

Perianal fistula

Information and treatment options

What is a perianal fistula

A perianal fistula is an abnormal tunnel between the inside of the anal canal and the skin near the anus. It most often develops after an anal abscess, when a small connection remains after the abscess drains or is treated.

Fistulas vary considerably. Some are short and pass through little or no sphincter muscle. Others pass through more muscle or branch into additional tracts. This anatomy is important because the sphincters help control wind and stool.

Common symptoms

- Persistent or intermittent discharge of pus, blood or fluid from a small opening near the anus.
- A recurring tender lump, swelling or abscess in the same area.
- Itching, irritation or staining of underwear or a pad.
- Pain, particularly if drainage becomes blocked and another abscess forms.

A fistula is not usually caused by anything you have done. Crohn's disease, previous surgery, radiation or a less common infection can occasionally be relevant, particularly with recurrent or complex fistulas.

How is it assessed

I will examine the area and discuss your symptoms and bowel control. An examination under anaesthetic is often needed to identify the internal opening and define the tract. An MRI scan or endoanal ultrasound may help with a complex, recurrent or high fistula.

A colonoscopy is not required for every fistula, but may be appropriate if your symptoms or history raise concern about Crohn's disease or another bowel condition.

Choosing a treatment

I will recommend an approach based on the fistula anatomy, whether there is active infection, previous procedures and your baseline bowel control.

Drainage and loose seton An abscess needs prompt drainage. A soft loop (seton) may be placed through the tract to keep it draining and reduce the risk of another abscess. It may be a temporary step before definitive treatment, or occasionally longer-term treatment. Antibiotics alone usually do not cure an abscess or fistula.

Fistulotomy opens the tract to heal from the base. It is usually the most reliable option for a simple, low fistula, but is not suitable if dividing the tract would risk important sphincter muscle.

Protecting bowel control

LIFT procedure (ligation of the intersphincteric fistula tract) closes the tract between the sphincter muscles without dividing them. It is sphincter-preserving, although recurrence can occur.

Advancement flap uses healthy lining from inside the rectum to cover the internal opening. It may suit selected complex or recurrent fistulas. Healing can fail, and changes in bowel control remain possible.

Other options have specific limitations. A cutting seton gradually divides tissue and can affect bowel control; it is used only selectively. Plugs and glue have limited success. Newer laser or endoscopic treatments have less certain long-term results.

If the fistula is related to Crohn's disease, treatment usually combines control of infection with specialist medical treatment for Crohn's disease.

The priority is to control infection while protecting bowel control. When more sphincter muscle is involved, a staged or sphincter-preserving approach is usually safer. No single procedure is best for every fistula.

Treatment	Best suited to	Recovery	Main trade-off
Loose seton	Active infection or a complex tract	Drainage may continue while it is in place	Usually not a definitive cure
Fistulotomy	A simple low fistula	Usually several weeks of wound care	Muscle division may risk continence
LIFT or flap	A complex or higher fistula	Variable; often a day procedure	May not heal; further treatment may be needed

Recovery and review

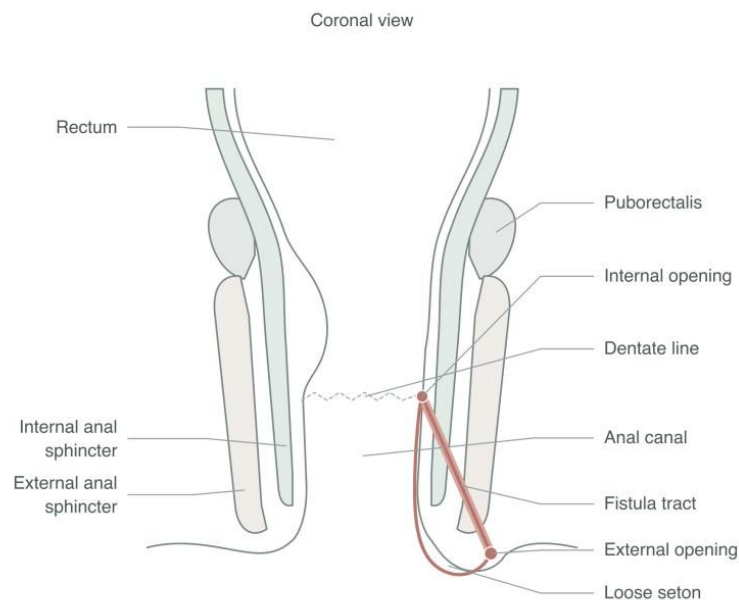
Follow your individual instructions for pain relief, dressings and keeping stools soft. Gently rinse the area with water and pat dry. A pad can protect clothing while there is discharge. Time off work and exercise restrictions depend on the procedure and wound.

Do not cut or remove a seton yourself. Contact the rooms if it falls out. Keep your follow-up so I can check drainage, healing and bowel control and plan any next stage.

Increasing pain or swelling, fever, heavy bleeding, difficulty passing urine or feeling unwell need urgent assessment. Contact the surgical team or attend an emergency department if you cannot reach them promptly.

My treatment plan

Procedure or seton / wound and bowel care / next stage and review



Simplified cutaway for consultation and annotation • Not to scale

Example of a fistula tract and loose seton. Your fistula may follow a different course.

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