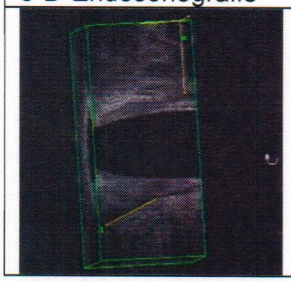
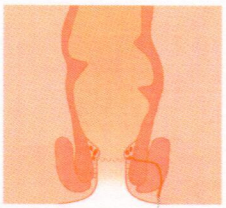
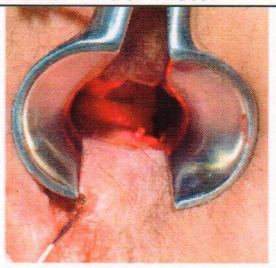
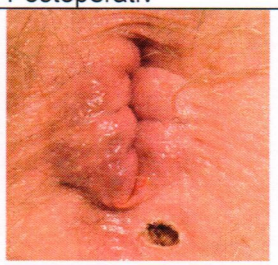
ENDDARMPRAXIS
AM SAVIGNYPLATZ | Zentrum für Laserchirurgie in der Proktologie

Protocol and Pitfalls

Laser Coagulation of Anal Fistula (LCAF)

3-D-Endosonografie	OP-Methode	Laser in der Fistel	Postoperativ
			

Before surgery:

Blood thinner:	discontinue (controverse discussion)
Bowel preparation:	only evacuation with 2 times Lecicarbon suppositories (CO_2 gas) day of surgery

During surgery:

Antibiotics:	single shot, cefuroxim + metronidazol
Anaesthesia:	general anaesthesia
Local anaesthesia:	3 ml bupivacaine 0,5% with adrenaline 1:10.000 (not in recurrence = scar)
Wavelength:	1470 nm (810 or 980 nm going deeper into tissue, damage of muscle possible)
Probe:	600 µm fiber with special glas top with 360 spreading laser light
Power:	10 Watts
Shots:	each 5 mm 3 sec, beginning at level of internal fistula opening, gently pulling until adherence loosed, remove gently pasting necrosis from glas top, than pushing probe into fistula tract again until you feel resistance In cases of fistula cavities you´ll not feel resistance. Therefore try fan-shaped burning to reach every edge of cavity.

After surgery:

What normally happens:	slight pain, purulent discharge until 6 weeks
Bandage:	shower with water 3 times a day and dexpanthenol ointment on a gauze compress
Sick note:	7 days, but man with own business will go for business next day
Pain killer:	Ibuprofen 600 if nessecary
Bowel movement:	Psyllium (Plantago ovata) 5 gram after breakfast 3 weeks, not liquid bm
Sports:	no heavy weights and contact sports for 3 weeks no jogging, cycling for 1 week no swimming in pools until wound closure

Pitfalls:

- You can´t see an internal fistula opening and if you push probe into fistula tract it stops beneath mucosal surface: Don´t force and start with burning.
- Strong bleeding within first 3 weeks are very seldom possible.
- After 6 weeks external fistula opening heals quicker than fistula tract (in recurrences regularly happend): reopen in local anaesthesia, do Curettage if nessecary (or LCAF once again)
- After doing LCAF two times fistula tract can changing from transsphincteric to subanodermal: Cut fistula tract.
- In cases of horse shoe fistula set a loop to get shortest straight path and burn side branches first.
- Crohn´s desease is no contraindication if it is well treated with drugs simultaneosly
- There will be a more or less synclinal scar in place of internal fistula opening.

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