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YOUR SEARCH
FOR FISTULA
TREATMENT
ENDS HERE

WHAT YOU SHOULD
KNOW ABOUT ANAL FISTULAS



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YOU'VE BEEN DIAGNOSED WITH AN ANAL FISTULA

Now What?

Chances are, if you have been diagnosed with an anal fistula, you have been experiencing considerable pain, discomfort, pus discharge and possibly even bleeding.

It is only natural to be concerned about your condition.

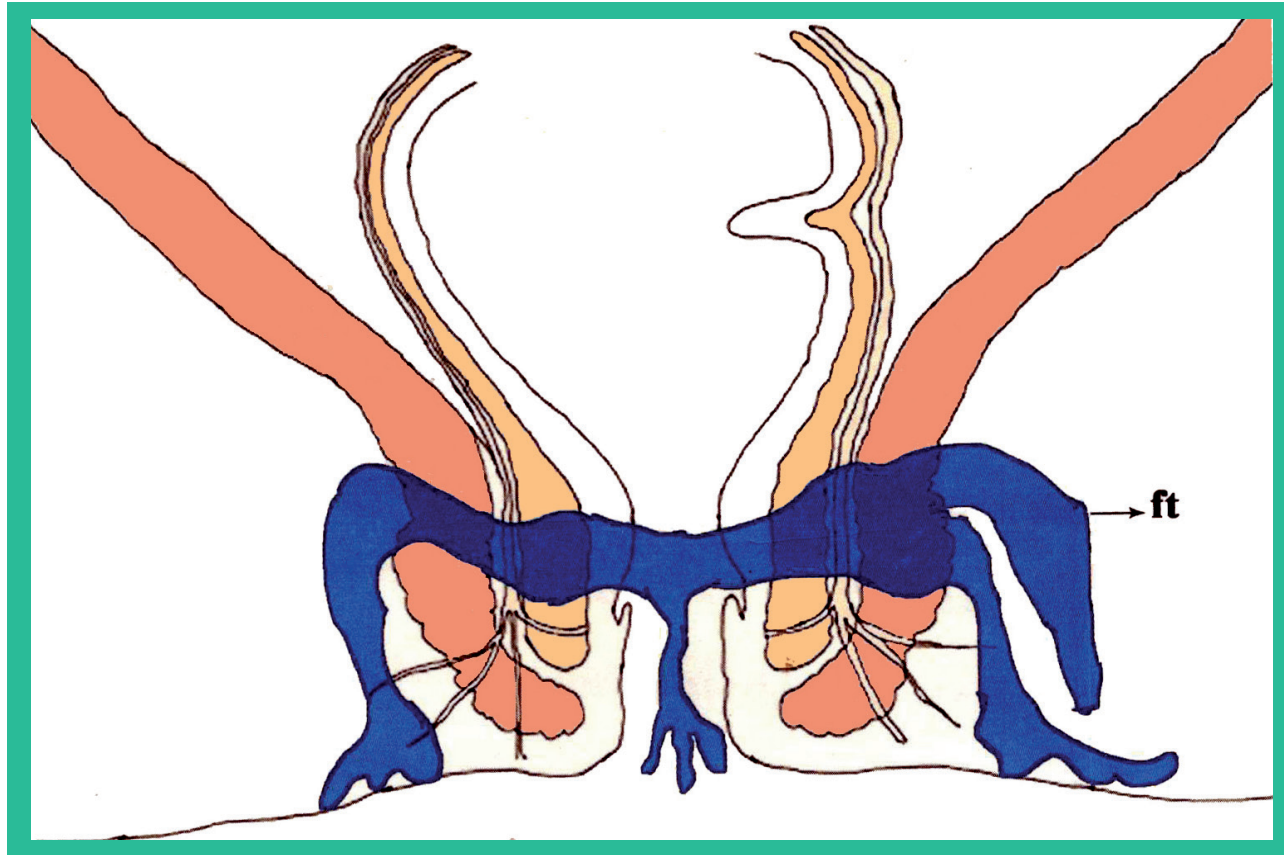
However, making informed decisions and having realistic expectations about what lies ahead are the best ways to overcome your anxiety and fear.

