

Treatment of chronic anorectal fistulas by fibrin sealant. [Bulgarian]

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Abstract:

The surgical treatment of chronic anorectal fistula still remains a problem and a challenge for the coloproctologist. Lately, about 50 articles on fibrin glue treatment of perianal fistulas have appeared. The technique is simple and easy to perform, can be repeated many times, as minimal surgical trauma and completely preserved function of the anal sphincter. AIM: To analyze retrospectively the efficacy of fibrin glue Tussicol in patients with chronic anorectal fistulas. PATIENTS AND METHODS: The method of sealing with fibrin glue has been applied to 34 patients (29 male and 5 female, mean age 48.82 \pm 2.43 years) with chronic perianal fistulas between January 2003 and June 2006. Patients with complicated fistula and those with specific etiology have been excluded. Standard colon cleaning without prophylactic or therapeutic antibiotics was performed. Under spinal or general anesthesia, fistulas are observed, probed, the internal and external opening is identified, then curettage of the fistula channel follows, irrigation and filling up with fibrin glue (Tussicol Baxter). After a mean stay of 3.91 \pm 0.40 days in the clinic, follow up of the patients took place in ambulatory settings after 1 week, 1, 3 and 6 months. RESULTS: The common frequency of success is 73.53% (25/34). Patients with recurrent fistula did have poorer final results/frequency of success only 50% (2/4). Neither of the patients did have major postoperative problems like anal incontinence, requiring additional attention and treatment. CONCLUSION: Our study reapproves the complete safety and high effectiveness of fibrin glue treatment of anorectal fistulas. The procedure is easily performed and tolerated by the patients, allowing further expanding of therapeutic modalities of the chronic anorectal fistulas.