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## PATIENT INFORMATION AND CONSENT FOR ANAL FISTULA REPAIR

### IMPORTANT THINGS YOU NEED TO KNOW

Patient choice is an important part of your care. You have the right to change your mind at any time, even after you have given consent and the procedure has started (as long as it is safe and practical to do so). If you are having an anaesthetic you will have the opportunity to discuss this with the anaesthetist prior to the procedure.

We will also only carry out the procedure that is described on your consent form unless, in the opinion of the health professional responsible for your care, a further procedure is needed in order to save your life or prevent serious harm to your health.

However, there may be procedures you do not wish us to carry out and these can be recorded on the consent form.

The surgeon whose name is on the consent form will be the surgeon who performs your procedure. However, other suitably trained surgeons may also be involved in your care during your procedure as directed by the primary surgeon.

### ABOUT SURGERY FOR ANAL FISTULAS

Your surgeon has recommended that you undergo an operation for anal fistula. Since few fistulas heal spontaneously, surgery is required for almost all patients with this condition.

A fistula is an abnormal connection between the anus and the skin. On the surface of the skin around the anus there may be one or more holes evident: these are the external openings of thin passages which tunnel down towards the anal canal. A fistula is usually the result of a previous abscess in the area which has been drained but does not fully heal. This results in persistent or intermittent discharge of pus, blood or mucus. There is not usually much pain, although an abscess can sometimes recur.

### INTENDED BENEFITS

1. To identify the nature of the anal fistula.
2. To perform surgery (often in stages) that will control and/or cure the fistula with minimal side effects.

## WHO WILL PERFORM MY PROCEDURE?

This procedure will be performed by a suitably qualified and experienced surgeon, or a trainee surgeon under the direct supervision of a suitably qualified and experienced surgeon.

## BEFORE YOUR PROCEDURE

You may need to attend the pre-operative clinic, which is usually run by specialist nurses and anaesthesiologists. At this clinic, we will ask for details of your medical history and carry out any necessary clinical examinations and investigations. Please ask us any questions about the procedure, and feel free to discuss any concerns you might have at any time.

We will ask if you take any tablets or use any other types of medication either prescribed by a doctor or bought over the counter in a pharmacy.

## DURING THE PROCEDURE

Fistula surgery may be simple or complex according to the nature of the 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

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 situated more deeply (complex fistulas) cannot be treated like this because it would involve cutting too much muscle and could result in 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 a period of weeks, months or even years.

### Finding the fistula track

It is crucial to identify the course of the fistula(s) to enable correct treatment to be given. Usually this can be achieved by passing a probe through the external opening down to the internal opening within the anal canal. Occasionally the track is difficult to find if it is narrow or winding.

### Laying open of the track

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

### COMPLEX FISTULAS

If the internal opening is deeper inside it is often best not to cut the anal sphincter muscle and instead explore the use of alternative strategies. The part of the track away from the muscle can still be laid open, however, the surgeon may decide to insert a seton.

### SETONS

A seton is a piece of suture material or a rubber sling that can be passed from the skin opening along the line of the fistula, through the internal opening and out 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 wash normally quite safely. A loose seton is most commonly used. This acts as a wick to promote drainage of any infected material and allows the fistula track to heal gradually around the seton, leaving mature scar tissue. This is often the first part of treatment requiring several stages.

### SECONDARY SURGERY

Once a seton is in place the fistula is usually controlled but this does not result in 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, the underlying cause and patient and surgeon preferences.

Amongst the options are:

1. remove the seton and hope the fistula closes or discharges a minimal amount
2. try to close the fistula with fibrin glue – this is appealing but success is not guaranteed
3. use a cutting seton which is slowly tightened over several weeks so that it gradually cuts through the muscle allowing healing but with a smaller risk of alteration of continence than occurs with a single surgical cut
4. core out the fistula track and close the internal opening using a section of the lining of the rectum ('mucosal flap advancement').
5. LIFT procedure (ligation of the intersphincteric fistula tract). LIFT is used for fistulas that cross both the internal and external anal sphincter muscles. The

space between these circular muscles is opened up to reveal the fistula tract. This tract is then cut and the fistula stitched (ligated) on either side.

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.

## AFTER THE PROCEDURE

Once your surgery is completed you will usually be transferred 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 adequately worn off and you are conscious. They will monitor your heart rate, blood pressure and oxygen levels too. You may be given oxygen via a facemask, fluids via your drip and appropriate pain relief until you are comfortable enough to return to your ward.

### EATING AND DRINKING.

You may eat and drink normally, and we recommend a high fibre diet and fluid intake of at least six to ten glasses of water daily.

### GETTING ABOUT AFTER THE PROCEDURE.

We will help you to become mobile 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.

### LEAVING HOSPITAL.

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

### RESUMING NORMAL ACTIVITIES INCLUDING WORK.

After a few days, provided you feel comfortable, there are no restrictions on activity and you may lift, drive and go back to work.

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## SPECIAL MEASURES AFTER THE PROCEDURE.

### BOWEL FUNCTION.

Please feel free to use a laxative to help your bowels open comfortably after surgery if you wish.

### PAIN RELIEF.

In order to minimise the pain associated with your operation, a number of measures will be taken at the time of surgery, local anaesthetic will be injected to provide pain relief after surgery. You will be given painkillers to take by mouth. You may have sitz baths (a 15 minute bath in water as warm as you can tolerate) several times daily or as often as you require them. These are very soothing and provide several hours of pain relief.

### CHECK-UPS AND RESULTS

Within a week after discharge, please call the office to book an appointment to follow up with your surgeon within 5-6 weeks, or as otherwise directed by your surgeon. At that time, we can check your progress and discuss any further treatment.

## SIGNIFICANT, UNAVOIDABLE OR FREQUENTLY OCCURRING RISKS OF THIS PROCEDURE

Surgery of anal fistula is generally a very safe operation with few risks, but as with any surgical procedure, complications can occur.

The maintenance of anal continence is of paramount importance in the decision-making concerning the nature of the surgery performed. For the majority of patients, laying open of the fistula does not involve cutting a significant portion of the anal muscles and continence is not at risk. Nevertheless, any disturbance of the anal sphincter muscles can lead to some degree of change in ability to control wind, liquid and, very occasionally, solid stool from the back passage.

In the period following your operation you should contact your GP or your surgeon if you notice any of the following problems:

1. Increased pain, redness, swelling, or discharge.
2. Severe bleeding.
3. Constipation for more than 3 days despite using a laxative.
4. Difficulty in passing urine.
5. High temperature over 38° or chills, nausea, or vomiting.

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If you suffer from urinary symptoms due to a large prostate you might be at increased risk of urinary problems after surgery.

### ACKNOWLEDGEMENT

By signing below and the attached surgical consent form, you acknowledge that you have read and understood the patient information about this procedure, that the procedure has been discussed with you by your surgeon, and that you have no further questions and wish to go ahead with the procedure.

Name (Print): .....

Signature: .....

Date: .....