This brochure was created to help provide the information you'll need in the days and weeks ahead.

We hope that you will read and share it with family members and friends.

Remember, a proper clinical diagnosis is key. Now that you know the cause of your discomfort, you and your doctor can calmly discuss the specifics of your case, as well as the treatment he or she recommends.

By consulting with your doctor, you have already taken the important first steps toward treatment and recovery.



WHAT IS AN ANAL FISTULA?

- DEFINITION
- FIVE TYPES OF ANAL FISTULAS
- WHAT CAUSES AN ANAL FISTULA?
- WHAT ARE THE SYMPTOMS?
- WILL IT HEAL BY ITSELF?



Definition

- A fistula is an abnormal connection between two organs or vessels that normally do not connect. In most cases, anal fistulas develop after an abscess in an otherwise healthy patient.
- An anal fistula represents the chronic stage of an anorectal abscess in the area around the genitals and the anus. When a portion of the abscess cavity and drainage tract persists, an anal fistula is created. This abnormal passageway starts at the primary (internal) opening in the anorectum and continues to the secondary (external) opening in perianal skin.
- Think of an anal fistula as a small tunnel that connects a previously infected anal gland to the skin on the buttocks on the outside of the anus.
- Anal fistulas may also be associated with Crohn's disease, diverticular disease, cancer, injury, tuberculosis, human immunodeficiency virus infection, other infections or radiation therapy.

TYPES OF ANAL FISTULAS

Most anal fistula tracts run through the muscles of the anal sphincter. These muscles are important for continence and control the passage of faeces and flatus.

The following classifications of anal fistulas describe the location and amount of sphincter muscle involved.

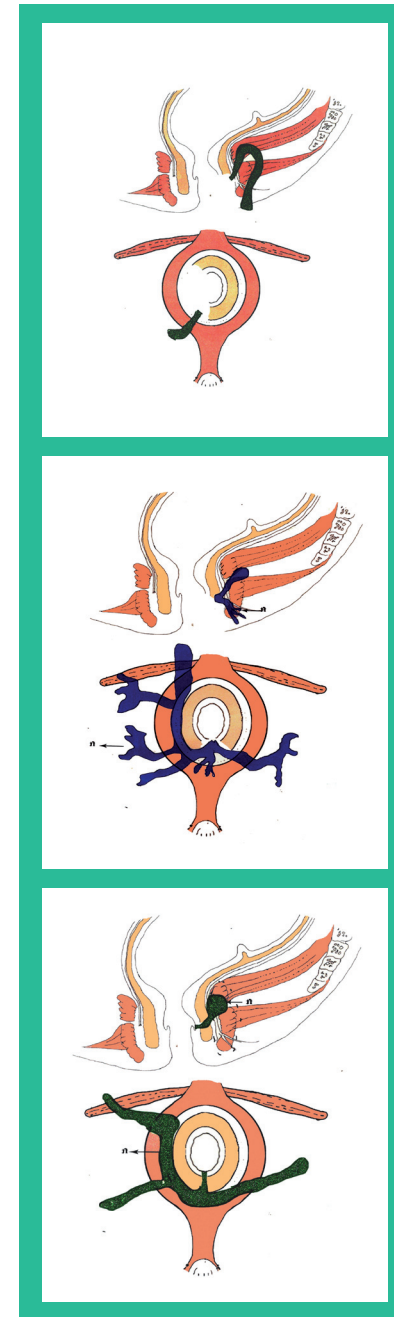
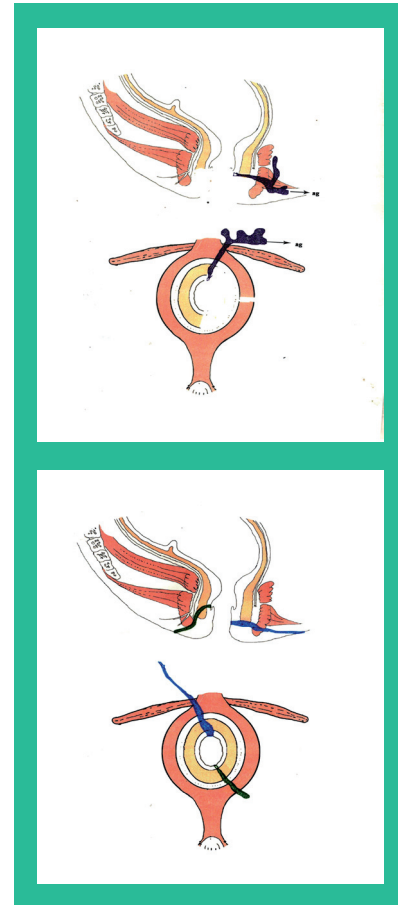
Intersphincteric fistulas – are generally confined to the internal sphincter and may extend downward to the perianal skin, extend in an upwards (blind) tract or open into the rectum.

