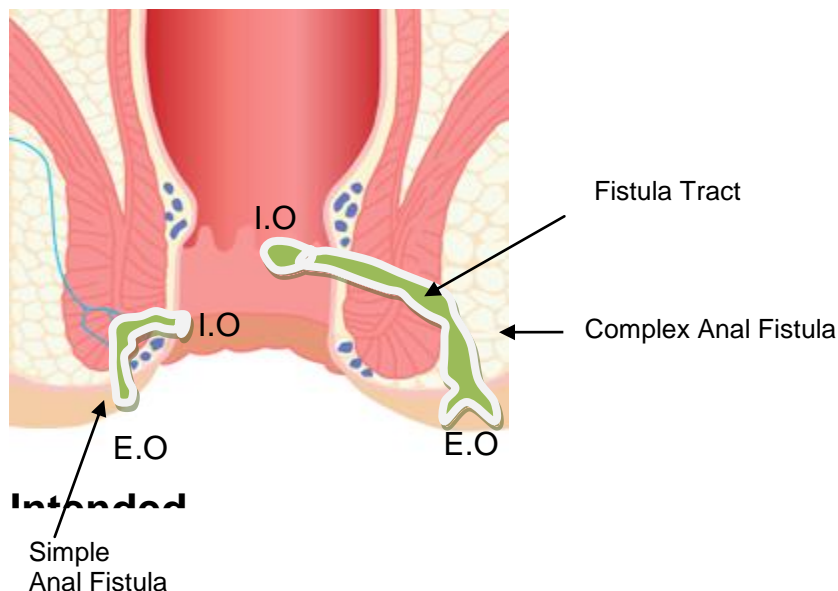


Department of General Surgery

VAAFT- Video Assisted Anal Fistula Treatment for Anal Fistula Surgery

What is an anal fistula?

An anal fistula is a small tunnel that develops between the end of the bowel and the skin near the anus (where poo leaves the body). They are usually the result of an infection near the anus causing a collection of pus (abscess) in the nearby tissue. When the pus drains away, it can leave a small channel behind. Anal fistulas can cause unpleasant symptoms, such as discomfort and skin irritation, unpleasant discharge and will not usually get better on their own. Surgery is recommended in most cases. With anal fistula you may be able to see one or more holes near your back passage. These are the external openings (E.O.) of the tunnel which pass down from the back passage's internal opening (I.O.). The tunnel is often called as fistula tract.



Patient Information

Benefits of fistula surgery

- (1) To find out whether the anal fistula is simple or complex.
- (2) To control and/or cure the fistula with minimal side effects. This can often be in stages and may need several small procedures.

Surgery for anal fistula

Sometimes it is not possible to see the full extent of the fistula before surgery and so decisions are made whilst you are anaesthetised. Simple fistulas can be 'laid open' by cutting a small amount of the anal skin and muscle to open up the track.

Fistulas that are deeper (complex fistulas) cannot be treated like this because it may damage the muscles which could potentially result in loss of bowel control (bowel incontinence). Here a variety of other treatments are available and your surgeon will discuss the options with you individually. Complex fistulas are difficult to treat and the surgery may be planned in several stages over weeks, months or even years.

It is important to identify the course of the fistula(s) to enable correct treatment to be given. This can be achieved by passing a probe through the external opening down to the internal opening within the anal canal. An MRI scan is usually helpful to identify complex tracts. Another way of identifying a fistula tract is to pass a tiny camera into a tract to explore and directly see the tract. Fistula can be superficial or deep and simple or complex.

Superficial or Simple Fistula

For superficial fistulas the best treatment is to open up the fistula by cutting through the skin directly. Sometimes this involves cutting a small amount of the anal sphincter muscle but the risk incontinence is very low. This creates a small raw area that will heal without the need for any special dressings.

Deeper fistulas

If the internal opening is deeper inside it is often best not to cut the anal sphincter muscle. The part of the tunnel (tract) away from the muscle can still be laid open; however, the surgeon may decide to insert a Seton. A Seton is a piece of surgical thread that can be passed from the skin opening along the line of the fistula, through the internal opening and out

Patient Information

through the anus. It is then tied to form a loop that can stay in place for some weeks or months. Most people find a seton, fairly comfortable. You can go to the toilet and shower normally quite safely.

A loose seton is most commonly used. This allows the fistula to drain and helps it heal gradually around the seton, leaving mature scar tissue. This is often the first part of treatment; you may need several more procedures.

Secondary Surgery

Once a seton is in place, the fistula is usually controlled but this does not result in a cure and some discharge will remain. Further surgery may be needed and there are a variety of options available. The choice is dependent on the type of fistula, what caused the fistula, and patient and surgeon preferences. Combinations of treatments are often used.

Some options are:

- Remove the seton and hope the fistula closes or discharges a minimal amount.
- Try to close the fistula with fibrin glue – This involves the surgeon injecting glue into the fistula while you are under a general anaesthetic. The glue helps seal the fistula and encourages it to heal. It's generally less effective than fistulotomy for simple fistulas and the results may not be long-lasting.
- Use a cutting seton which is slowly tightened over several weeks or months so that it gradually cuts through the muscle allowing healing but with a smaller risk of incontinence. This requires multiple visits to the hospital.
- Core out the fistula track and close the internal opening using a section of the lining of the rectum ('mucosal flap advancement').
- Close the fistula track with a biological plug, called an anal fistula plug.
- LIFT procedure (ligation of the intersphincteric fistula tract). LIFT is a fairly new technique used for fistulas that pass through the anal sphincter muscles. The space between these circular muscles is opened to reveal the cord-like fistula tract. This tract is then cut, and the fistula stitched (ligated) either side.
- VAAFT- Video Assisted Anal Fistula Treatment – A tiny camera is used to see inside the track. The surgeon will use burning (cautery) of the internal lining and a brush to clean the fistula track. The

Patient Information

internal opening to the anus/rectum is closed or left for another time if your track is more complex.

