

Operation Information

Anal Fistulotomy

Introduction

Anal Fistulotomy is the cutting open of the anal fistula. An anal fistula is an abnormal connection between the anus and the perianal skin. It usually develops after an infection of the anal gland. An anal fistula may present pain or discharge of the anal anus.

Outcomes

This operation is a treatment for anal fistulas. It involves cutting alone the whole length of the fistula to open it up so it heals as flat scar in order to prevent recurrence.

Procedures

- 1. The operation is performed under general anaesthesia.
- 2. All abnormal tracts are first identified and then laid opened.
- 3. A suture is occasionally placed around the edge of the wound to facilitate healing.

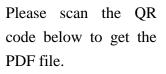
Possible Risks and Complications

- 1. Wound infection
- 2. Incontinence
- 3. Recurrence
- ** The risks listed above are in general terms and the possibility of complications is not exhaustive. Please understand that even though all operations are carried out with utmost professionalism and care, this does not rule out the possibility of complications arising. Further operations may be required if recurrence of anal fistula happens.

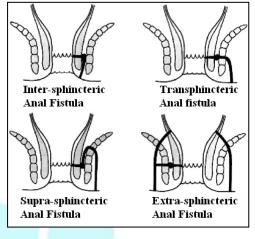
Pre-operative Preparations

- 1. Good hygiene can prevent surgical wound infection. Therefore, we advise you to clean up yourself on the day of operation.
- 2. The procedure and possible complications will be explained by the doctor and a consent form must be signed prior to the operation.
- 3. Please inform the doctor and nurse all your past medical history, previous surgical operations, current medications and any complication with drug or anaesthesia. Please inform doctor if you are taking medications that affect blood coagulation such as Aspirin, Warfarin, Xarelto or Pradaxa, nonsteroidal anti-inflammatory drug (NSAID) such as Ibuprofen, Naproxen and Chinese medication.
- 4. No food or drink six hours before operation.
- 5. Please change into a surgical gown after removing all belongings including undergarments, dentures, jewellery and contact lenses.
- 6. Please empty your bladder before the operation.

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Post-operative Instructions

General

- 1. <u>After general anaesthesia, you may:</u>
 - experience discomfort in the throat after tracheal intubation.
 - experience side effects of anaesthesia such as feeling tired, drowsy, nausea or vomiting. Inform the nurse if symptoms persist or worsen.
- 2. Please inform the nurse of wound pain. Proper pain relief treatment by injection or oral medication may be prescribed by the doctor.

Wound Care

- 1. The wound will be covered with a sterile dressing which must be kept dry.
- 2. You may take shower after the operation but must ensure that the dressing is waterproof and remains clean and dry.
- 3. The nursing staff will teach you to take a sitz bath as instructed by doctor.

Diet

- 1. A normal diet may be resumed as instructed after recovering from anaesthesia.
- 2. After recovery from operation, you are advised to consume adequate fluid and fiber diet to avoid constipation.

Advice on Discharge

- 1. The wounds will usually take 6 weeks to heal.
- 2. There may be some bleeding or discharge from the wound during bowel movement for the first few weeks.
- 3. You may need to apply a gauze pad or wear sanitary pad to absorb any discharge from the wound.
- 4. Prescribed pain medication may be taken as needed. A 15-minute warm sitz bath may also help relieve the pain.
- 5. Laxatives drugs may be prescribed to soften bowels if necessary.
- 6. Heavy lifting, strenuous activities and swimming should be avoided until the wound has completely healed.
- 7. Immediately consult your doctor or return to hospital for professional attention in the event of severe wound pain associated with redness and swelling, drainage pus, massive bleeding, nausea or vomiting, constipation or dysuria, shivering, high fever over 38°C or 100.4°F, or any other unusual symptoms, etc.
- 8. Any follow-up consultations should be attended as scheduled.

Should there be any enquiries or concerns, please consult the attending doctor.

Under the professional care of the doctor, you will gradually recover. We wish you all the best during your treatment and recovery.

If you have any questions after reading the entire leaflet, please write them down in the spaces provided in order for the doctor to further follow-up.

Compiled by Union Hospital Operating Theatre (OT) Governance Committee

The above information is for reference only, please enquire your physician for details Our Hospital reserves the RIGHT to amend any information in this leaflet without prior notification