Transsphincteric fistulas – pass through the internal and external sphincter into the area between the anal canal and perianal skin.

Suprasphincteric fistulas – cross the internal sphincter and pass upward around the external sphincter above the puborectalis muscle. The anal fistula then tracts downward into the ischioanal fossa and out to the skin.

Extrasphincteric fistulas – while this type represents only two percent of all anal fistulas, it is also among the most challenging to treat. Although this fistulous tract bypasses the anal canal and sphincter, it passes through the ischiorectal fossa and levator ani muscle and exits into the rectum.

Superficial fistulas – do not cross the internal or external sphincters. These anal fistulas may be due to Crohn's disease or anorectal procedures that include hemorrhoidectomies or sphincterotomies



What causes an anal fistula?

Anal fistula (fistula-in-ano) is usually caused by a previous anorectal abscess, characterized by chronic drainage of pus or stool from an opening in the skin. Other causes include Crohn's disease, inflammatory bowel disease, cancer, diverticular disease, radiotherapy, tuberculosis, other infections or trauma.

What are the symptoms?

Typical symptoms include pain, discomfort, tenderness, abscesses, and drainage of pus or blood. These symptoms may be continuous or intermittent. You may have episodes of fever. If your fistula is associated with any other disease, you may experience loss of weight, loss of appetite, and loose stools.

Will it heal by itself?

An anal fistula, once formed will not usually heal by itself. Occasionally, antibiotics and anti inflammatory drugs are effective in treating anal fistulas. However, this only provides temporary relief and symptoms will invariably recur after some time. Most anal fistulas require more aggressive procedures.

Will it turn into cancer?

While extremely rare, fistulas left untreated for a long time have been known to turn into cancer. Another possibility is that of a cancer in the lower rectum that mimics a fistula. In the next section of this brochure, we will take a closer look at the ways in which anal fistulas can be repaired.



WHAT ARE YOUR TREATMENT OPTIONS?

1. Fistulotomy
2. Fistulotomy by Laser
3. LIFT Technique
4. LIFT - Laser Fistula Ablation
5. VAAFT
6. SLOFT
7. Seton
8. Advancement Flap
9. Fistula Plug
10. Protein-based Fibrin Glue
11. Ksharak sutra (an ayurvedic technique)

1. Anal fistulas may be treated in several ways. Each procedure is different just as each case is different. For those reasons, the potential outcomes may vary.
2. It is important for you to discuss each treatment option with your doctor. Don't be afraid to ask questions. Make sure you understand what is involved.
3. Then, Based on the information available about your specific case, your physician will recommend a procedure that is best for you.

WHAT HAPPENS NEXT?

PRE-PROCEDURE

How do you prepare?

Your doctor will review the next steps to prepare you for your operation. We perform an endoanal (or trans rectal) ultrasound scan before the procedure. This helps us identify proper tracts and ensures a good clinical outcome. We will do all required blood tests before the procedure. If you are a smoker, you will be asked to stop, as smoking increases your risk of infection which could impede your recovery. In addition, you will be asked to follow fasting instructions. Typically you must not eat or drink for about six hours before the anesthetic is administered.