None of these methods are guaranteed to succeed at the first attempt, and sometimes multiple operations may be required to eventually achieve healing of the fistula. The advantage of these methods is that there is a very low risk of becoming incontinent because the anal muscle is not cut open, however temporary loss of control of 'wet wind' can be problematic in 10% of cases.

Why Use VAAFT to treat Anal Fistula

The purpose of the VAAFT is to help find the fistula opening, the flushing of the fistula tract, and also identifying the track of fistula. It is also hoped that through time, there will be less need for a MRI scan. The second purpose of VAAFT is to close the fistula tract from the inside. During this step, the fistula canal is washed, cleaned, burned (cauterised) internally, waste material removed and the internal opening of the fistula is closed. The reported success rate with VAAFT surgery is 70-80%. VAAFT is a new treatment performed for anal fistula at University Hospitals of Coventry and Warwickshire.

Benefits of VAAFT in comparison to other treatments are:

- It is performed under direct vision
- It helps to identify any possible secondary tracts or chronic abscesses
- It preserves anal continence
- Wounds are quite small and does not need packing of wound
- Pain experienced during the postoperative period is minimal

What are adverse effects associated with VAAFT:

- Minor bleeding and pain occurs for most patients undergoing VAAFT. You are quite likely to have a small amount of bleeding from the wound or the anus after the operation. You may notice this particularly after your dressing has been done, or on your stool or on the toilet paper when you wipe yourself. This is normal and nothing to worry about. It is a good idea to wear a small pad inside your pants to protect your clothes from any staining.

Patient Information

- You might develop pus discharge from the external opening of fistula. If this is associated with high temperature, you might require antibiotics to treat wound infection.
- Fluid is used to wash fistula tract during VAAFT and rarely this fluid escapes out of fistula tract and causes swelling. This swelling usually goes down over the course of 3-4 days and does not require any intervention.

You must contact 111/ Urgent Care Centre / Accident and Emergency if you experience any of these side effects:

- Worsening pain in the area between your anus and genitals (perineum) and a high temperature
- Ongoing fresh bleeding from back passage or fistula opening

After the procedure

After your procedure you will usually be taken to the recovery ward where you will be looked after by specially trained nurses, under the direction of your anaesthetist. The nurses will monitor you closely until the effects of any general anaesthetic have worn off. They will monitor your heart rate, blood pressure and oxygen levels too. You will be given oxygen through a facemask, fluids through your drip and appropriate pain relief until you are comfortable enough to return to your ward.

Eating and drinking

You can eat and drink normally, and we recommend that you eat a high fibre diet and drink six to ten glasses of water every day. You will get additional information about this at the time of your discharge from hospital.

Getting about after the procedure

We will help you to start moving around as soon as possible after the procedure. This helps improve your recovery and reduces the risk of certain complications. Within one to two hours of your operation, you will be encouraged to get up and walk around.

Patient Information

Leaving hospital

Discharge from hospital will be the same day (for planned day-case surgery) or the following day.

How will I poo (open my bowels)?

From the day after your operation you may be given laxatives. This will soften the stools and make you need to go to the toilet. You may not open your bowels for a day or two, and when you do some discomfort and a little bleeding may be present. This is to be expected. We will aim to control any discomfort by giving you pain killers as you require them. It is often a good idea to take pain killers 15 to 20 minutes before you try to open your bowels.

Your dressings at home

Before you go home your nurse will talk to you about how to look after your dressings at home. You will need to continue to have your dressings changed each day. The dressing should be laid on the wound flat.

You may have some fluid or discharge from the wound while it is healing. A small pant liner or pad will protect your underwear. If hairs start to grow you may need to have these shaved to stop them from growing into the wound. You should take a bath or use a bidet to clean the area after opening your bowels.

How long should I stay off work?

- Most people need a week or two off work once they go home, but this will depend on what you do and the extent of your fistula.
- The time taken to get back to normal activities varies for different people and will depend on the surgery you have had
- Do as much as you feel comfortable doing. If you need to take painkillers these may make you drowsy, so you should avoid driving or operating machinery.
- If lifting causes you discomfort you should avoid it. You should not go swimming until your wound has healed as the chlorine in the water may affect wound healing and there is a chance of picking up or passing on an infection.

Patient Information

- You may find that vigorous exercise is uncomfortable. Start with gentle walking and build up your activity level gradually.
- You can have sex as soon as you feel comfortable to do so.

The Trust has access to interpreting and translation services. If you need this information in another language or format, please contact 024 7696 6101 and we will do our best to meet your needs.

Contact:

If you need further information or advice, you can contact the secretary of your surgeon through hospital switchboard via 02476964000

The Trust operates a smoke free policy

To give feedback on this leaflet please email feedback@uhcw.nhs.uk

Document History

Department: General Surgery

Contact: 26101

Updated: May 2021

Review: May 2022

Version: 1

Reference: HIC/LFT/2594/21