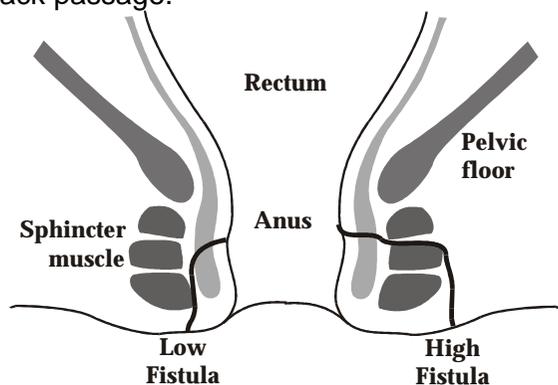


### What is a fissure?

The anus (back passage) is normally lined with tissue containing small glands. Occasionally, one of these glands becomes infected. The infection is often forced out of the anus through the surrounding tissues and appears on the skin near, but outside the anus. This infected 'tunnel' is what we call a fistula.

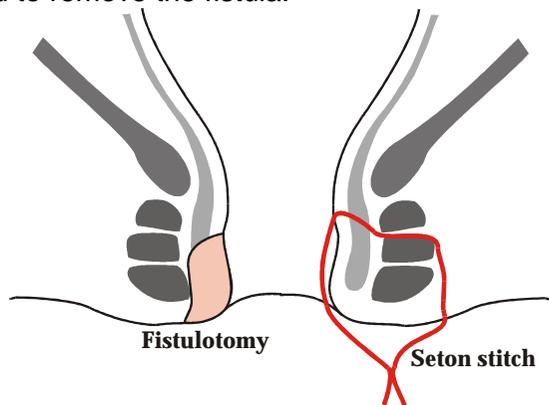
The fistula may push its way out of the anus below the sphincter muscles ('low') or through them ('high'). Sometimes it first comes to light as an abscess in the back passage.



### What treatments do we use?

If the fistula is 'low' (the sphincter muscle is safe above it) the surgeon may perform an operation to open up the 'tunnel' and clean it to allow the body to heal of its own accord ('**fistulotomy**').

If the fistula is 'high' (the sphincter muscle would be damaged by any cutting of the back passage) the surgeon will usually put in place a soft plastic band (**seton stitch**). This prevents the fistula from causing any more damage to the back passage but does not get rid of it straight away. Another operation is usually needed to remove the fistula.



### What to expect afterwards.

#### **Fistulotomy**

Immediately after there may be a mild discomfort in the back passage and there is frequently some bleeding from the raw area. This is normal – do not worry.

Over the next few days or so, the raw area settles down although there may be a sensation of irritation or discomfort especially when going to the toilet. If this is bothersome, you may take some mild painkillers such as Paracetamol to help.

#### **Seton stitch**

The seton stitch remains in place for weeks or sometimes months. Although you will be able to feel it outside the back passage, it does no harm and is inert so the body simply ignores it. You may find there is some irritation or minor discharge from the outside –this is normal.

### Potential complications of treatment

The main concern is damage to the sphincter muscle leading to weakness of the back passage. This may be caused by the infection in the first place. The risk of minor leakage from the back passage after **fistulotomy** is less than 1 in 20. Major problems with leakage and incontinence are nearer 1 in 40. There is almost no risk of incontinence after the **seton stitch** operation.

### When to be seen again.

The plan following treatment will usually be discussed with you before discharge after an operation.

If you get severe, persisting pain or swelling you should make arrangements to be seen promptly. Occasionally a second infection occurs after the operation and may need some additional treatment.

### How to look after your operation / seton stitch.

1. Prevent the motions from being too hard. You can help to keep the motions soft by eating a diet high in fibre, drinking plenty of fluid with meals and, if necessary, taking mild laxatives such as lactulose from the chemist.
2. Either wash and pat the 'tail-end' dry with a towel or wipe carefully with paper after a motion. Don't rub too hard as this may pull the stitch.
3. Avoid using talc or sprays around the anus. A little Vaseline can help stop the skin becoming irritated if there is a little bit of discharge.



# *Fistula in Ano*

## *Patient Information*

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