Does this procedure require anesthesia?

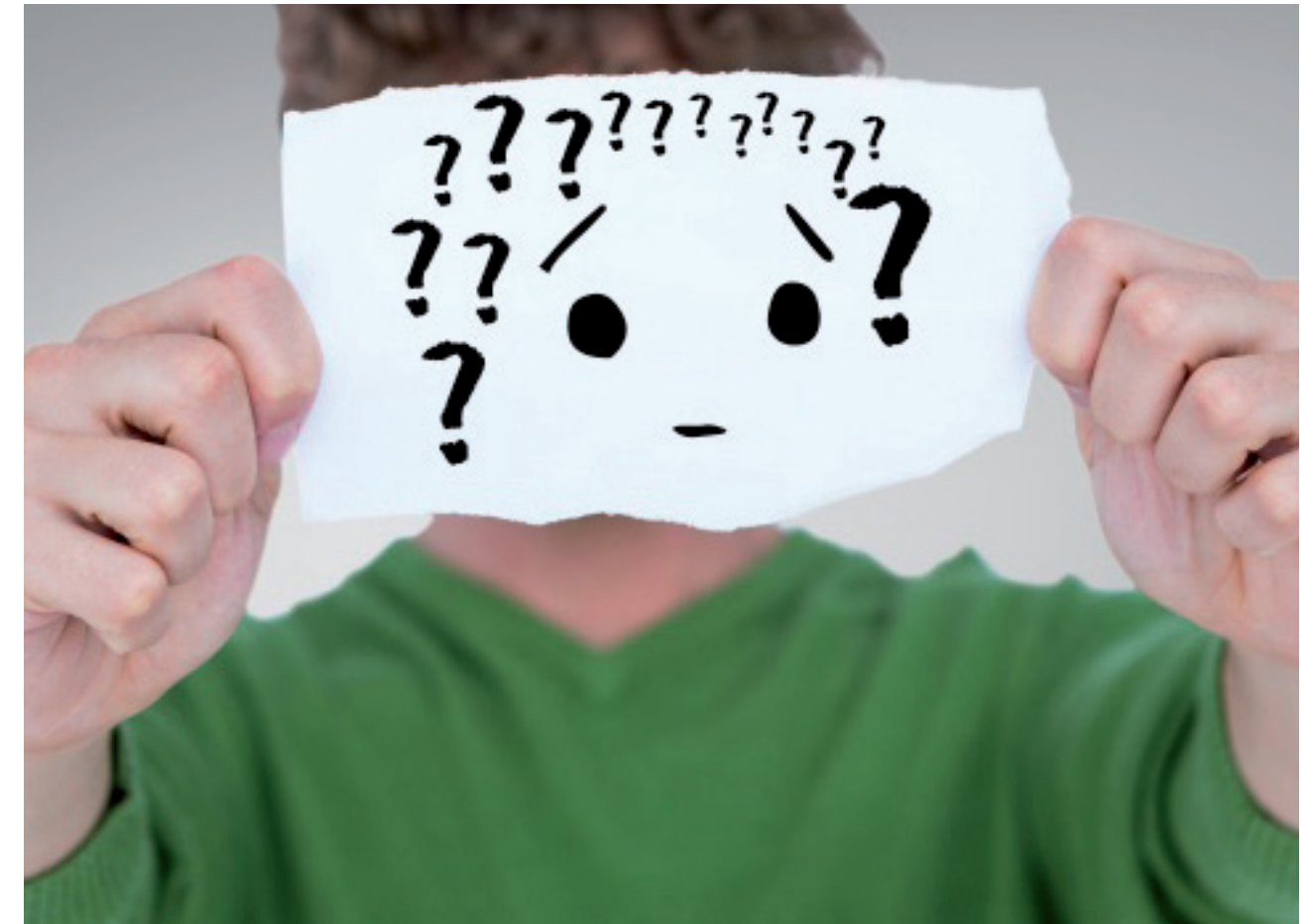
Most operations for anal fistula are done under saddle block anesthesia. Here, an injection is given in the back and the area becomes numb. You will be awake and will be able to talk to the doctor during the procedure. In some cases, anal fistula surgery requires general anesthesia, which means that you will be asleep during the procedure.

