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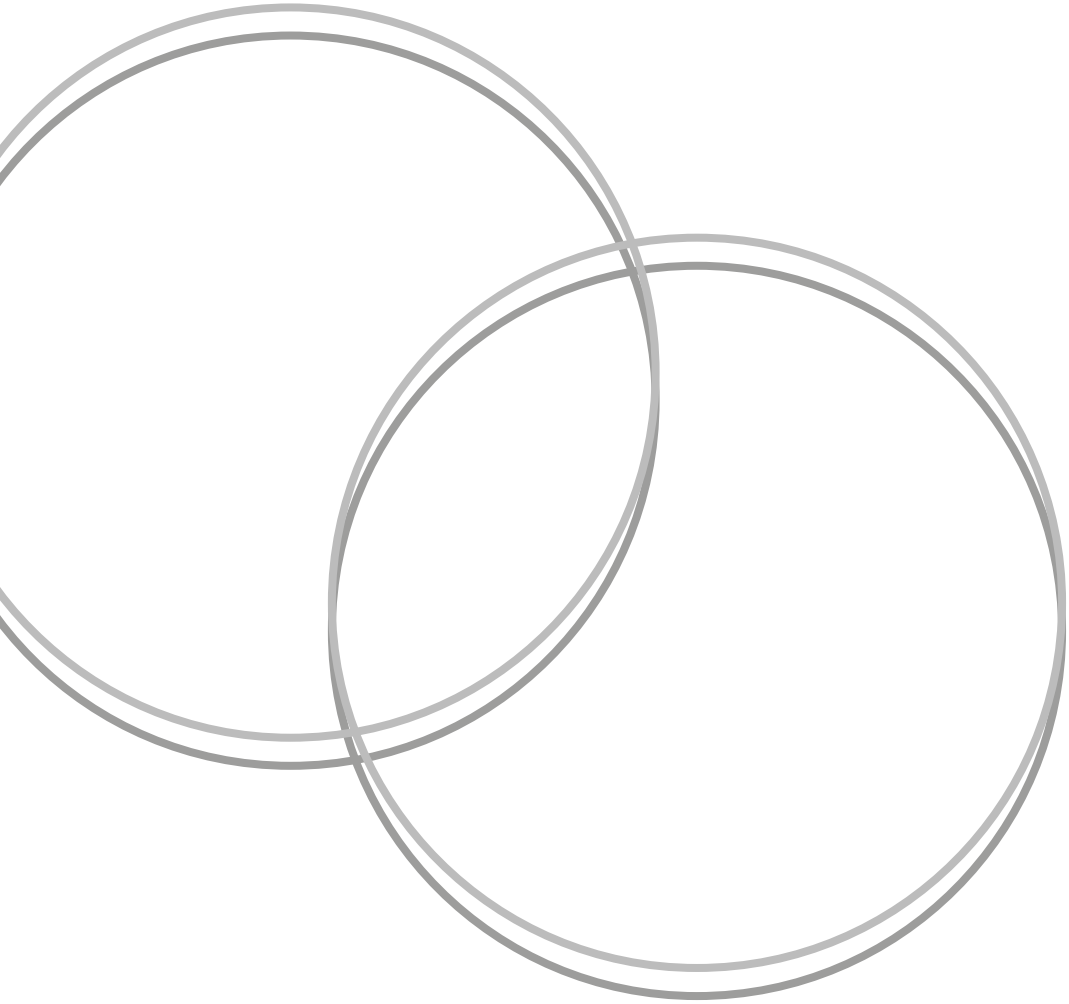
Laser Treatment for Anal Fistula

Information for patients



This leaflet has been written to give you information about laser treatment for anal fistula.

What is an anal fistula?

An anal fistula is a small tunnel that develops between the end of the bowel and the skin of the buttock. It usually happens following an infection or abscess near the anus. You may be able to see or feel one or more holes near your back passage.

Anal fistulas can cause unpleasant symptoms, such as discomfort, skin irritation, and discharge.

Anal fistulas can be simple or complex. Complex ones are deeper, going through the anal sphincter muscle, and may have extra passages or branches. The sphincter muscle is a ring around the back passage and gives control over the bowels. If it is damaged it weakens the control and can cause incontinence. Complex fistulas are difficult to treat because it is important not to damage this muscle. They can require several operations, over months or even years, to repair.

Surgery for anal fistula

It is not usually possible to know the full extent of the fistula before surgery and so decisions are often made whilst you are anaesthetised.

Simple or low fistulas

For simple fistulas the best treatment is often to cut the fistula open by cutting through the skin directly. This usually involves cutting a small amount of the sphincter muscle, but the risk of incontinence is low. This creates a raw area that will heal by itself over a few weeks or months, depending on how long and deep the cut is.

Complex fistulas

Complex or deep fistulas cannot be treated like this because it would cause too much damage to the sphincter muscle and could result in loss of bowel control (bowel incontinence). A variety of other treatments are available, and your surgeon will discuss the options with you. The surgery may be planned in several stages over months or even years.

