**WHAT IS FISTULA:**

Fistula is an abnormal passageway that develops from inside the anus/rectum to the surface of the skin around the anus. It typically develops in the upper part of the anus (butthole), where anal glands are located.

These glands can become infected leading to drainage. The drainage from the infection is called a perianal abscess (sometimes an anal fistula). It usually occurs due to infection and pus collection in anal glands which then drains and develops into a fistula.

Fistula is often confused with Piles or hemorrhoids but has different symptoms which can make day-to-day living uncomfortable.

**TYPES OF FISTULAS:**

* Simple fistula
* Complex Fistula

1. **Simple Fistula**- It usually occurs due to glandular obstruction resulting in an abscess. It is easy to diagnose and has a low recurrence rate and fewer complications. Surgery is required to cure the fistula.
2. **Complex Fistula**- Complex fistulas are recurrent fistulas with multiple tracts and are most commonly associated with some underlying diseases like Crohn's disease, inflammatory disease of the rectum, or radiation.

**Uncommonly complex fistulas may be developed under the following health conditions**:

1. Ulcerative colitis and Crohn's disease
2. Tuberculosis
3. Sexually transmitted disease
4. Trauma
5. Anorectal cancer

**SYMPTOMS OF FISTULA:**

The symptoms of an anal abscess and an anal fistula can resemble and may include:

1. Anal pain, often intense and throbbing, painful bowel movement and urination.
2. Itching, redness, or soreness at the anal opening.
3. Swelling, inflammation inside or around the anus
4. Fever and chills
5. Fluid drainage around the anus which may include poop, pus, or blood that may cause a smell
6. Repetitive cyclical foul smell discharge once every 4 to 8 weeks.
7. Discharge pus from the anal region

**CAUSES OF FISTULA:**

The most common cause of fistula is perianal abscess which usually forms over an infected anal gland

Abscess: An Abscess is an infected cavity filled with pus that develops near the anus or rectum. It is of utmost importance to drain the pus to avoid further infections and if the glands of the anus become clogged that may result in infection resulting in an abscess.

Bacteria feces or foreign matter can also clog the anal glands causing abscesses to form.

The most common causes of Fistula are:

* Inflammatory Bowel Disease (IBD), Crohn’s disease, diverticulitis.
* Tuberculosis affecting the anus.
* Previous surgery or traumatic injury around the region.
* Childbirth during pregnancy.
* Anal STIs (Sexually Transmitted diseases)
* Radiation therapy for cancer in your pelvic region.
* [Actinomycosis](https://my.clevelandclinic.org/health/diseases/24981-actinomycosis), is a rare bacterial infection that causes abscesses, sometimes in the perianal region.

**COMPLICATIONS/RISK FACTORS OF ANAL FISTULA:**

An untreated fistula generally won’t heal on its own and can lead to long-term complications including fecal incontinence, sepsis, perforation, and peritonitis.

Sepsis is a life-threatening illness that manifests from the body’s response to a bacterial infection. Symptoms of sepsis include:

* [Chills](https://ufhealth.org/peritonitis-spontaneous-bacterial)
* Confusion
* Disorientation
* Fever
* Rapid breathing and heart rate
* Rash

[Peritonitis](https://www.verywellhealth.com/peritonitis-overview-4570932) is an inflammation or infection of the peritoneum, which is the tissue that lines the inner wall of the abdomen. Symptoms of peritonitis include:

* Abdominal pain and tenderness
* Chills
* Fever
* [Joint pain](https://ufhealth.org/peritonitis-spontaneous-bacterial)
* Nausea
* Vomiting

**FISTULA DIAGNOSIS:**

* Physical or rectal examination: Fistula is diagnosed by a healthcare provider by physical examination of the surface near the anal area to check pus, swelling, soreness, and the patient’s medical history. A doctor may insert his finger using lubricant and wearing gloves to locate the fistula opening and look for signs such as oozing fluid or bleeding.
* Colonoscopy: Colonoscopy visualizes the entire colon and helps identify the exact location of the fistula opening within the colon
* Proctoscopy- A hollow tube called a proctoscope is used to perform the procedure. A light and lens on the device let the doctor examine the inside of the rectum and locate the fistula.
* Anal Endosonography- Ultrasound images of the pelvic floor area help to determine the location of the fistula tract.
* Fistulography- It is a special X-ray procedure used to contrast (x-ray dye) to look at the blood flow in the fistula. X-rays are taken to visualize the path of the tract.
* MRI (Magnetic Resonance Imaging)- It is considered the gold standard in the diagnosis of anal fistulas. MRI scans offer exceptional precision in identifying complex and recurrent fistulas thanks to their superior soft tissue resolution.

**TREATMENT OF ANAL FISTULA:**

Anal fistula does not heal completely on its own, surgery is necessary to treat it. A fistula associated with Crohn’s disease can be attempted to treat with medications as surgical success rates are low.

 The main goal of surgery is to get rid of the fistula while protecting the anal sphincter muscles (a ring of muscles that controls the opening and closing of the anus) which might cause bowel incontinence if damaged.

**SURGICAL MANAGEMENT:**

Surgery is considered the gold standard treatment for fistula as it results in a permanent cure. The type of surgery to be performed depends on the location and severity of the fistula:

* **Fistulotomy:** This is the most common and effective treatment for patients with simple fistulas. In this procedure, the surgeon cuts off the whole length of the fistula so it can heal as a plain scar. It is generally an outpatient procedure.
* **Seton techniques:**In this procedure, the surgeon tightened the fistula with the help of a suture or rubber band. It heals the fistula behind the seton and also lowers the risk of incontinence. It is recommended for long, complex, and high fistulas.
* **Laser surgery:** A small laser fiber is inserted into the track and the laser seals the tract with heat and coagulation.
* **Advancement Flap procedure**: In this procedure, the fistula is scraped and then the internal opening of the track is closed with a piece of tissue or skin called the advancement flap (taken from the rectum or anus). This is used to treat fistulas passing through the sphincter muscles to avoid incontinence. It has a lesser success rate than fistulotomy.
* **LIFT-ligation of the intersphincteric fistula tract**: It is a new technique for fistulas associated with anal sphincter muscles. Here, the skin above the fistula is opened, the sphincter muscles are pushed apart and the internal opening of the fistula is ligated (tied off) with a suture. The infected tract is then excised and the wound is thoroughly cleaned and scraped. This procedure can be utilized as a follow-up to the seton technique.

**RISKS ASSOCIATED WITH DELAY IN TREATMENT:**

* Recurrence of fistula
* Anaemia
* Unbearable Anal Pain
* Development of multiple anal fissures
* Extension of anal Fissures
* Anal Stenosis
* Faecal incontinence