Will I need to sign a consent?

Your doctor will ask you to sign a consent form to confirm that you fully understand any risks, benefits and possible alternatives to the procedure and have given your permission to go forward with the procedure. Make sure you read through the documents thoroughly before signing them.

Will I need to rest?

It is always recommended that you rest until the effects of the anesthetic have worn off. It is common to need pain relief to ease any discomfort as the anesthetic wears off. You can begin drinking clear fluids when you feel you are ready.



How long before I can go home?

While the duration of the procedure may vary, many may be performed on an outpatient basis. Others may need to be in the hospital overnight. Be sure to make arrangements for someone to drive you home from the hospital. You won't feel up to driving a car right after your surgery.

POST-PROCEDURE

What happens after surgery?

Your doctor will provide you with a specific post-operative treatment routine which may include laxatives, stool softeners and pain medication. You will also be taught sitz baths which you can continue doing at home.

Will my physical activity be restricted?

You will require a rest of 48 hours following your operation. That means no heavy lifting, no sports, no driving, no anoreceptive sex. Walking and climbing stairs is permitted. After this, physical activity will not be restricted and you can get back to your daily routine. Sexual activity may be restricted due to discomfort.

Will my diet change?

Eat a regular diet with lots of fruits and vegetables. Avoid spicy foods and excess alcohol. Drink at least eight glasses of water each day.

FOOD TO EAT



FOOD TO AVOID



Will I continue to have regular bowel movements?

You should have one to two bulky bowel movements per day, beginning on the day after your operation.

To accomplish this, your doctor may have you take a laxative. Also, take prescription pain medications and other medications, if prescribed, as directed.

When will my sutures be removed?

Suture material used in rectal surgery is dissolvable; therefore, it does not require removal. It is normal to continue to have drainage from the anal fistula site on your buttocks for several weeks after the operation. Wear a pad or gauze to keep your undergarments clean.

How long will the healing process take?

Follow-up visits with your doctor are essential for good results. You will need to be seen at various intervals during your recovery, based on your individual progress. Complete healing will take place in two to eight weeks time depending on the type of fistula.

UNDERSTANDING THE HEALING PROCESS: MANAGING YOUR EXPECTATIONS

What if I notice drainage or bleeding?

Drainage may occur following anal fistula surgery. While not everyone will experience drainage, it is normal and should not be cause for alarm. As the anal fistula heals, the drainage you may have experienced initially should begin to subside.

Some bleeding may also be visible after surgery. This is typically a result of the surgery itself and not a part of the healing process.

If you experience persistent bleeding in the weeks following your surgery, it is recommended that you contact your doctor.

Will I experience pain?

Pain following any rectal surgery is to be expected. However, the pain should subside progressively in the weeks following your operation. You may need to take pain medications at set intervals for the first week or two. Keep in mind that pain medications work best when they are taken before pain levels build.

Can this happen to me again?

Unfortunately, no procedure guarantees that the anal fistula will not recur. For that reason, an anal fistula must be taken seriously and dealt with expeditiously. Special care must be taken to minimize the risk of infection in the future.

Further consultation with your doctor can also help address the likeliness of an anal fistula recurrence.



Is there a risk of incontinence or other complications after the procedure?

As with any procedure, there is a risk of post-procedural complications. With most anal fistula procedures, you should expect some pain, minor discomfort, bleeding and possible scarring. The possibility of incontinence occurs when there is surgical damage to the sphincter muscles. Not all procedures involve these potential risks.

Complications that have been known to occur as a result of an anal fistula procedure include difficulty passing urine, involuntarily passing wind and loose stool. Be sure to follow up with your doctor, as he or she will determine the best procedure for you, based on the specifics of your case.

Will my lifestyle change?

With the approval of your doctor, you should be able to resume your regular activities and return to a normal lifestyle.

