

Anal fistula

An anal fistula is an abnormal passage that develops as a result of a para-anal abscess. The abscess tries to create a path giving it the possibility to drain. Depending on the position of the passage, and as it passes through the sphincters, fistulas are classified into:

- Intersphincteric fistulas
- Transsphincteric fistulas
- Suprasphincteric fistulas
- Extrasphincteric fistulas

Fistula treatment is complex and must be adapted to the paths that are not always detectible despite preoperative radiological examinations.

According to the examinations of your surgeon, he will or either:

- Excise all the fistula
- Open the fistula passage along the entire length (flattening)
- Excise the passage and obliterate the endo-anal hole by a mucosal flap
- Excise the fistula and rebuild the anal canal

Whatever the technique used in your case, it will result in operating the wound of the anal area.

Locally, to keep wounds clean and prevent pain caused by feces, shower with warm water the area or take a bath seat more than 3 times a day.

Apply after each bath seat a thin layer of your prescribed healing ointment.

To reduce post-operative pain, you will be given:

- Anti-inflammatory drugs (unless you suffer from heartburn)
- Paracetamol up to 3 to 4 times 2cp 500 mg per day in the form of Dafalgan, Zolben or Panadol
- Opioid in reserve to take in case of severe pain:
Tramal drops up to 4x 15-20 drops per day
- A healing ointment which contains a local anesthetic

Do not take aspirin or even cardio aspirin.

The acetylsalicylic acid contained in this drug can promote bleeding.

Eat normally, eat food rich in fibers, and drink 2 liters of water a day.

Take all necessary measures to avoid constipation and to have soft feces.

It usually is sufficient to take in the evening a tablespoon of liquid paraffin oil, for feces to pass through with no problems.

If necessary we will prescribe a laxative.