

Fistula Repairs of the Lower Bowel (Seton, Fistulotomy, Endorectal Advancement Flap, L.I.F.T.)

A fistula is an abnormal tract between the bowel and another structure. A fistula of the lower bowel (anal fistula) is almost always caused by an abscess. An abscess is caused by an infection in a small gland just inside the anus. The abscess can grow from the anal gland and tunnel to the nearby skin surface. If this tunnel does not heal, a fistula develops. Some conditions or diseases of the bowel can make these infections more likely.

Causes

- Injury
- Surgery
- Infection
- Inflammation

Symptoms

- Pain
- Fever
- Drainage

Treatment

Treatment depends on where the fistula is and how complex it is. Healing a fistula can be a slow and difficult process. The key to healing a fistula is to find the internal opening. It may take a few surgeries to find this opening.

Seton

A seton is a string-like material made from silicone or a braided suture. The seton is placed through the entire fistula tract and the ends are tied. The seton may be left in place for any length of time. The body will not absorb it. The purpose is to provide controlled drainage, decrease swelling and allow a scar to form along the tract.

There may be pain. Expect to have normal bowel function with a seton in place.

Once all the swelling is gone, and a strong tract has formed, surgery may then be an option. This is called a **staged procedure**.

Fistulotomy

This surgery opens the fistula tract and joins the inner and outer openings. This converts the tunnel to a groove. The groove heals from the inside out.

Endorectal Advancement Flap

This surgery creates a flap from the rectal wall to cover the internal fistula opening. By closing the source of the drainage, the tract and external wound can heal. You will need to eat a low fiber and residue diet after surgery.

L.I.F.T.

This surgery stands for litigation of intersphincteric fistula tract. This surgery is usually done in two-parts. It treats complex or deep fistulas.

First, a seton is placed into the fistula tract to widen the tract over time. In most cases this will take about 4-6 weeks.

Then, you will have surgery to close the tract between the sphincter muscles and the mid portion of this tract. This allows the internal and external openings to collapse and heal.

After Surgery

- You may have an open wound. This will depend on your surgery.
- Take a sitz bath (sitting in warm water for 10-15 minutes) at least 3-4 times a day and after each bowel movement.
- **Do not** soak the area if you had a LIFT procedure or Advancement Flap. Showering is okay.
- Avoid hard wiping of the area for the first few days. **Do not** use toilet paper. Use alcohol-free baby wipes.
- You will have reddish-yellow drainage for at least 7-14 days. Use **mini-pads or sanitary pads** for your underwear. Drainage will decrease in amount and get lighter in color. Drainage may increase with bowel movements and more activity.
- Check your temperature every day for a week.

Activity

- Change your position often to stay comfortable (sitting to standing to lying down).
- You may return to work as soon as you are able.
- **Do not** drive while on narcotic pain medicine.
- You can resume sex when you are ready.

Pain

Pain after surgery may be mild to severe for the first week. Pain medicine may be prescribed. Follow directions from your pharmacist on how to take this medicine.

Constipation

While on pain pills, you may need to take a stool softener (docusate sodium) and a bulk fiber laxative such as Metamucil®. This will prevent constipation. You can buy these over the counter. Follow package directions.

Follow-up

You will return to see your doctor in 1-3 weeks.

When to Call

- Bright red blood that does not stop with pressure to the area for 10 minutes
- Fever over 100.4°F for 2 readings taken 4 hours apart
- Foul-smelling drainage
- Excess or new swelling
- Problems having or controlling bowel movements
- Signs that your fistula has returned
- Severe pain
- Trouble passing urine

Who to Call

Digestive Health Center:
(608) 242-2800 or (855) 342-9900

After hours, weekends and holidays ask for the doctor on call. Leave your name and phone number with area code. We will call you back.

Your health care team may have given you this information as part of your care. If so, please use it and call if you have any questions. If this information was not given to you as part of your care, please check with your doctor. This is not medical advice. This is not to be used for diagnosis or treatment of any medical condition. Because each person's health needs are different, you should talk with your doctor or others on your health care team when using this information. If you have an emergency, please call 911. Copyright © 9/2021 University of Wisconsin Hospitals and Clinics Authority. All rights reserved. Produced by the Department of Nursing. HF#7597