

# **Dermal island-flap anoplasty for transsphincteric fistula-in-ano: Assessment of treatment failures.**

Authors: Nelson R.L., Cintron J., Abcarian H.

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## **Abstract:**

**PURPOSE:** The aim of this study was to assess the treatment failures of island-flap anoplasty for fistula-in-ano, a procedure designed to treat fistula without sphincter division. **METHODS:** Data concerning all patients having land-flap anoplasty for the treatment of transsphincteric fistula were reviewed. Variables assessed were age, gender, radial fistula location, cause, Crohn's disease, previous fistula operations, other complicating illnesses, internal sphincter closure, simultaneous use of fibrin adhesive injection, and use of combined dermal and rectal flap for large fistulas. Postoperative data collected included persistence of the distal tract, recurrence of the fistula, and treatment of the recurrence. Recurrence (or persistence) of the fistula was the dependant variable and each risk factor for recurrence was assessed using chi-squared analyses. **RESULTS:** Seventy-three flaps were performed in 65 individuals. Recurrence developed 17 times in 13 individuals. Recurrence was more likely to occur in males, patients who have had previous treatment of fistulas, patients with large fistulas requiring combined flaps, and patients who had simultaneous fibrin glue injection. Patients with Crohn's disease and individuals having internal sphincter closure had fewer recurrences. Factors reaching statistical significance included closure of the internal sphincter, the use of fibrin glue, and cause of the fistula. **CONCLUSION:** No specific anatomic or demographic characteristic is sufficiently associated with failure to exclude any patient from the operation. Closure of the internal sphincter should be done as part of the procedure and fibrin glue injection should not be done simultaneously.