Fistula Repairs of the Lower Bowel
Seton, Fistulotomy, Fibrin Glue, Fistula Plug, Endorectal Advancement Flap

A fistula is an abnormal tract between the bowel and another structure. Fistulas can be a result of injury or surgery. It can also result from infection or inflammation. Treatment depends on where the fistula is and how complex it is. An anal fistula is almost always the result of an abscess.

A small gland just inside the anus becomes infected when bacteria or foreign matter enters the tissue through the gland. If not treated, the abscess can grow from the anal gland and tunnel to the surface of nearby skin. If this tunnel does not heal, a fistula develops. Certain conditions, colitis or other diseases of the bowel can sometimes make these infections more likely. Fistulas can cause pain, fever, and drainage. Healing a fistula can be a slow and difficult process.

The key to healing a fistula is to find the internal opening. It may take a few surgical attempts to find this opening.

**Seton:** A seton is like a string made out of an inert silicone or a braided suture. These materials are not absorbed by the body. The seton can be placed through the entire fistula tract and the ends are brought together and tied. The seton may be left in place for any length of time. The purpose is to provide controlled drainage, decreasing inflammation and allowing a scar to form along the tract. There may be pain. Expect to have normal bowel function with a seton in place.

Once all the inflammation has resolved, and a mature tract has formed, surgery may then be an option. This is called a staged procedure. A cutting seton is used when the anal muscles are involved. This type of seton helps avoid damage to the muscles. The seton is slowly advanced through the muscles, creating a scar as it heals, closing the tract. Setons can be used alone or combined with surgery.

**Fistulotomy:** Surgery opens the fistula tract and joins the inner and outer openings. This converts the tunnel to a groove. The groove heals from the inside out.

**Endorectal Advancement Flap:** A flap is created from the rectal wall to cover the internal fistula opening. By closing the source of the drainage, the tract and external wound can heal over time. You will need to eat a low fiber and residue diet after surgery. Full bowel prep with antibiotics.

**L.I.F.T:** This stands for litigation of intersphincteric fistula tract. It is a method for treading a complex or deep fistula.

This procedure is usually done in two-parts. A seton is placed into the fistula tract and this widens the tract over time. In most cases 4-6 weeks later surgery involves a new small incision between the sphincter muscles and the mid portion of this tract is stitched closed. This allows the internal and external openings to collapse and heal.
The success rate is about 60% and this surgery has a longer time in which it can fail. There may be drainage from the surgical site that can last 2 months. This surgery preserves the sphincter so there is a zero to rare chance of incontinence being caused by this surgery. Full bowel prep is needed for this surgery.

Ostomy: A temporary opening in the abdomen to divert waste into a collection bag, to allow the anal area time to heal. Full bowel prep with antibiotics.

Day before Surgery: Bowel Prep
Most patients need to drink some type of laxative to prepare for surgery. It will depend on your own special case. The bowel prep will be one of these:
- No solid food and drinking only clear liquid diet
- Clear liquid diet, magnesium citrate, and enemas
- Full bowel prep – Laxative pills, drinking GoLYTELY® until stools are clear, antibiotic pills and enema

Your bowel prep will be prescribed ahead of time. We will discuss the details of it with you before surgery.

After Surgery
- You may have an open wound, this will depend on your surgery.
- Take a sitz bath at least 3-4 times a day and after each bowel movement. This will help decrease the pain of rectal spasms and aid healing. Sit in a bathtub or portable sitz bath of warm water for 10-20 minutes.
- Avoid hard wiping of the area for the first few days. Do not use toilet paper, instead, use alcohol-free baby wipes.
- You will have reddish-yellow drainage for at least 7-14 days. You will need mini-pads or sanitary pads for your underwear during this time. The drainage will decrease in amount and get lighter in color. With bowel movements and more activity you may notice an increase of bloody drainage.

Pain
Pain after surgery may be mild to severe for the first week and may last longer than you expect. Pain medicine will be prescribed. Follow the instructions from your pharmacist on how to take these pain pills.

With future surgeries in this area, you may have more pain at first, because of the increased exposure of nerve endings.

Avoid Constipation
While on pain pills, you may be asked to take a stool softener (Docusate sodium) and a bulk fiber laxative such as Metamucil® to prevent problems with constipation. These will help the stool pass more easily. You can buy these over-the-counter. Follow package directions.

Diet
1. Seton, fistulotomy, fibrin glue, fistula plug, advanced flap: may resume general diet as tolerated.
2. Ostomy: follow a low residue diet right after surgery. At your first post-op visit, we will discuss changes in diet. We will give you a handout that describes this.

Activity
- For comfort, change your position often, sitting to standing to lying down as needed.
- You may return to work as soon as you are comfortable and not taking pain pills.
- Do not drive while on narcotics.
- Sex may be resumed when you are comfortable.
- You will return to see your doctor in 1 – 3 weeks.

**When to Call the Doctor**
- Large amount of bright red blood that does not stop with pressure to the area for 10 minutes
- Temperature over 100.4°F for 2 readings taken 4 hours apart. Take your temperature once a day for a week.
- Foul-smelling drainage
- Excess or new swelling
- Problems having or controlling bowel movements
- Signs that your fistula has returned
- Severe pain
- Trouble passing urine

**Phone Numbers**

**Digestive Health Center:**
(608) 890-5000

After hours, weekends and holidays ask for the doctor on call. Leave your name and phone number with area code. We will call you back.

Toll Free: (855) 342-9900


Your health care team may have given you this information as part of your care. If so, please use it and call if you have any questions. If this information was not given to you as part of your care, please check with your doctor. This is not medical advice. This is not to be used for diagnosis or treatment of any medical condition. Because each person’s health needs are different, you should talk with your doctor or others on your health care team when using this information. If you have an emergency, please call 911. Copyright © 12/2016 University of Wisconsin Hospitals and Clinics Authority. All rights reserved. Produced by the Department of Nursing. HF#7597