and treat it. You will be given more information on this if it applies to you.

Why should I have an operation?

As explained previously, surgery is the only way to treat your fistula. The surgery aims to relieve your symptoms, and remove the tracts and any infection. If you do not have the surgery, your fistula is unlikely to heal.

Giving my consent (permission)

We want to involve you in decisions about your care and treatment. If you decide to go ahead, you will be asked to sign a consent form. This states that you agree to have the treatment and you understand what it involves.

You should receive the leaflet, **Helping you decide: our consent policy**, which gives you more information. If you do not, please ask a member of staff caring for you for a copy.

Do I need to do anything before the operation?

We will ask you to attend a pre-assessment clinic before your operation where we will check your health, ask you questions about your medical history and your medicines, and discuss the surgery with you in more detail. Please ask us questions if you are uncertain about any aspect of the treatment.

The operation is often performed as a day case, which means you can come into hospital and leave the same day as your surgery. If this is the case, you will receive the information leaflet, **Surgical Admissions Lounges and Day Surgery Units at Guy's and St Thomas' hospitals**, which will give you more information about preparing for your operation.

If you need to stay in hospital following your operation, you will receive the leaflet **Preparing for your stay at Guy's/St Thomas'**, which provides advice on how to prepare for an overnight stay in hospital.

Are there any risks from the operation?

Your surgeon will discuss the possible risks with you before asking you to sign a consent form.

The risk of complications for this type of surgery depends on where your fistula is. If the fistula is deep or complex, there may be an increased risk of damage to your anal sphincter muscles which are important for bowel control and continence. In most cases, surgery does not involve cutting a significant section of these muscles, so bowel continence is not at risk. However, you should be aware that any damage to the sphincter muscles can lead to a change in your ability to control wind or stool. Please discuss this with your surgeon.

What if my sphincter muscles are involved in the fistula tract?

It is not always possible before surgery to tell whether your fistula runs through your sphincter muscles. Damage to these muscles can affect bowel continence. Therefore, if your fistula runs through these muscles, rather than cutting them, your surgeon will put a stitch in your fistula, called a 'seton'. A seton is a thread that is inserted through the fistula tract, out of the bottom and then tied in a knot outside. This allows the infection to drain and heal, without damaging your sphincter muscles.

Your surgeon may lay open the part of your fistula that does not involve the sphincter muscles, and then insert a seton for the section that lies within the sphincter muscles. Therefore, you may end up with both a wound and a seton. Your surgeon will discuss this with you in more detail during your consultation.

What happens after the operation?

If your fistula is complex, you may need to stay in hospital overnight. However, if you had your operation in the Day Surgery Unit (DSU), you will be able to go home on the same day as your surgery, once the anaesthetic has worn off.

If your surgeon inserts a seton, you will need to keep the stitch in place for several weeks until all the pus and infection has drained away. Sometimes it may need to be kept in much longer than this. The stitch will not be painful; you will be able to bathe and open your bowels as normal, and it will not interfere with sexual intercourse or pregnancy.

Before you leave hospital, please make sure we give you the leaflet, **Recovering after your anal fistula operation**, which explains how to look after your wound while it heals.

What follow-up care will I receive?

We normally arrange to see you about four to eight weeks after your surgery to check your wound and make sure that no other abscesses or fistulas are developing.

If you do not receive your follow-up appointment within two to three weeks of leaving the hospital, please telephone the surgical clinic clerks on **020 7188 6208**.

Useful contacts for further information

CORE is a charity offering information on digestive disorders and bowel problems, such as Crohn's disease and irritable bowel syndrome:

www.digestivedisorders.org.uk

t: 020 7486 0341

e: info@corecharity.org.uk

Some of the information in this leaflet has been adapted from information produced by St Mark's Hospital and the Association of Coloproctology of Great Britain and Ireland (ACPGBI). The association's website has further information on all aspects of colon and rectal disease:

www.acpgbi.org.uk

Contact us

Pharmacy Medicines Helpline

If you have any questions or concerns about your medicines, please speak to the staff caring for you or call our helpline.

t: 020 7188 8748 9am to 5pm, Monday to Friday

Patient Advice and Liaison Service (PALS)

To make comments or raise concerns about the Trust's services, please contact PALS. Ask a member of staff to direct you to the PALS office or:

t: 020 7188 8801 (St Thomas') **t:** 020 7188 8803 (Guy's)

e: pals@gstt.nhs.uk

Language Support Services

If you need an interpreter or information about your care in a different language or format, please get in touch using the following contact details.

t: 020 7188 8815 **fax:** 020 7188 5953

NHS 111

Offers medical help and advice from fully trained advisers supported by experienced nurses and paramedics.

Available over the phone 24 hours a day.

t: 111

NHS Choices

Provides online information and guidance on all aspects of health and healthcare, to help you make choices about your health.

w: www.nhs.uk

Leaflet number: 908/VER3

Date published: April 2014

Review date: April 2017

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