Anal Abscess & Fistula

Questions & Answers

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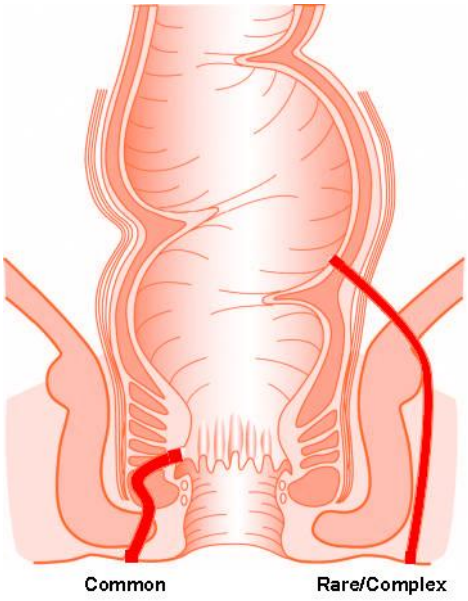
Anal Abscess/Fistula

A patient who feels ill and complains of chills, fever and pain in the rectum or anus could be suffering from an anal abscess or fistula. These medical terms describe common ailments about which many people know little.

What is an anal abscess?
An anal abscess is an infected cavity filled with pus found near the anus or rectum.

What is an anal fistula?
An anal fistula is a track or tunnel between the skin on the outside of the buttock/anal area and the anal canal on the inside. There are many different types of fistulae from relatively simple to a complex branching network of tracks. Some fistulae may involve the muscles responsible for bowel control. Each fistula is individual.

An anal fistula is almost always the result of a previous abscess. A fistula connects a previously infected anal gland to the skin on the buttocks outside the anus.



What causes an abscess?
Just inside the anus are small glands. When these glands get clogged, they may become infected and an abscess can develop.

An abscess results from an acute infection in the anal glands, when bacteria or foreign matter enters the tissue through the gland. Certain conditions - colitis or other inflammation of the intestine, for example - can sometimes make these infections more likely.

What causes a fistula?
After an abscess has been drained, a tunnel may persist connecting the anal gland from which the abscess arose to the skin. If this occurs, persistent drainage from the outside opening may indicate the persistence of this tunnel. If the outside opening of the tunnel heals, recurrent abscess may develop.

What are the symptoms of an abscess or fistula?
An abscess is usually associated with symptoms of pain and swelling around the anus. Individuals may also experience fatigue, fevers and chills. Symptoms related to the fistula include irritation of skin around the anus, drainage of pus (which often relieves the pain), fever, and feeling poorly in general.

Does an abscess always become a fistula?
No. A fistula develops in about 50 percent of all abscess cases, and there is really no way to predict if this will occur.

How is an abscess treated?
On occasion, an abscess may "burst" spontaneously onto the skin and start to drain pus. This is more likely if the abscess develops at the site of an old abscess or previous operation site to drain an old abscess.

New abscesses may require an operation to drain the pus. The abscess is treated by making an opening in the skin near the anus to drain the pus from the infected cavity and thereby relieve the pressure. Very superficial abscesses can sometimes be drained under local anaesthetic. However, many patients and surgeons prefer to perform drainage of such abscesses under general anaesthetic. Although this can often be performed as a day case or overnight stay, on occasion, very large abscesses in patients prone to more serious infections, such as diabetics or people with decreased immunity may require more a prolonged stay in hospital. Antibiotics are a poor alternative to draining the pus, because antibiotics do not penetrate the fluid within an abscess.

How can a fistula be treated?
Surgery is necessary to cure an anal fistula. Although fistula surgery is usually relatively straightforward, the potential for complication exists, and is preferably performed by a specialist in colon and rectal surgery. It may be performed at the same time as the abscess surgery, although fistulas often develop four to six weeks after an abscess is drained, sometimes even months or years later.

Your surgeon may decide to perform an initial assessment of the fistula to identify the openings and assess if the fistula is travelling deeply through the sphincter muscle. Not infrequently, surgery is performed as a staged series of operations. The first step may be passing a stitch (called a Seton suture) along the fistula in order to allow any residual abscess to drain. Definitive surgery is often performed 6-8 weeks later.

Many different operations have been described to treat anal fistulas. You surgeon will discuss with you which operation they feel is best for your fistula. When deciding, your surgeon will take into account a number of factors including the depth of the fistula through the sphincter muscle, whether you suffer from other bowel conditions such as Cohn's disease, your sex (the sphincter muscle in female patients is not as bulky as in men) and for female patients, whether they have had or intend to have children.

The most frequently performed surgery for fistula is to lay open the fistula tract. This involves opening up the fistula tunnel. Often this will require cutting a small portion of the anal sphincter, the muscle that helps to control bowel movements. The aim is to cut out or lay open the infected track so as to promote healing from the base of the wound out to the surface, preventing unhealed pockets of infection from being left trapped inside. Joining the external and internal openings of the tunnel and converting it to a groove ("laying open") will then allow it to heal from the inside out. This healing can be a slow process, taking from a week or so up to several months. It is impossible to predict how long it will take in each individual case.

Other methods or treating the fistula may be recommended by your surgeon. These might include any of the following

- LIFT procedure (ligation of the intersphincteric fistula tract)
- Advancement flap
- Placing a biologic fistula plug into the tract
- Gradually tightening the Seton suture so that it slowly cuts through the fistula
- (Some of these including tying off (ligation) the fistula tract

Most of the time, fistula surgery can be performed on an outpatient basis. Treatment of a deep or extensive fistula may require a short hospital stay.

How long does it take before patients feel better?
Discomfort after fistula surgery can be mild to moderate for the first week and can be controlled with pain pills. The amount of time lost from work or school is usually minimal.

Treatment of an abscess or fistula is followed by a period of time at home, when soaking the affected area in warm water may help. Stool softeners (e.g. lactulose) or a bulk fibre laxative (e.g. Fybogel) may also be recommended. It may be necessary to wear a gauze pad or mini-pad to prevent the drainage from soiling clothes. Bowel movements will not affect healing.

What are the chances of a recurrence of an abscess or fistula?
If properly healed, the problem will usually not return. However, it is important to follow the directions of a colon and rectal surgeon to help prevent recurrence.