The first step is often to insert a Seton (or drain). A seton is a loose piece of silicon or surgical thread that is passed from the skin opening along the fistula, through the internal opening and out through the anus. It is then tied to form a loop that can stay in place for months or even years. Most people find a seton comfortable. You can go to the toilet and bathe or shower normally. Sometimes the outer part of the fistula, away from the muscle, is cut open at the same time.

The seton allows the fistula to drain and helps it heal gradually from the inside. The seton usually controls the fistula but does not cure it. The seton is the first step of treatment; you may need several more procedures.

Further surgery

There are several options available for the further surgery, depending on the type of fistula and the preferences of the patient and surgeon. Combinations of treatments are often used.

Some options are:

- Remove the seton or replace it with a very fine thread. Sometimes the fistula will heal or stop discharging.
- Clean out the fistula track and close the internal opening using a section of the lining of the rectum (mucosal advancement flap).
- Close the fistula track with a biological plug, called an anal fistula plug.
- LIFT procedure (Ligation of Intersphincteric Fistula Tract). A cut is made near the back passage, and the space between the two rings of muscles is opened to reveal the fistula tract. This tract is then cut and tied off (ligated) on either side.
- VAAFT (Video Assisted Anal Fistula Treatment). A small camera is used to see inside the track. The internal lining of the track is burnt (cauterised) and cleaned out. This is sometimes done repeatedly to shrink the tracks and reduce complex fistulas. The internal opening to the anus or rectum is sometimes closed or left for another time if the track is more complex.
- Laser fistula ablation.

None of these methods are guaranteed to succeed, and sometimes multiple operations are required to eventually achieve healing of the fistula.

Laser fistula ablation

This is a minimally invasive technique for anal fistulas. It is usually done under general anaesthetic.

After cleaning out the track, the laser fibre is inserted from the external opening of the fistula to the internal opening. The laser fibre is then slowly removed whilst laser energy is applied. The aim is to seal the tunnel closed. Sometimes stitches are also put internally to close the internal opening. The procedure usually takes around 30 minutes.

This procedure works best when the tunnel is simple and fairly thin and there is no abscess present.

What are the risks of laser treatment?

All procedures carry some risks. These will be explained to you before the operation. For laser fistula treatment the risks include:

- Minor bleeding and pain may occur. You may have a small amount of bleeding or ooze from the wound or anus after the operation. This is normal and nothing to worry about. It is a good idea to wear a small pad inside your pants for a week or two to protect your clothes.
- You might develop pus discharge from the external opening of the fistula. If this is associated with high temperature, you might need antibiotics to treat a wound infection.
- The fistula may recur. The risks of this depend on how large or complex the fistula was to start with. Recurrence may happen months or even years after the surgery.

What to expect after your surgery

After your procedure you will be taken to the recovery ward where you will be looked after by specially trained nurses, under the direction of your anaesthetist. Once the effects of the general anaesthetic have worn off and you are comfortable, you will return to the ward.

Eating and drinking

You can eat and drink normally. We recommend a high fibre diet and drinking six to ten glasses of water every day. You will get additional information at the time of your discharge from hospital.

Moving around

You should start moving around as soon as possible after the procedure. This helps improve your recovery and reduces the risk of certain complications. Once back on the ward, you will be encouraged to get up and walk around.

Leaving hospital

You will be discharged from hospital on the same day.

Going to the toilet

From the day after your operation, you may be given laxatives to help soften the stools and keep you regular. There may be some discomfort and a little bleeding when you go to the toilet. This is to be expected. It is often a good idea to take pain killers 15 to 20 minutes before you try to open your bowels.

Keeping clean

After laser treatment, it is important not to soak the area in water, so you should avoid sitting in water, having a bath, or going swimming for 10 days. Showering in fine. You should keep the area clean by using a shower nozzle or wet wipes for the first 10 days.

Looking after your wound at home

Before you go home your nurse will give you information about how to look after your wound at home. You will usually not need any dressings. There may be some fluid or discharge from the wound while it is healing. A small panty liner or pad will protect your underwear. You should use a shower nozzle or wet wipe to clean the area after opening your bowels.

How long should I stay off work and other normal activities?

- Most people need a few days off work once they go home, but this depends on what you do and how large the fistula is.
- The time taken to get back to normal activities varies for different people and will depend on the surgery you have had.
- 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.
- You should not go swimming until your wound has healed as the chlorine in the water may affect wound healing 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 have sex as soon as you feel comfortable to do so.

Further information

If you would like an interpreter, please speak to the department where you are being seen.

Please also tell them if you would like this information in another format, such as:

- Easy Read
- large print
- braille
- audio
- electronic
- another language.

We have tried to make the information in this leaflet meet your needs. If it does not meet your individual needs or situation, please speak to your healthcare team. They are happy to help.

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