

## ANAL FISTULA OPERATION

### Your questions answered

**Q) What is a fistula?**

- A) An anal fistula is a tract between the skin on the outside and the anal canal on the inside. There are many types of fistulae, from relatively simple to a complex branching network of tracks. Some involve the muscles responsible for bowel control. Each one is individual.

**Q) What are the alternatives?**

- A) Many different operations can be done for a fistula. You should discuss with your surgeon exactly what is planned for you.

Further inpatient treatment, with a visit to the operating theatre, may be required. Sometimes stitch (called a seton) is inserted to avoid dividing the muscle. Your surgeon will explain this to you if it needed in your case.

**Q) What preparation is needed before the operation?**

- A) You may come into hospital the day before the operation. Routine blood tests are done before any operation. You will be asked questions about your general state of health by the nurses and doctors on the ward. And this a good time to discuss any further questions you have about the operation.

**Q) What will happen during the operation?**

- A) The aim is to cut out or lay open the infected tract, so as to promote healing from the base of the wound out to the surface, preventing unhealed pockets of infection from being left trapped inside.

This healing can be a slow process, taking from a week or so up to several months. It is impossible to predict how long it will take in each case.

**Q) What will happen after the operation?**

You will usually have a dressing in place around the entrance to the anus. This is to control any bleeding in the area. This will feel strange and possibly rather uncomfortable and it may make you feel that you want to open your bowels (although you are not likely to do so).

Some discomfort is to be expected. Painkillers are available; please ask your nurse if you need something to help with discomfort.

## Information for patients



**KGH is a non-smoking environment**

If you wish to make any comments or require a copy of this information in another format or language, please contact the PALS Office:  
Telephone 01536 493305 or email : [PALS@kgh.nhs.uk](mailto:PALS@kgh.nhs.uk)

You will normally have a bath the next day and this will soak the dressing out (it may need a gentle pull). It is quite possible that there will be some blood loss in the bath (do not be alarmed – this can make the water look very red!) Ask your nurse for assistance if you are concerned.

When you awaken and the effects of the anaesthetic have worn off you will be able to eat and drink and get up as you wish.

It is necessary to stay on the ward until the effects of the anaesthetic have completely worn off.

**Q) How long will I be in hospital?**

A) This operation is usually carried out as a day case, but occasionally we will want to you to stay in hospital for a day or so after the operation. **If your operation is done as a day case, you will need a responsible adult (18 years or over) to collect you for the ward and to stay with you for 24 hours following the operation.**

**Q) How long should I stay off work?**

A) The time taken to get back to normal activities varies for different people and with the extent of the surgery. Do as much as you feel comfortable doing. If you need to take painkillers these may make you drowsy, so you should avoid driving or operating machinery. If lifting causes you discomfort, you should avoid it. Most people need a week or two off work following the operation, but this will depend on what you do and the extent of your fistula.

It is advisable to avoid sitting still or walking for long periods at first.

You should not go swimming until your wound has healed as the chlorine in the water may affect the healing process and there is a chance of picking up or passing on an infection.

You may find that vigorous exercise is uncomfortable. Start with gentle walking and build up your activity level gradually.

You can resume sexual relations as soon as you feel comfortable to do so.

**Q) Dressing your wound?**

A) Initially this will be done twice a day. You will be asked to take a bath or shower before each dressing is done.

Experience has shown that it is very important that the fistula tract heals from the base upwards towards the surface. To promote healing from the base of the wound without pocket formation, the nurse dressing your wound may gently insert a finger along the tract at the time of the dressing. This may be uncomfortable, but it is essential if your fistula is to be given the best chance of healing and not recurring.

Author: Mr M Rashed, consultant surgeon	Date: Jan 2006
PIC approved: Sept 2006	Next review: Jan 2008
Ref: 10.PI.0088 Anal Fistula Operation Q&As	Point of issue: OPD
	Page 2 of 3

Your nurse will discuss the best form of pain relief with you if you need to ease discomfort. It can be helpful to take a painkiller half an hour before your dressing is done.

The wound will be lined with gauze soaked in lotion and local anaesthetic gel to make sure it heals in the right way.

**Q) What are the risks?**

A) In very few cases, if someone has very weak muscles around the back passage (anal sphincter) and a tendency to difficulty in controlling the bowels, or leakage, this may worsen after the operation. If you find that you are having difficulties tale to your doctor.

**Q) What should I do if want further information?**

A) If you have a problem or any questions immediately after you go home please call the ward where you were an inpatient. If a problem occurs a few days after you go home, please contact your own GP or practice nurse for advice.

Author: Mr M Rashed, consultant surgeon	Date: Jan 2006
PIC approved: Sept 2006	Next review: Jan 2008
Ref: 10.PI.0088 Anal Fistula Operation Q&As	Point of issue: OPD
	Page 3 of 3