Speak with your doctor before returning to work or returning to any strenuous activities including exercise, sexual activities and lifting.

Any surgery should be treated with a measure of caution and awareness. While each person is different, it is likely that most – if not all – of your pre-surgery activities can resume. Once again, your physician will be your best resource for guidance.

FISTULA GLOSSARY OF TERMS



Abscess

A localized collection of pus and fluid that forms in the body.

Advancement Flap

An advancement flap is a piece of native tissue that is removed from your rectum or from the skin around the anus, used to facilitate anal fistula repair.

Anal Canal

The end of the anal tract (anal opening), the final portion of the digestive tract.

Anal Fistula

A small, unnatural tunnel or tract that connects one surface in the body to another.

Anal Fistula Plug

A device engineered to facilitate the operative success of sphincter-preserving anal fistula repairs.

Anoscope

A small medical scope utilized to examine the anal canal, sphincter and lower rectum.

Endoscope

A medical examination instrument used to view the intestinal system within the body.

Endoscopic

The terminology used to define a procedure in which the intestinal system is viewed through an endoscope.

Fibrogen

A highly important protein found in blood plasma, essential to the clotting process.

Incontinence

Loss of voluntary control over the sphincter muscles that can result in the involuntary passage of feces and gas.

Fistulectomy

A surgical procedure to treat an anal fistula by surgical removal.

Fistulotomy

An anal fistula repair procedure requiring the incision (or laying open) of an anal fistula.

Rectum

The final six to eight inches of the large intestine which leads to the anal opening.

Seton

A piece of material placed within the anal fistula, used to either facilitate drainage or to cut the anal fistula tract as a definitive procedure.

Thrombin

A common blood protein, known to facilitate clotting.

TESTIMONIALS - GOOGLE REVIEWS

User - Bhupendra Mishra

I strongly recommend Dr. Parameshwara for fistula treatment. He hears you completely and discusses the issues thoroughly. Half of the treatment will be in the form of confidence he brings into your mind. Doctors and OT staff were very supportive and took utmost care to make me feel comfortable. With regards to fees and surgery cost, it is quite affordable.

Thank you.

User - Anjineyulu P

I suffered a lot for 3 months with a complex fistula, I have approached 5 doctors/hospitals and could not get confidence to proceed for surgery. Finally I approached Dr. Parameshwar through IICP Smiles website. He has explained in detail and given guarantee and confidence to me to proceed for surgery. Got the surgery done and now I have recovered completely. Doctors & staff are very cooperative and take care of everything till discharge and further follow ups. We can expect world class treatment from the hospital at an affordable price with a neat, clean & friendly atmosphere within the hospital.. Thanks to all the staff members and Dr. Parameshwar sir.

User - Paddy

Sharing my experience so needy people can be benefited. I came to know 3 weeks back that I am suffering from fistula. As this is a scary illness, I also got very nervous and started searching for the right doctor, who could help me get rid of this problem permanently.

Actually last year, I got abscess and I got that removed from a general surgeon. This was my biggest mistake. This I realized now as I met many doctors to find the specialist of this problem. I met around 5 doctors in Bangalore and then went to Gurgaon and met 4 doctors there, but could not satisfy myself.

Then I came back to Bangalore and met Dr. Parameshwara as I saw really genuine and true comments on google for SMILES IICP hospital and doctor. He explained to me this problem and treatment in a very simple way. Best thing which the Doctor told me was "as you came here with trust, now this illness is my problem,

not yours". Other doctors were telling me to go for open surgery because they think that laser treatment is not giving good results. But Dr. Parameshwara told me that he has got 97+% success and assured me that I will be back to normal life without any issue soon. I got my surgery done and was back home within 3 days..

Another good thing, the hospital is really world class standard in all aspects. Doctors and Staff are very kind and helpful. Rooms are really neat and clean, no smell of hospital in whole building.

This is my initial review and will write another one later after seeing my recovery in a few months. As I suffered searching for the right doctor, sharing my experience so others can quickly reach the right place and don't waste time in finding the best Doctor.